

Understanding the “Right to Health” for Patients: Significance and Background

The Grady Primary Care Center (PCC) is an academic, safety net, hospital-based clinic that accommodates approximately 70,000 visits a year, mostly to uninsured low-literacy patients with multiple chronic illnesses. In the context of a resource-poor environment with high risk patients, there are several limitations related to management of chronic disease at Grady. For example, patients in the PCC often attend different appointments between various healthcare providers, including the primary physician, pharmacist, and nutritionist. Often, these visits occur on different days of the week and at various times, requiring patients to remember each appointment, and manipulate their schedules accordingly. Due to high patient volume, there often are no available openings to allow for frequently-needed follow-up. We suspect such inefficiencies leads to higher-cost care, diminished patient satisfaction, non-compliance with appointments, and possibly even reduced health outcomes (due to inadequate preventive care services and sparse chronic disease management that result from missed appointments).

Half of the US population has chronic illness, accounting for approximately three-quarters of US healthcare costs (Parry, Von Koriff). Unlike acute illnesses, which can be cured with specific medical treatments, chronic disease is long-standing and “requires a high level of patient responsibility for successful day-to-day management.” Thus, management of chronic illnesses necessitates “shifting from medical care that is reactive and event-driven to care that is proactive and planned.” (Mazzuca) This requires patients to identify and address the personal, psychosocial, and environmental factors impeding them from appropriately caring for their disease, then learn to overcome these obstacles (Mazzuca).

Prior PCC data suggests that the majority of our patients are poor (90% with family household incomes less than 20K), chronically ill (62% reporting 4+ chronic diseases), of lower literacy (57% reading below an 8th grade level), and demonstrate lower patient activation (60% lack knowledge and confidence to take action). (Chapman). Further, in underserved populations, the social environment may limit opportunities to reach desired personal outcomes. I have also personally noted the disparities that exist in healthcare for poor individuals, which becomes apparent in the following examples:

- Longer wait times (due to lower numbers of staff / resources) at safety net institutions
- Decreased access to healthy foods in poorer areas of the city
- Hospital systems that are difficult to navigate by patients with low health literacy

As a result, we have come to realize that sustainability practices are needed to promote (1) growth of healthy foods, (2) respect for and consideration of patient needs (particularly in managing their disease and navigating the healthcare system), (3) development of communities that encourage physical activity and healthy eating (through strategic placement of sidewalks, development of buildings with upper-level living quarters and lower-level grocery stores) and (4) empowering patients to become self-sufficient and confident about caring for their medical issues in the context of their psychosocial situation.

It is our hope that the below assignments will help residents in the medical setting to better understand the true psychosocial social situation of the patients they serve at our urban safety-net

hospital. We hope it will provide residents with a better understanding of how our social construct (within the community and our local healthcare system) could promote--or hinder—a patient’s ability to become a healthier person.

These assignments can be done within a half day over the course of one month, using protected time that we have provided our residents (on ambulatory months) to learn more about patient-centered care. Please note that the 6th assignment is meant to be done during a final lecture on the last Tuesday of the month, whereby our learners will meet together in one setting to discuss their experiences.

Group Assignments

When completing the below activities, keep in mind that the Universal Declaration of Human Rights states *"everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including: food, clothing, housing, medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."* The World Health Organization positions the “right to health” to include, at minimum, the following elements:

- Essential primary health care
- Essential and nutritious food
- Sanitation
- Safe and potable water
- Essential drugs

1. Exercise 1: The right to essential food (and exercise):

******Done in groups of 3 residents***

View the Howard Frumkin 10 minute TED talk entitled “Healthy Human Habits” by copying and pasting the below address into your browser (you can also look up the talk on you tube):

<http://www.bing.com/videos/search?q=howard+frumkin+ted+talk&FORM=VIRE1#view=detail&mid=987CE5D0E0513F4A74E6987CE5D0E0513F4A74E6>

After viewing the TED talk, identify one patient whom you are concerned may have inadequate housing, unsafe neighborhoods, decreased access to nutritious food or water, or social isolation. In a small carpool group of 3, drive to that patients’ neighborhood (you may want to check with our social workers to ensure the area is relatively safe), and observe whether the following conditions exist. Take pictures along the way:

- Safe sidewalks for walking?
- Nearby grocery store vs. convenience store? How far away is it from patient’s home?
- Nearby parks /gym / church / senior center? How far away is it from patient’s home?

- How safe does the neighborhood feel?
- How far away is the nearest bus stop? MARTA station?
- In what ways did this exercise influence your perception of your patients' access to adequate food, housing, or social services?

2. Exercise 2: The right to essential healthcare

******Done in groups of 3 residents***

You have an appointment for a colonoscopy with Atlanta Gastroenterology Associates at 3:30 PM. Their address is 1968 Peachtree Rd NW, Atlanta, GA 30309, Office 404-605-5000. The only thing you've been given is the address, and you have no smart phone to provide you with directions (though you do have a nearby public library where you can print out directions from google, should you so choose). On the day of your allotted PCMH admin time for this exercise, in groups of three, meet in front of the Glenn Library at 1:00 PM to print out your directions. Together, take public transportation (e.g. MARTA) from the Glenn Library to the doctor's office (without using any phone apps), and then back to Grady.

- Did you make it to your appointment on time?
- Was the doctor's office easy to find? Did you get lost along the way?
- Each of you had a \$5 traveling budget. Did you stay within budget while traveling?
- How did you feel after the trip? Tired? Hungry? Frazzled? Remember that a lot of our patients have heart failure and/or arthritis, making walking long distances difficult.
- How easy was it to find access to public toilets and water sources en route? Remember that a lot of our patients are on diuretics.
- What overall observations / lessons did you learn about the patient experience from this exercise?

3. Exercise 3: The right to safe drinking water

******Done individually or in groups of 2-3***

Some of our patients are homeless. How do homeless people access drinking water? In very casual and worn / disheveled clothes, walk around downtown trying to access free drinking water. Include places where a homeless person might be barred from entering, because of their appearance. During this exercise, consider the fact that a doctor can walk into a lot of places with authority and not be questioned. On the other hand, a homeless person may encounter barriers to walking into an office building and using their water fountain.

- Based on your experience, do you feel that everyone has true access to safe drinking water?
- Are there places that give away free bottled water to homeless individuals?

4. Exercise 4: The right to adequate housing

******Done individually or in groups of 2-3***

Know what it's truly like to live without shelter. Sleep outside overnight in your backyard, or on your apartment balcony, or in your apartment hallway. For the truly daring, consider meeting in small groups (of three people) and sleeping at your local homeless shelter (only if you feel safe doing so).

- How did bystanders treat you? Did you feel ignored? Frowned upon?
- How comfortable were your sleeping arrangements?
- What do you feel patients experience when having to sleep this way for days on end?

5. Exercise 5: Advocating for better health within our community

******Done in groups of 3***

In groups of three, get involved with one of the below local organizations to effect change the community. Use one of your PCMH half-days to attend an outing organized by one of these organizations (you may need to contact the organization first, to ensure they are participating in an activity and/or will be open for visitation during your PCMH time; you could also consider doing this activity together on a Saturday or Sunday, should they be open at that time).

- Concrete Jungle – harvests food from trees in the neighborhood
- Visit the Task Force for the Homeless – they have a roof garden, café, and art studio that you can visit
- Trees Atlanta – plants trees in local neighborhoods
- Georgia Interfaith Power and Light
- GA Southern Environmental Law Center – focuses on promoting clean air and healthy water, transportation reform, and coastal conservation, and is moving Georgia toward a cleaner energy future of solar and energy efficiency. SELC has an office in Atlanta; their law and policy expertise complements the efforts of our local and statewide partner groups—and strengthens the overall environmental community in Georgia. Consider visiting their Atlanta office and website at <https://www.southernenvironment.org/our-states/georgia> to find out more about their work.

6. Exercise 6: Understanding Root Causes

******Done in small groups of 3 during end-of-month PCMH lecture***

In small groups of three, think about the above activities you completed together. Discuss the societal issues that result in patients' lack of access to one or all of the following: (1) healthy food, (2) adequate housing, (3) essential primary healthcare, (4) safe and sanitary drinking water.

Consider the below questions to help fuel your discussion. You will have 20 minutes to discuss together in a small group, which will be followed by a larger group discussion during which we will ask you to share your ideas aloud (you are welcome to identify a spokesperson, though we welcome larger discussion from each member of your group).

- What are some of the barriers within your patient's community that affect access to nutritious food, adequate housing, sanitation, essential drugs, or essential primary health care? How many of your continuity patients do you think encounter similar situations?
- What kinds of strategies, with what kinds of partners and allies, might be able to ameliorate those conditions?
- How can these solutions be accomplished at different scales (Meals on Wheels vs. job creation)?
- How can you advocate to improve your patients' social situations, either locally within the city of Atlanta, or within Grady itself? This could mean writing a letter or visiting your local Congressman, meeting with Grady administration to discuss a problem and potential solution, or developing a petition to turn into Grady administrators.