

Engaging the Underserved Population

Seo Yeon Jo PharmD Candidate 2025

Angelina Tucker PharmD , BCGP, CDCES

Julie Eagle MBA

Monika Safford MD

Community Connected, CPESN USA

Setting the stage

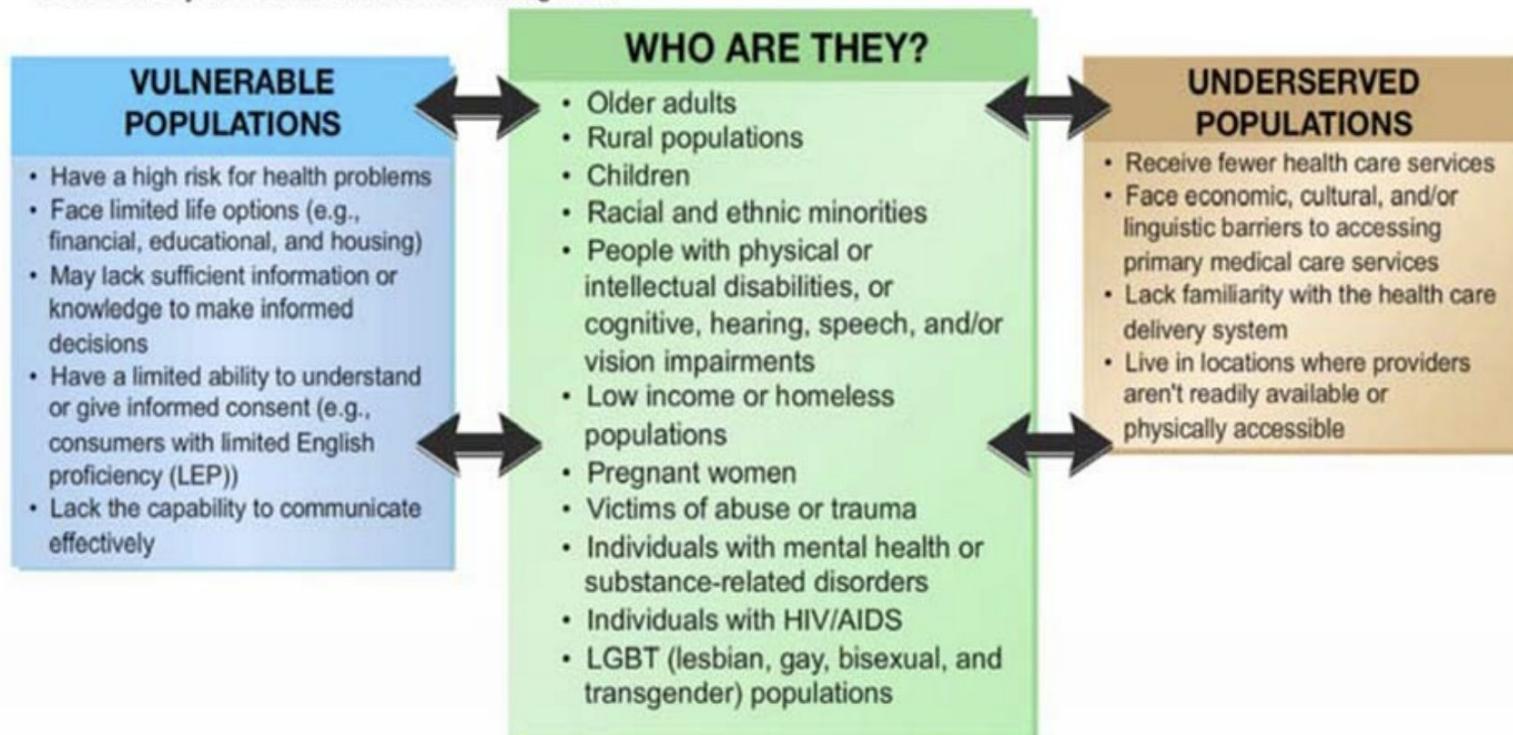
Setting: Community pharmacy located in a low income area with a substantial immigrant population. Pharmacists face multiple challenges caring for this population including low English proficiency (LEP), cultural barriers, knowledge of the complex health insurance system, especially Medicare and Medicaid, lack of trust and misinformation.

How can pharmacists address communication barriers among marginalized populations and ensure they receive resources and support for quality health care?

Who Are The Underserved Population?

Examples of Vulnerable and/or Underserved Populations

This diagram shows the differences between vulnerable and underserved populations and illustrates that many of the consumers you'll serve fall into both categories.

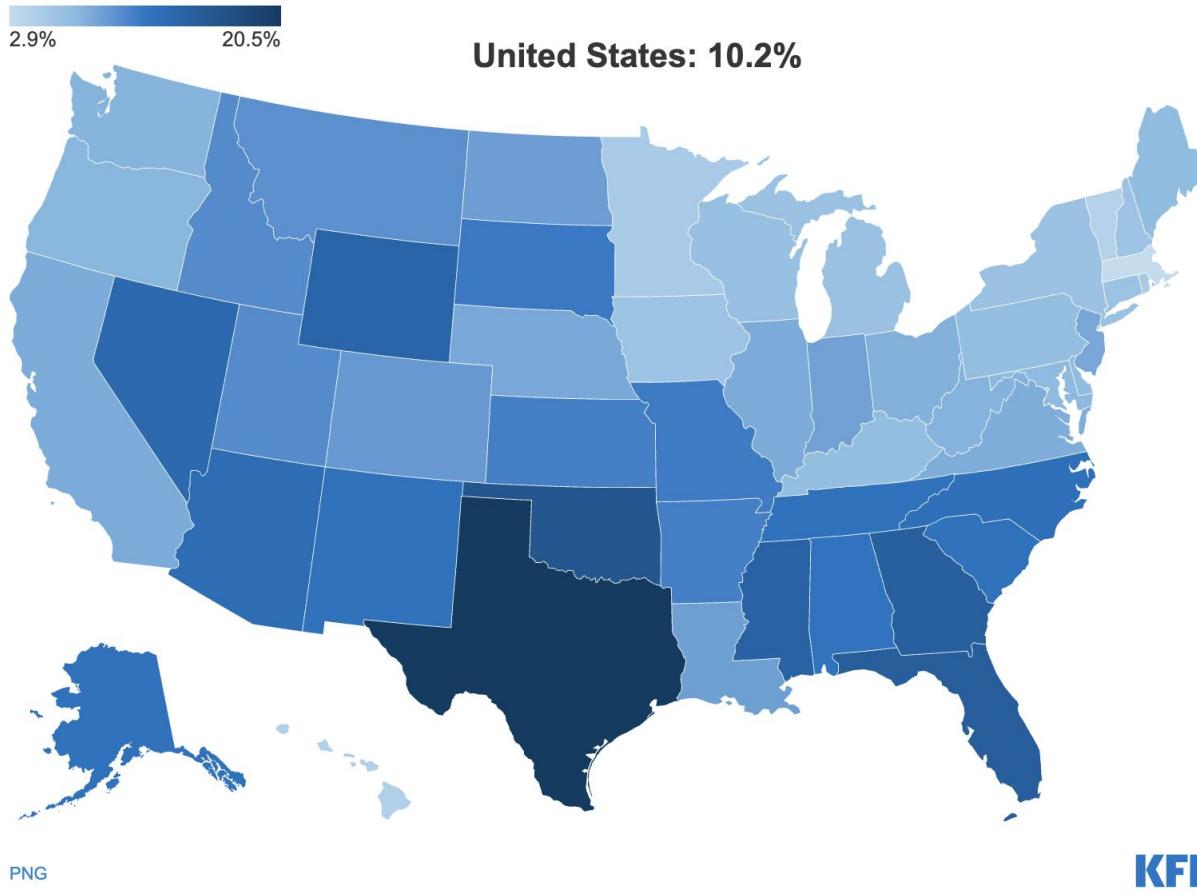


Vulnerable and underserved populations have a right to equal access to health coverage programs and services.

Uninsured

Figure 6

Uninsured Rates Among the Nonelderly by State, 2021



<https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

Uninsured

- The lack of health insurance has a significant impact on the health of individuals
 - Reduced Medication Adherence
 - High cost of medications may cause patients to deviate from instructions and skip doses in attempt to save money
 - Access to Medications
 - Patients may face challenges to afford medications due to high out-of-pocket price
 - Disparities in health care
 - Many barriers experienced by underserved populations contribute to the prevalence of health disparities

Poverty/ Older Adults

Poverty by Age

X

in United States

DP05

| Measure | Value |
|-------------------|-------|
| Under 18 years | 16.3% |
| 18 to 64 years | 11.7% |
| 65 years and over | 10.9% |

Older Population by Age

X

in United States

DP05

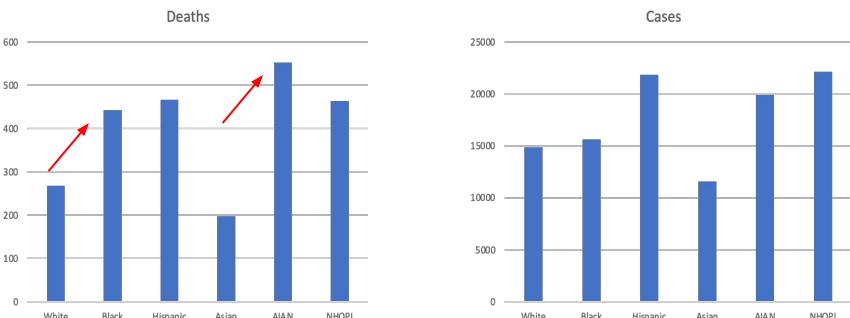
| Measure | Value |
|-------------------|-------|
| 65 to 74 years | 10.2% |
| 75 to 84 years | 5.3% |
| 85 years and over | 1.8% |

Structural Racism

- Black people are at the highest risk for cancer death even though White people have the highest rate of new cancers. This increased mortality risk partly reflects a later stage of disease at diagnosis among Black patients, although Black patients additionally have lower stage-specific survival for most cancer types.*
- Native Americans also suffered higher mortality rates during COVID

Cumulative COVID-19 Age-Adjusted Mortality and Infection Rates by Race/Ethnicity, 2020-2022

Rates are per 100,000. Source: Kaiser Family Foundation, available at <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-cases-and-deaths-by-race-ethnicity-current-data-and-changes-over-time/>



AIAN = American Indians, Alaska Natives. NHOPPI = Native Hawaiians, Other Pacific Islanders

* <https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21590>

Age-Adjusted Rate of Cancer Deaths per 100,000 by Race/Ethnicity, 2013 and 2018

Click on the buttons below to see data for the different cancer types:

All cancer Female breast Colon and Rectum Lung and Bronchus Prostate



NOTE: Rates are the number of deaths per 100,000 people and are age-adjusted to the 2000 U.S. standard population. AIAN refers to American Indian and Alaska Native. Data for Native Hawaiian or Other Pacific Islander could not be separated from Asian. Persons of Hispanic origin may be of any race; other groups may include individuals reporting Hispanic ethnicity. Data for groups other than White and Black should be interpreted with caution; see source technical notes for more information. Includes individuals of all ages.

SOURCE: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018); U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2021 • PNG

Education / Disabilities

Education Attainment (Population 25 Years and Older)

X

in United States

DP05

| Measure | Value |
|----------------------------------|-------|
| High school or equivalent degree | 26.1% |
| Some college, no degree | 19.1% |
| Associate's degree | 8.8% |
| Bachelor's degree | 21.6% |
| Graduate or professional degree | 14.0% |

Types of Disabilities

X

in United States

DP05

| Measure | Value |
|-------------------------------|-------|
| Hearing difficulty | 3.7% |
| Vision difficulty | 2.5% |
| Cognitive difficulty | 5.7% |
| Ambulatory difficulty | 6.7% |
| Self-care difficulty | 2.6% |
| Independent living difficulty | 6.0% |

Population Search

Search your state and county to view the demographic data of the patients that live around your pharmacy. <https://www.census.gov/>

United States®
Census
Bureau

Search / Advanced Search

All **Tables** Maps Profiles Pages

SO201 | Selected Population Profile in the United States

American Community Survey | 2022: ACS 1-Year Estimates Selected Population Profiles

1 Result View: 10 | 25 | 50 Download Table Data

American Community Survey
SO201 | Selected Population Profile in the United States
+ View All 12 Products

5 Filters

- Disability
- Language Spoken at Home
- Income and Poverty
- Texas
- Tarrant County, Texas

Clear all filters

Search for a filter

Geography

- Nation >
- State >
- County >
- County Subdivision >
- Place >
- ZIP Code Tabulation Area >
- Metropolitan/Micropolitan Statistical Area >
- Census Tract >

Tables

SO201 | Selected Population Profile in the United States

American Community Survey | 2022: ACS 1-Year Estimates Selected Population Profiles

1 Result View: 10 | 25 | 50 Download Table Data

American Community Survey
SO201 | Selected Population Profile in the United States
+ View All 12 Products

Texas

Total population

| Label | Estimate | Margin of Error |
|--------|----------|-----------------|
| Female | 48,120 | ±487 |

HEALTH INSURANCE COVERAGE

| Category | Estimate | Margin of Error |
|--|------------|-----------------|
| Civilian noninstitutionalized population | 29,539,484 | ±6,799 |
| With private health insurance | 62.8% | ±0.3 |
| With public coverage | 29.6% | ±0.2 |
| No health insurance coverage | 16.6% | ±0.2 |

POVERTY RATES FOR FAMILIES AND PE...

| Category | Estimate | Margin of Error |
|---------------------------------------|----------|-----------------|
| All families | 10.9% | ±0.3 |
| With related children of the house... | 15.8% | ±0.5 |
| With related children of the hous... | 15.7% | ±1.2 |
| Married-couple family | 6.0% | ±0.3 |
| With related children of the hou... | 7.6% | ±0.4 |
| With related children of the h... | 6.3% | ±0.8 |
| Female householder, no spouse pr... | 27.3% | ±0.8 |
| With related children of the hou... | 36.6% | ±1.2 |
| With related children of the h... | 42.1% | ±3.2 |

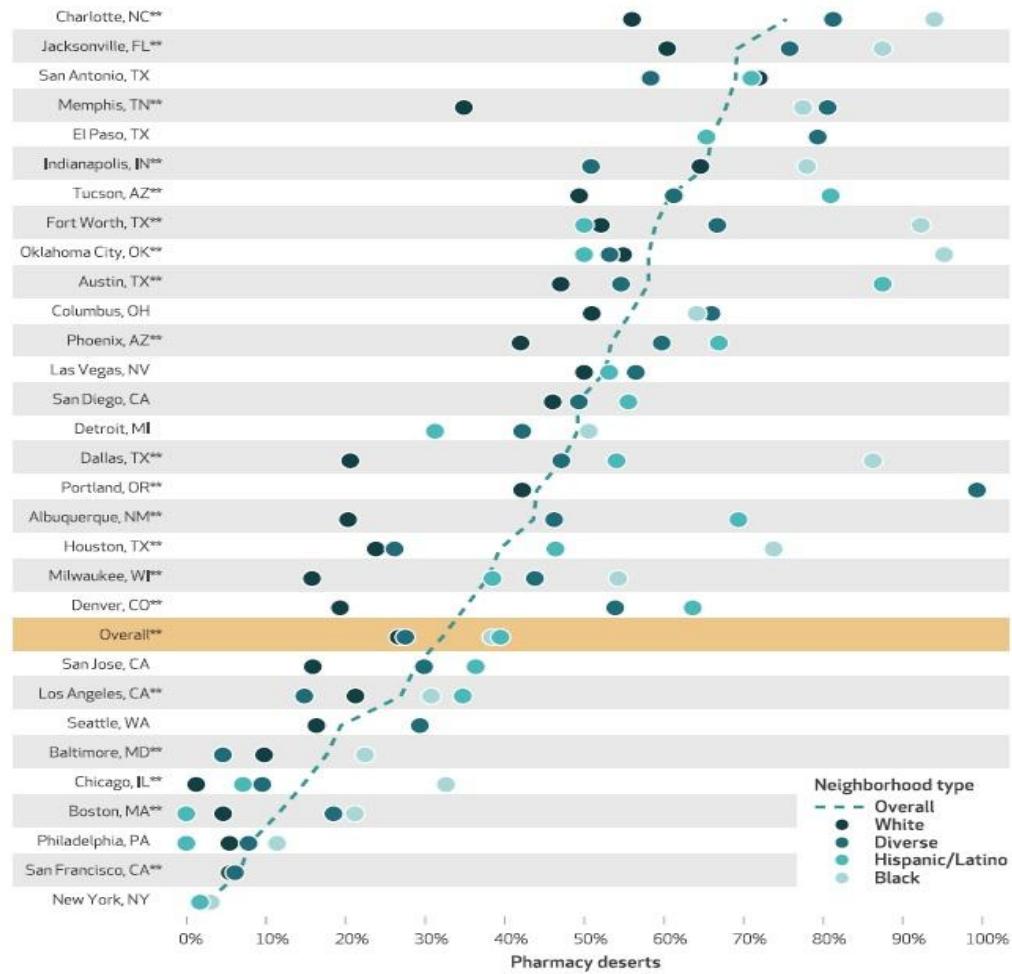
Pharmacy Deserts

- In 2015, about 1/3 of neighborhoods in large U.S. cities had limited access to pharmacies, affecting almost 15 million people.
- The extent of pharmacy shortages varied widely across cities:
 - Less than 10% of neighborhoods in New York and Philadelphia were affected.
 - More than 60% of neighborhoods in Indianapolis, San Antonio, and Charlotte experienced pharmacy shortages.
- Pharmacy deserts were more common in **segregated Black or Hispanic/Latino** neighborhoods compared to predominantly White or diverse areas.
- The most significant disparities in pharmacy access were observed in cities like **Chicago, Los Angeles, Albuquerque, Dallas, Memphis, Boston, Milwaukee, Baltimore, and Philadelphia.**

Pharmacy Deserts

EXHIBIT 4

Pharmacy deserts in the 30 most populous US cities, by city and neighborhood type, 2015



EXPECT MORE

©2023 CPESN® USA. Do not copy or distribute without permission.

Underserved Populations

Key barriers to accessing health care:

- Language barrier - LEP
- Low health literacy
- Lack of transportation
- Inconsistent health care
- Lack of health insurance
- Lack of resources
- Structural racism

Limited English Proficiency (LEP)

- Individuals with limited English proficiency are recognized as those who don't speak english as their first language and limited ability to speak, read, write, or comprehend English.
- In 2021, approximately 25.7 million people have reported with limited English proficiency.
- Those who are identified as LEP often encounter health disparities and poor health outcomes due to the language barrier that hinders access to information and communication.

Limited English Proficiency (LEP)

Some groups are more prone to experiencing limited health literacy compared to others. Certain populations at higher risk for limited health literacy include:

- Adults aged 65 and above
- Racial and ethnic groups other than White
- Recent refugees and immigrants
- Individuals with less than a high school diploma or GED
- Individuals with incomes at or below the poverty threshold
- Non-native speakers of the English language

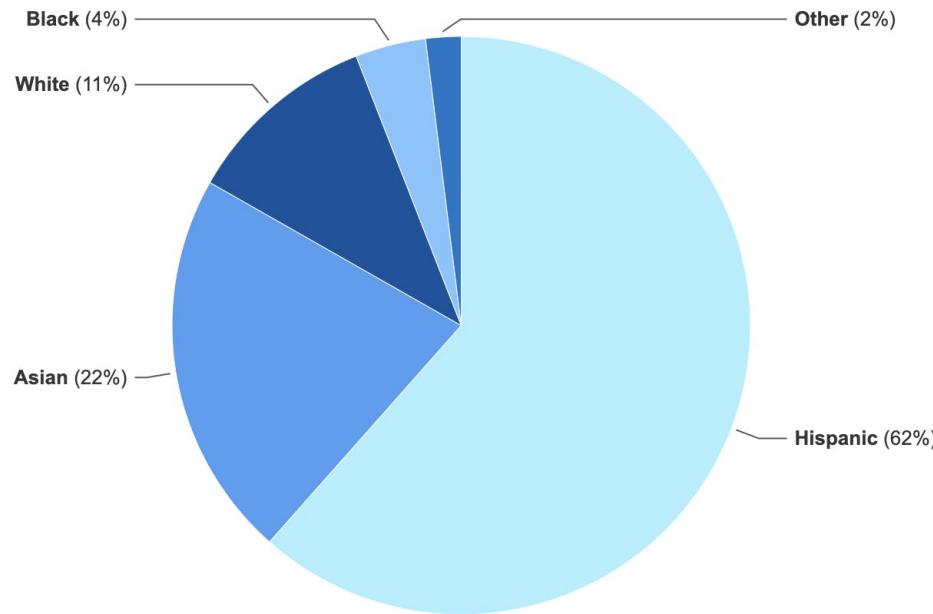
Limited English Proficiency (LEP)

Figure 1

People with Limited English Proficiency by Age, Race and Ethnicity, Language and State

Click on the buttons below to see data for different indicators:

Age **Race and Ethnicity** Primary Language State



NOTE: Individuals with limited English proficiency (LEP) are those who do not speak English as their primary language and who speak English less than very well. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. "Other" includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander and multiracial people. Includes individuals 5 years of age and older. Totals may not sum to 100% due to rounding.

SOURCE: KFF Analysis of 2021 American Community Survey 1-Year Estimates • [PNG](#)

KFF

Health Literacy

There are many challenges to improving patient education today

- Widely available resources are not designed or tested for impact
 - Too complicated
 - Not relatable
 - Not actionable
 - Miss the mark on patient's primary areas of concern

Current approaches (example)

Diabetes education classes

Endorsed by ADA, AADE

Effective in lowering A1c and improving outcomes

Not reaching patients

6.8% participation of newly diagnosed DM patients with commercial insurance within one year

4% Medicare Advantage beneficiaries participated in 2005-7

¹Li R, et al. Diabetes self-management education and training among privately insured persons with newly diagnosed diabetes – US, 2011-12. *MMWR* 2014

²Duncan I, et al. Assessing the value of diabetes education. *Diabetes Educ* 2009

Davies MJ *BMJ* 2008; Christie D *BMC Paediatric* 2009; Loveman E *Health Technol Assessment* 2008; Ernawati U *J Public Health Res* 2021

Impact of health literacy on pharmacy practice

| Domain | Unable to: |
|--------------------------|--|
| Clinical | <ul style="list-style-type: none">• Understand dosing instructions• Follow health care provider's recommendation for a diagnostic test• Recognize a medical appointment on a hospital discharge form |
| Prevention | <ul style="list-style-type: none">• Follow guidelines for preventive services• Identify signs/sx that should prompt seeking care• Understand how eating/exercise decrease risks for developing serious illness |
| Health system navigation | <ul style="list-style-type: none">• Understand what insurance will/will not pay for• Determine eligibility for public insurance/assistance programs• Give informed consent |

Engagement

Employees, Patients, Community Stakeholders

Creating a business proposition around a niche market

Engaging Your Employees

Employees can implement strategies to aid underserved populations:

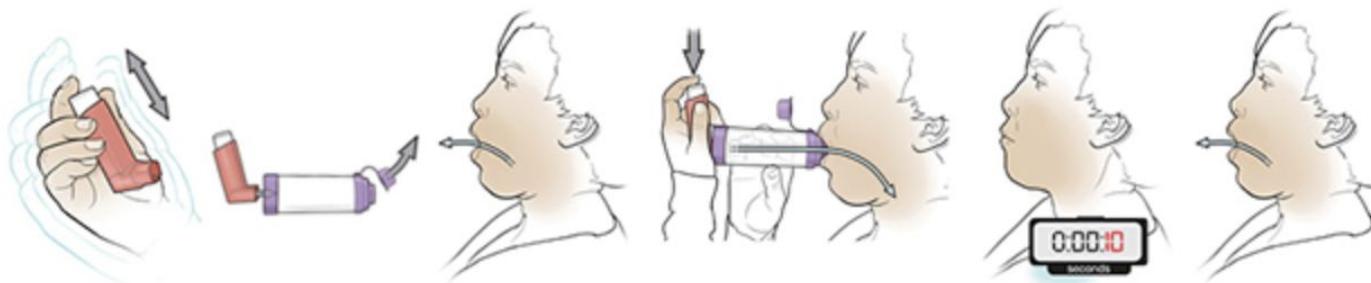
- Assist with discount cards
 - Inform patients about available coupons on manufacturers website
- Educate patients
 - Offer additional resources regarding the medications side effects and proper storage
- Engage in community outreach programs
 - Announce local health fairs or programs which offer free health services

Engaging Your Patients

- Strategies to engage with **Limited English Proficiency** patients
 - **Use Multilingual Resources**- access to pamphlets and translated prescription labels helps with language barrier.
 - **Multilingual Staff**- employ staff who are fluent in other languages to help foster a convenient and warm environment for patients
 - **Visual Aids**- using gestures to instruct patients about medications and side effects
 - **Simple Language**- avoid using jargons as this will confuse patients
 - **Speak slowly and clearly**
 - **Implement Feedback**- collect surveys and input from LEP patients on their personal experiences and how we can improve language accessibility
 - **Cultural Awareness**- train staff to about cultural sensitivity

Engaging Your Patients

Visual Aid: Using a Metered-Dose Inhaler with a Spacer



Remove cap and shake inhaler.

Insert inhaler into spacer.

Breathe out all the way.

Press down on the inhaler. Slowly breathe in.

Hold your breath for a count of 10.

Slowly breathe out.

Engaging Your Patients

Questions pharmacists can ask patients:

- **ASK:** “What language are you most comfortable using?”
- **ASK:** “Would you prefer that we communicate in a different language?”
- **ASK:** “Would you like to have written instructions translated?”
- **ASK:** “Are there any cultural or traditional practices that we should be aware?”

Engaging Your Patients

Important considerations for communicating with underserved populations:

- Levels of health literacy
- Cultural differences
- Language
- Demographics
- Geographic location
- Accomodations for customers with physical or cognitive disabilities

Engagement Community Stakeholders

Networking- Going outside your comfort
zone

Engaging Community Stakeholders

CPESN® Health Equity pharmacies connect community and patients to address drivers of health for better care, cost savings.

As trusted community health providers, **CPESN Health Equity** pharmacies are on the front lines with patients every day identifying barriers to care and solving problems. Community Health Workers, navigators, and peer health mentors integrated in our local pharmacies can help close care gaps that lead to poor health outcomes for the most complex patients. Increasingly, Medicaid MCOs, and value-based health plans are adding social determinants of health screenings and referrals to community pharmacies for best-practice services to address health inequities. For patients, that means better care. For payers, better care can lead to cost savings. **CPESN Health Equity** pharmacies are ready to help you address the growing health inequity crisis.

Click [here](#) to visit the website



LOCAL
Local, culturally
competent pharmacies



ACCESS
Access to quality
healthcare for all



VALUE
Fewer barriers, improved
outcomes, lower cost of care

Up to 80% of someone's health outcomes are associated with Social Determinants of Health.



Questions? Ready to access better patient care?
Contact us today at: healthequity@cpesn.com



EXPECT MORE

- https://cpesn.com/sites/default/files/2023-10/CPESN_SPNOneSheet_HE_Payer10.23.pdf

©2023 CPESN® USA. Do not copy or distribute without permission.

CPESN® Health Equity

Local Pharmacies Connecting
Community and Patients

CPESN Health Equity is the first special purpose network introduced by CPESN USA to help participating community pharmacies increase revenue, maintain cashflow, and further entrench their local presence. Aggregating health equity initiatives across local networks establishes community pharmacy's collective expertise in Social Determinants of Health service as the value-based marketplace matures.

[Watch](#) this short video to learn about CPESN
Health Equity workforce training for Community
Health Workers in New York.



MedExplain was developed to bridge gaps in health literacy

Dr. Monika Safford, Founder of MedExplain



- Chief of the Division of General Internal Medicine at New York-Presbyterian Hospital
- Inaugural Endowed Professor of Diabetes Prevention and Outcomes Research and Assistant Dean for Continuing Medical Education at University of Alabama at Birmingham School of Medicine

Addresses a root cause of poor adherence: a lack of understanding
Conceptualized and tested in the Black Belt region of Alabama

Received over \$3 Million in grants to identify and develop approaches to improving health literacy and outcomes

Seeks to deliver and expand its content to serve local communities where the need for improved health literacy is greatest

Engaging Community Stakeholders

- Link to MedExplain's  **YouTube** channel [here](#)
- Or use the camera on your phone to open the catalog of videos by scanning the link below



- Poster with links to playlists [here](#)
- Avery sticker file with QR links by subject (print on Avery labels #22805) [here](#) (detailed) and [here](#) playlists by topic

Engaging Community Stakeholders

- American Pharmacists Association (AphA)
 - Care of Underserved Patients SIG community
 - Network of health practitioners who serve the underserved populations and enhance patient centered care
- Texas Organizations
 - Targets predominantly the rural areas
 - <https://www.ruralhealthinfo.org/states/texas/organizations>
- Grant Funding- Federal/State

Avoiding, Debunking , Demystifying

Stereotypes

Did you know?

Misconceptions about Generics

In a focus group involving 30 community members, mostly women, most unemployed, 50% had less than high school education:

- The perception that generics are less effective than brand-name drugs.
- The belief that generics require higher doses, leading to increased side effects.
- A tendency to consider generics suitable for mild conditions like headaches but not for serious ailments like cancer.
- A misconception that individuals with limited financial means are obligated to opt for generics.
- Skepticism regarding doctors' motivations, with doubts about their impartiality due to the assumption that doctors profit from prescribing medications, making them less trustworthy.

SOURCE: MedExplain, Inc.

Get Involved!

First Wednesday of the
month !

9 p.m. EST

- If you're interested in joining the Community Connected Advisory Group, please click [here](#).
- If you're a student and would like to be involved, please click [here](#).
- If you missed the *Community Connected Newsletter* for December, click [here](#).
- If you missed our November webinar entitled, "How to Engage your Hindu Population during Diwali" click [here](#) for the recording.



Community
Connected

