



Working as a Naturopathic Doctor within a Community Healthcare Setting

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The cost of healthcare is rising, resulting in extended wait times and limited resources. As we all struggle to make ends meet, a two-tiered system of healthcare is developing to ease the burden. While a system like this is convenient and provides more timely care to those who can afford it, those who cannot are left with no recourse.

With no extended insurance, or the ability to pay fees out of pocket, many individuals are unable to access naturopathic care and hence the power of preventative medicine. While most NDs may never expect to see low-income patients in their practices, the possibility of providing free or subsidized care may help to address the growing gap in healthcare between the rich and the poor.

Working in a community healthcare setting can expose practitioners to a wide range of people, each presenting us with a unique opportunity to learn and grow. In a fascinating study that identified poverty as a determinant of poor health,¹ researchers conducted interviews with health practitioners in Toronto to understand how our universal healthcare system fails to meet the needs of low-income populations. It was found that a significant barrier to care arose from physicians' unfamiliarity with the issues associated with the daily experience of living in poverty. In interviewing low-income patients, the study recognized several areas where physician education would result in better care and health outcomes.

Lack of physician awareness of personal details

One of the most inspiring and rewarding parts of being a naturopathic doctor is the experience of getting to know our patients and recognizing the factors in their lives that may act as barriers to health. While not included in our standard review of systems, it is important to incorporate questions regarding a patient's access to resources in order to inform your assessment. Asking what their monthly diet looks like can give you a rough indication of how much money they have available for groceries, whether they are accessing food banks, or if their budget allows for foods such as vegetables and meat. It is critical to remember that

much of the food that we prescribe comes with a higher price tag than pre-prepared or non-perishable foods. Visiting local grocery stores, food banks and soup kitchens can be a useful exercise in understanding how far a limited food budget may be stretched. Many individuals who access community resources for food express a desire for healthier options.² Creating and sharing recipes that incorporate economical foods like rice, tubers, root vegetables, onions and dried beans may improve compliance, and decrease the financial burden of your treatments.³

In addition to recognizing what patients are eating, asking about where they are living is an important component of a thorough intake. In one study housing insecurity was correlated with poor health in children, decreased growth rates and lower weight.⁴ The stress of housing instability can be wide-ranging and have an impact on all members of the family. Taking a strong, patient-centered initial intake is the first step towards creating positive change with a patient, and asking the right questions will inform a truly individualized treatment protocol.

Lack of access to transportation

Whether you are practicing in an urban centre or a more rural setting, transportation can act as a significant barrier. From personal mobility issues to lack of public transit, being aware and proactive about a patient's ability to access your services may improve quality of care and decrease frustration. In a recent study, it was noted that women who had access to a private vehicle did not cite travel as a barrier to care, whereas transportation was a significant barrier to attending appointments for those who relied on public transit.⁵ Individuals who rely on a service for their travel like Wheel-Trans may present with challenges in arriving on time or finding accessible ramps and toilets.⁶ As many of these services require advance booking and must adhere to strict schedules and weather changes, patients may have considerable stress when it comes to getting to your practice. Understanding that most forms of transportation cost money, many not-for-profit organizations have systems of reimbursement to keep their services accessible, paying for taxis, subway or bus fare, and community drivers to enable clients to travel to their appointments. Looking into community resources may uncover options for individuals unable to afford the cost of transportation to your services. Considering phone consults may also help to overcome this barrier, while home visits are yet another way of making your services accessible to these individuals.

Barriers to Health As Identified by a 2011 Study¹ Include:

- Lack of physician awareness of personal details
- Access to transportation
- Difficulty making and keeping appointments
- Poverty stigma and shame
- Low literacy levels
- Substance abuse
- Cognitive impairment
- Knowledge of community-based resources

Making and keeping appointments

In the best of practices, visit cancellations and no-shows are a frustrating part of doing business. When working in a community health setting, this frustration can erode positive feelings around involvement and decrease motivation. Understanding the reasons behind missed visits can open up a dialogue and decrease resentment on both sides. In one study it was determined that full-time physicians experienced fewer cancellations as compared to part-time physicians, perhaps due to a stronger patient relationship.⁷ Common reasons for missed appointments for people with lower income include the opportunity for longer hours at work, substance abuse issues, variability around being a caregiver for children or parents, poor access to transportation, and conflict with other appointments or opportunities. Discussing the reason for a missed appointment with a patient can help you to understand their situation. Support can then be given to help overcome limitations or to create a more convenient scheduling system. If a patient misses appointments frequently, moving them to a booking system where they can only book the day of the appointment can help you both in organizing your days.

Limited help-seeking due to stigma and shame

In an interesting study on low-income individuals and their experience of the health care system in Canada, the reasons why people did not access universal health care resources were explored.⁸ The study focused on the stigma associated with poverty, and investigated how this stigma manifested itself in daily behaviour and social patterns. Those who were in a lower socioeconomic bracket identified a belief that the rest of society looked down upon them because they were perceived as lazy or unmotivated. This perception was translated into action in many ways, with some reaching out to care for others in a similar situation, withdrawing from society, or avoidance of social contact for fear of stigmatization. Another strategy included hiding financial facts from people to conceal poverty. Being aware of the sensitivity of low-income patients is a critical step towards building rapport. It is important to never assume an income level, a patient's ability to comply with treatments and visit schedules, or their access to resources to things as simple as food and a warm bed. Significant

shame may exist in those who are accessing provincial or federal support programs, food banks, or the shelter system.

Shame around housing options and the ability to contribute in a meaningful way to society may also negatively impact patients. Issues around substance abuse, the loss of guardian rights of children, a history of incarceration or of mental illness can all contribute to shame and stigma. Familiarizing yourself with street terms for drugs, activities and welfare organizations can help you to communicate with patients and shrink the distance between your understanding and their experience. Being open and honest in your visits and asking questions creates a give and take that can be empowering for patients not used to prolonged conversations with a practitioner. When you leave prejudices at the door and find common ground between yourself and your patients, you can reduce the perceived gap on both sides. Beginning with something as simple as dressing in casual attire, knowing current events in the neighbourhood and being aware of the social and political issues present in the community can go a long way towards decreasing the effects of poverty stigma.

Poor literacy

Recognizing that an astounding four out of ten adults have a low level of literacy can greatly impact the ways in which you communicate with your patients.⁹ It is important to note that individuals who fall into this category have an inhibited ability to fully engage in meaningful employment requiring a basic level of reading comprehension. This includes difficulty in filling out medical forms, job applications, reading test results and prescriptions, and understanding health literature and treatment protocols. Since many NDs use relatively long intake papers with possibly unfamiliar words, this can create a significant barrier to care before a patient even begins treatment. Moving these questions into an interview format can reduce this barrier and provide you with more accurate information. Alternately, using forms with simplified language, shorter questions and fewer requirements for writing can increase patient compliance. Many resources exist to support the creation of readable resources. Tools in Microsoft Word can even gauge the level at which a document is readable.¹⁰ Creating materials that consistently incorporate low literacy accommodations can be helpful in both private practice and the community health care or low-income setting and can increase patient comprehension in all walks of life.

Substance abuse

While substance abuse is not limited to a community health setting, it has been well documented that there is a higher prevalence of addiction in low-income populations. Current best practices around treating addiction adopt a harm reduction approach. In a study that looked at the treatment of substance abuse it was noticed that the best approach involved understanding the experience of the patient and then starting the journey to healing from there.¹¹ By fostering supportive relationships and adopting a non-judgmental approach, the women in this study



noted that when underlying issues were addressed, smoking cessation was easier.¹² Significant barriers to cessation included the absence of support networks, lack of access to childcare and elevated stress in daily life. While naturopathic doctors are trained in health psychology, we may not have tools to deal with the daily issues that accompany substance abuse or how best to support someone struggling with addiction issues. The Centre for Addictions and Mental Health (CAMH) is an invaluable resource for learning about addictions and treatments. Offering courses, webinars and helpful documents, the CAMH website (www.CAMH.net), can provide relevant information and help to expand skills for treatment.

Cognitive impairment

While cognitive impairment is identified as a barrier to health in low-income populations, it does not exist in isolation. Whether it is due to congenital issues, injury, illness or decline with substance abuse or aging, cognitive impairment has varying degrees of impact on our patients' daily lives and the ways in which we interact with them. Training yourself to communicate in a very clear, simple, and compassionate manner, meeting the patient at their level, and checking in periodically can ensure that your message is getting through. Patient care may include assisting patients in setting and achieving daily goals, or may inspire you to find resources for their support. In a study from the Netherlands, it was found that physicians were unfamiliar with community resources to help patients with mild cognitive deficiencies, and this acted as a significant barrier to patient improvement.¹³ Current trends in primary care include specialized training for physicians treating dementia through specialized memory clinics.¹⁴ In terms of treatment and therapies, it is critical to explain the treatments thoroughly in order to obtain informed consent. If the patient is not able to provide consent, it must be obtained from a guardian or trustee.¹⁵ Once consent is obtained, it then falls to the practitioner to find ways of communicating daily routines or treatments in an accessible way. This may involve the use of low-literacy materials, pictures, or videos to illustrate your point and increase compliance. Depending upon the level of impairment, regular reminder phone calls and sending notes home to caregivers and support staff can all help to maintain effective treatments.

Knowledge of community-based resources

Understanding patient issues around health and socioeconomic factors furthers the process of naturopathic care in a community health setting. Knowing what to do with the information is a different skill and requires the support of the community. In a study in British Columbia, it was found that amongst low-income senior women, those with a strong social support network accessed health care resources less and required fewer health interventions.¹⁶ Finding or creating these supports can be an important part of care through empowering patients to live healthier lives. If the

neighbourhood in which you practice is unfamiliar, take some time to see where basic resources exist. Are there economical grocery stores within walking distance to your patients? Are there easily accessible, low cost forms of transportation, or safe, sidewalked streets for walking? Is there a local infestation of bed bugs, increased crime, or lack of green space? In one study, it was found that those who shopped at corner stores for groceries had a less healthy diet than those who had access to supermarkets.¹⁷ Many urban centres lack large, affordable supermarkets in low-income areas, and patients are limited to shopping within walking distance of their homes. Our recommendations often centre on diet and lifestyle and thus may need to be adjusted to suit certain communities should resources be lacking.

It is also very useful to know about community organizations that may facilitate treatment plans in an inexpensive way. Foodshare is a non-profit organization that strives to provide cost-effective produce options to people from all walks of life. Starting at \$13 per week, people can get fruits and vegetables that would be much more expensive in a grocery store, or absent from a corner store. Their program "The Good Food Box" is accessible in many communities and can be an important adjunct to changes in diet. Information on Foodshare and its programs can be found at www.foodshare.net. In terms of lifestyle recommendations, programs at organizations like the YMCA/YWCA or community centres can be inexpensive or free. Many patients do not have the resources to find and contact local programs, so handouts outlining community services can provide much needed social support.

Some of the barriers to health in the community can be obvious, and others as innocuous as to be invisible; as naturopathic doctors we need to be ready for anything. Incorporating community health work into our practices can be challenging as we pursue our medicine, and can range from a full-time practice to one afternoon per month. Whether you work out of a community health centre as part of a multidisciplinary team or see occasional low-income patients in your current business, there are many ways to incorporate low-income patients into your practice. Recognizing the common barriers to health and how to address them will aid you in creating a receptive and therapeutic environment for each of your patients and broaden your therapeutic and personal horizons. 🍁

About the Author

Jennifer Hillier graduated from CCNM and started a free clinic in Vancouver at the British Columbia Persons with AIDS Society while collaborating on a research project examining the use and efficacy of CAM with that community. She has also been the supervisor of the Anishnawbe Health Toronto Naturopathic clinic working with indigenous peoples in the downtown core as well as running a private practice at the University of Guelph. Jennifer is full-time faculty at CCNM and a contributing author of *Clinical Naturopathy* published by Elsevier.

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