Session 4: Health Disparities

May 14th, 2021
11:30 AM to 12:30 PM (Pacific Time)
TRUST: A VITAL DETERMINANT OF HEALTH

SETU VORA, MD
CHIEF MEDICAL OFFICER
(860) 949-4339
SVORA@MPTN.ORG
MORE TRAUMA PAST AND PRESENT, WITH STRUCTURAL RACISM AND INEQUITY

TRAUMA = TRUST

LESS TRUST IN INDIVIDUALS, INSTITUTIONS, INFORMATION, AND INNOVATIONS
ACCESS ≠ ACCEPTANCE
TRUST

YEARS TO BUILD. SECONDS TO LOSE
BUILDING TRUST

TOTAL EMPATHY
TRANSPARENCY
TELLING STORIES
TEAMWORK

COMMUNICATE | COMPREHENSION | COMPETENCE | CARING
LESSON & MISSION:
BUILD A HEALTH SOVEREIGNTY MODEL AT MASHANTUCKET PEQUOT TRIBAL NATION AND THROUGH OTHER COMMUNITIES

THANK YOU
Responding to Trauma, Racial-Ethnic Inequities in Child and Adolescent Mental Health During a Pandemic

Lisa Fortuna, MD, MPH, M.Div
Associate Professor and Vice-Chair
Department of Psychiatry & Behavioral Sciences
University of California San Francisco
COVID RELATED STATS: What we feared is coming to pass.....

Beginning in April 2020, the proportion of children’s mental health–related ED visits among all pediatric ED visits increased and remained elevated through October.

Compared with 2019, the proportion of mental health–related visits for children aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively.

One in four young adults between the ages of 18 and 24 say they've considered suicide because of the pandemic, according to new CDC data that paints a bleak picture of the nation’s mental health during the crisis.
THE “PRICE” IS HIGHER FOR BLACK AND BROWN CHILDREN

Many receive the wrong services at the wrong time…in restrictive or punitive settings.

81% of children on medicaid are non white.

The suicide rate for black children, ages 5-12, is 2x that of their white peers.

70% of youth in California’s juvenile justice system have unmet behavioral health needs, and youth of color are dramatically over-represented.

Making healing centered care a reality isn’t simply a matter of tweaking access or programs…

It requires acknowledgment of the role of race and poverty in the social and emotional health
COVID-19 and Disproportionate Risk

- Latinx minors make up 67% of the cases, despite being only 48% of the state’s population of children.
- 57% percent of seniors over 60 are people of color.
- 70% of deaths in over 60 are persons of color.
Community Perspective: Priorities list from Promotoras

- Child mental health
- Parental unemployment/financial crisis/food insecurity
- Depression and anxiety
- Alcohol and substance use disorder exacerbations
- COVID-19 illness recovery
- Unsupported special education and health care needs
- Family conflict/stress/violence
- Suicidality
WE HAVE A ONCE-IN-A-GENERATION OPPORTUNITY TO ADDRESS THE CRISIS From a Social Justice Perspective

Public opinion and policymaker agendas are aligned

Political Will: New administration has a stated focus on children’s well-being and has expressed interest and willingness to engage.

Community Support: Half (52%) of all Californians say their community does not have enough mental health providers to serve local needs.

Emerging Consensus and Consciousness: Of the impact of adversity, structural racism, and the pandemic on the social and emotional health of children.

TO TAKE ADVANTAGE OF THIS MOMENT IN TIME WE MUST:

• Embrace the critical need to reform delivery models so that they are healing and relationship centered and collaborative.
• Adopt a concurrent but aligned paradigm shift across child serving systems.
COVID-19 in Vulnerable Populations

What makes one “vulnerable” to COVID-19?

Mercedes Carnethon, Ph.D., FAHA
Mary Harris Thompson Professor and Vice Chair of Preventive Medicine and Professor of Medicine (Pulmonary and Critical Care)

May 14, 2021

No disclosures
“Vulnerability” in COVID-19

- A population (or population subgroup) that is at higher than the average risk for having a bad outcome
- “Vulnerability” is context-specific and dependent on the disease and the setting
- Broad classes of individuals who are generally vulnerable
  - Economically disadvantaged
  - Racial/ethnic minorities
  - Older adults
  - Children
  - Pregnant women
  - Physical and mental disabilities
  - Institutionalized
  - Homeless
  - Rural/Isolated

Socio-demographic

Health status

Place-based/geographical
Chronic Diseases Convey “Vulnerability” in COVID-19

<table>
<thead>
<tr>
<th>Chronic Conditions associated with severe COVID-19 (including death)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cardiovascular diseases</td>
</tr>
<tr>
<td>• Diabetes</td>
</tr>
<tr>
<td>• Hypertension</td>
</tr>
<tr>
<td>• Obesity</td>
</tr>
<tr>
<td>• Chronic Kidney Disease</td>
</tr>
<tr>
<td>• Moderate to severe asthma or other chronic lower respiratory disease</td>
</tr>
<tr>
<td>• Immunocompromised (sickle cell disease, cancer treatment, poorly controlled HIV or AIDS)</td>
</tr>
</tbody>
</table>

Vulnerable Individuals

- Economically disadvantaged
- Racial/ethnic minorities
- Older adults
- Children
- Pregnant women
- Physical and mental disabilities
- Institutionalized
- Homeless
- Rural/Isolated
What makes some groups vulnerable to death from COVID-19?

• “Vulnerable populations” share many underlying adverse social determinants of health that predispose to chronic diseases and severe COVID-19
  – Higher risk employment
  – Delayed healthcare seeking
  – Hourly vs. salaried employment
  – Adverse health behaviors → chronic diseases

* Figure adapted from County Health Rankings model
Neighborhood Socioeconomic Indicators and COVID Cases and Mortality
1,089,999 cases and 62,298 deaths in 3,127 counties

• Socioeconomic indicators of “distress” are correlated with COVID-19 cases and deaths by county
Racial/Ethnic Disparities in COVID-19 Mortality

Age-standardized (indirect age adjustment) mortality rates for race-based differences in COVID-19 mortality

- Incident cases and hospitalizations follow these patterns
  - Extends to youth
- Each of these populations has a higher burden of chronic disease
Barriers in Telemedicine Access in Senior Living Communities

Alice Mao MD, Lydia Tam, Audrey Xu, Kim Osborn MPA, Christine Gould PhD, Marina Martin MD, Matthew Mesias MD
Cross sectional study of video visit readiness of community dwelling adults (N=4525) using 2018 data from database of Medicare beneficiaries

Estimated 38% older adults (13 million) and 72% of age >85 not ready

Reasons for unreadiness:
  - Inexperience with technology
  - Difficulty hearing or communicating
  - Difficulty seeing
  - Dementia

Unreadiness likely more prevalent in patients who were:
  - Older, men, not married
  - Black or Hispanic individuals
  - Resided in a nonmetropolitan area
  - Had less education
Site A Demographics

- 30% Male, 70% Female
- Avg Age: 87 yrs
- N=130

Site B Demographics

- 12% Male, 88% Female
- Avg Age: 83 yrs
- N=119
Site Specific Barriers to Video Visits

Site B Resident Reported Barriers To Video Visits (N=119)
- No perceived barriers: 3%
- Cannot speak English very well: 18%
- Other: memory, vision, making one self understood etc: 23%
- No device or stable internet: 13%
- Not interested in seeing provider outside of the clinic: 11%
- Difficulty hearing: 9%
- Not familiar with technology or platform: 23%

Site A Resident Reported Barriers To Video Visits (N=125)
- Cannot speak English very well: 0%
- Not familiar with technology or platform: 27%
- Other: memory, vision, making one self understood etc: 14%
- No device or stable internet: 10%
- Difficulty hearing: 24%
- Not interested in seeing provider outside of the clinic: 8%
# Results

<table>
<thead>
<tr>
<th>Theme</th>
<th>Quote</th>
<th>Participant Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telemedicine visits are limited in physical exam</strong></td>
<td>“I would rather that the doctor can actually touch me, examine me with a stethoscope, or see if a part is tender…I also think in person communication is sometimes better for nonverbal communication. For a variety of reasons, maybe just my age, I prefer face to face”</td>
<td>77 yo English speaking male participant (Site A)</td>
</tr>
<tr>
<td><strong>Reluctance to use Telemedicine given no urgent medical needs</strong></td>
<td>“I have never tried video. For telemedicine over the phone, there were not really any big problems. My health conditions were not urgent, so I think that was why it was okay [to not do a video visit].”</td>
<td>79 yo Cantonese speaking female participant (Site B)</td>
</tr>
<tr>
<td><strong>Language barriers make English instructions difficult</strong></td>
<td>“If I use English, it will be very hard. I am comfortable with computers, and I am willing to give it a try…I am open to medical students, or other students as long as they speak Chinese.”</td>
<td>74 yo Mandarin speaking female participant  (Site B)</td>
</tr>
<tr>
<td><strong>Easier access to on-demand help can alleviate difficulties</strong></td>
<td>“I need a person to sit down with me next to my computer to help me set up my account: here’s the icon you click on, the name of your account, where you keep your password, how you enter and use it…I need personal help.”</td>
<td>88 yo English speaking female participant (Site A)</td>
</tr>
</tbody>
</table>
Conclusions and Next Steps

• Largest barriers to telemedicine for independent dwelling older adults:
  o Difficulty with video platform
  o Language barriers
  o Lack of device or stable internet
  o Lack of desire to see providers outside of clinic
• No one size fits all solution
• Partnering with community organizations to provide tablet devices and culturally and language concordant telemedicine training

• Systems level investment in age-friendly telemedicine technology and support are needed
COVID-19 Challenges and Opportunities

Elena Rios, MD, MSPH, FACP
President & CEO
National Hispanic Medical Association
www.NHMAMD.org
Latinos & Healthcare Disparities

- 60M or 18.3% of the U.S. population
- 1.7 times more cases than non-Hispanic whites, 4.1 times more likely to be hospitalized, and 2.8 times more likely to die from COVID-19
- Lack of ins. coverage & less access to care
- Higher prevalence & less controlled chronic illness
- Higher exposure to COVID-19 as essential workers
- Social vulnerability index (education, poverty, food, essential jobs, housing)
- Immigration
- LEP, health literacy

Source: US Census, 2018
U.S. Centers for Disease Control and Prevention, “Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity,” Feb 2021
Seven In Ten Hispanic Adults Say They Will Get A COVID-19 Vaccine

If a COVID-19 vaccine was determined to be safe by scientists and was available for free to everyone who wanted it, would you...?

- **Black**
  - Definitely get it: 27%
  - Probably get it: 36%
  - Probably not get it: 20%
  - Definitely not get it: 15%

- **Hispanic**
  - Definitely get it: 36%
  - Probably get it: 35%
  - Probably not get it: 8%
  - Definitely not get it: 18%

- **White**
  - Definitely get it: 46%
  - Probably get it: 26%
  - Probably not get it: 11%
  - Definitely not get it: 15%

Vaccine Confidence Policy

- NHMA is working with the White House COVID-19 Health Equity Task Force
- TRUST & TRANSPARENCY – discrimination in research, deportation fear, disrespect
- INFORMATION – health literacy in healthcare and public health
- PHYSICIAN TRAINING – from Latino health professionals on patient communication, medical record reminders, staff health education to patients
- SOCIAL NEEDS - websites or call lines for appointments, online navigation, transportation/child care
- MEDIA CAMPAIGN – NHMA partner with Ad Council and media; social media; newsletter; website
- HispanicHealth.info – COVID-19 hub of information being built
President Biden: “Work to ensure that the vaccine is distributed quickly, effectively and equitably, with a focus on making sure that high risk and hard-to-reach communities are not left behind”

NHMA #Vaccinate4All Campaign

- supported by CDC, J&J, BIO
- Development of COVID-19 Resource Hub (HispanicHealth.info)
  - English and Spanish info
- Sign-up at www.NHMAMD.org
“Vaccinate4All” Campaign – nhmamd.org

- Individual Training through Webinars, Social Media, NHMA Fellows
- Organizational Training –
  - Hispanic Health Professionals Leadership Network, Medical Societies
  - Conferences, Newsletters, Websites
- Media Partners
  - Latino Leaders & Latina Style magazines, National Assoc of Broadcasters, AD Council, Univision, Telemundo, National Assoc of Hispanic Publications, more
- Link to COVID-19 Vaccine Campaigns
  - Get Your Shot, It’s Up to You, Plan Your Vaccine, Latinx COVID-19 Task Force, Latino Coalition against COVID-19, Blacks against COVID-19
- Partners: CDC, JandJ, BIO
15-Minute Break

May 14th, 2021
12:30 PM to 12:45 PM (Pacific Time)