Minnesota Center of Excellence in Refugee Health Webinar Series

August 25, 2020

Housekeeping

- Use the "Chat" panel for any questions throughout the webinar. **Please make sure you send to "Host, Presenter & Panelists."**
- Please fill out the post-webinar evaluation sent via email. A document you can use as proof of attendance for CE purposes will be available to save or print after you submit the evaluation.
- Providers must identify if they need a CME certificate in the evaluation.
- This webinar will be recorded and available at Center of Excellence in Refugee Health (health.state.mn.us/communities/rih/about/coe.html).

CENTER OF EXCELLENCE IN REFUGEE HEALTH MINNESOTA

Minnesota Center of Excellence in Refugee Health Two-Part COVID-19 Webinar

Addressing refugee and immigrant health in the face of persistent inequality and COVID-19:

Perspectives of clinical experts

August 25, 2020

CENTER OF EXCELLENCE IN REFUGEE HEALTH MINNESOTA

Disclosure

- The presenters and planners have no actual or potential conflicts of interest to disclose in relation to this webinar.

CENTER OF EXCELLENCE IN REFUGEE HEALTH MINNESOTA

Acknowledgment

- The Minnesota Center of Excellence in Refugee Health is supported by 1U50CK000459 from the U.S. Centers for Disease Control and Prevention.
- This activity is supported by the Minnesota Medical Association.

DENVER HEALTH. est. 1860 FOR LIFE'S JOURNEY

HealthPartners Institute

DEPARTMENT OF HEALTH

Minnesota Medical Association

Jefferson Health.

Children's Hospital of Philadelphia

Nationalities SERVICE CENTER

CENTER OF EXCELLENCE IN REFUGEE HEALTH MINNESOTA

Facilitator

QAALI HUSSEIN, MD, FACS

- Board certified trauma and acute care surgeon
- Fellow of the American College of Surgeons

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MINNESOTA

Presenters

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- Co-founder, Estelita's Social Justice Library

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- Co-director, Seattle Children Hospital's Global Health Resident Education and Advocacy for Child Health program

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- Staff physician in the Denver Metro TB Program at Denver Public Health

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Goal and Learning Objectives

- Identify two to three challenges faced by historically resilient communities to accessing health care
- Describe at least three innovative approaches to partner with and support communities for health
- Identify two considerations in crafting meaningful outreach initiatives

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IN REFUGEE HEALTH
MINNESOTA

History of Systemic racism

Estell Williams
Assistant Professor of Surgery
Department of Surgery
University of Washington Montlake Campus

1

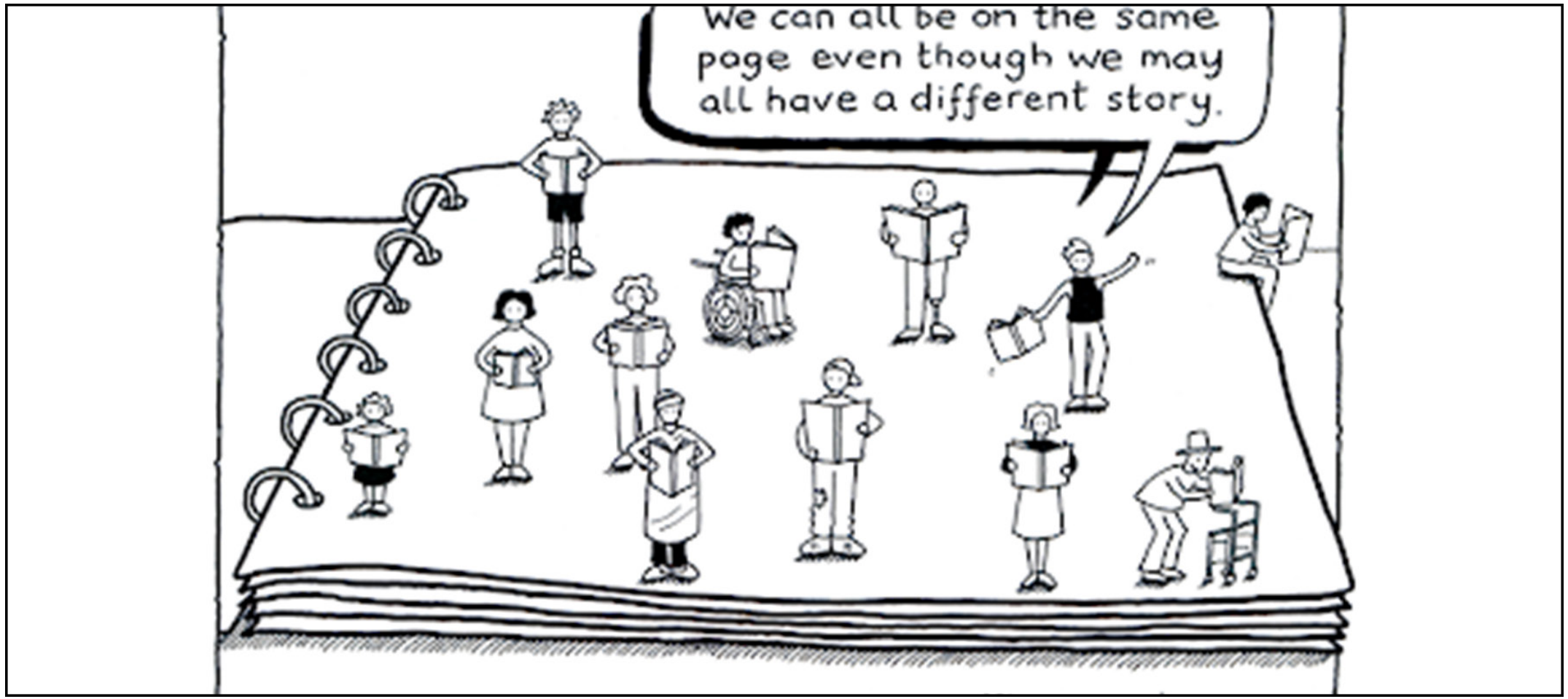
Understand and define common language around systemic racism

2

Identify challenges faced by refugee/immigrant communities, and historically resilient communities, accessing health care.

3

Describe how systemic racism is affecting refugee health.



Let’s start on the same page…

Race

- For many people, it comes as a surprise that racial categorization schemes were invented by scientists to support worldviews that viewed some groups of people as superior and some as inferior. There are three important concepts linked to this fact:
  - Race is a made-up social construct, and not an actual biological fact
  - Race designations have changed over time. Some groups that are considered “white” in the United States today were considered “non-white” in previous eras, in U.S. Census data and in mass media and popular culture (for example, Irish, Italian and Jewish people).
  - The way in which racial categorizations are enforced (the shape of racism) has also changed over time. For example, the racial designation of Asian American and Pacific Islander changed four times in the 19th century. That is, they were defined at times as white and at other times as not white. Asian Americans and Pacific Islanders, as designated groups, have been used by whites at different times in history to compete with African American labor.

- *SOURCE:*

  PBS, Race: Power of an Illusion

  Paul Kivel, Uprooting Racism: How White People Can Work for Racial Justice (Gabriola Island, British Columbia: New Society Publishers, 2002), p.141.

Ethnicity

- A social construct that divides people into smaller social groups based on characteristics such as shared sense of group membership, values, behavioral patterns, language, political and economic interests, history and ancestral geographical base.

- Examples of different ethnic groups are: Cape Verdean, Haitian, African American (Black); Chinese, Korean, Vietnamese (Asian); Cherokee, Mohawk, Navaho (Native American); Cuban, Mexican, Puerto Rican (Latino); Polish, Irish, and Swedish (White).

- *SOURCE:*
  Teaching for Diversity and Social Justice: A Sourcebook. Maurianne Adams, Lee Anne Bell, and Pat Griffin, editors. Routledge, 1997.

Racism

Power given to a particular race by society + discrimination. A belief that **race** is the primary determinant of human traits and capacities and that **racial** differences produce an inherent superiority of a particular race

- Racism = race prejudice + social and institutional power
- Racism = a system of advantage based on race
- Racism = a system of oppression based on race
- Racism = a white supremacy system
- Racism is different from racial prejudice, hatred, or discrimination. Racism involves one group having the power to carry out systematic discrimination through the institutional policies and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices.

- *SOURCE:*
  Dismantling Racism Works web workbook

Other Definitions

- Discrimination: the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex.
- Diversity: the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs.
- Equity: a process of achieving just and fair provision of resources to all individuals regarding of differences and attempts to counteract unequal individual opportunities thus ensuring distribution of opportunities.
- Inclusion: is the process of creating a collaborative, supportive, and respectful environment that increases the participation and contribution of all employees who might otherwise be excluded or marginalized.

THE ANTI-CHINESE WALL.

The American Wall Goes Up as the Chinese Original Goes Down.

Racism and the Refugee

- A refugee is a person who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country” (Article 1A, 1951 Convention Relating to the Status of Refugees).
- There is an inextricable link between racism, racial discrimination, xenophobia and related intolerance, and the forcible displacement and mistreatment of refugees, asylum seekers, and internally displaced persons. Racism is both a cause and result of forced displacement, and a barrier to its solution.
- Not only do refugees and asylum seekers flee situations of racial and ethnic discrimination and violence, but they increasingly confront such hostility in their countries of refuge manifest in various forms including:
    - Restrictive interpretations and applications of the 1951 Refugee convention
    - Detention and ill-treatment
    - Racist and xenophobic portrayal of asylum seekers, refugees and migrants
    - Use of xenophobic and racist rhetoric by politicians and public officials
    - Violent racist attacks against refugees, asylum seekers and migrants
    - Social and economic discrimination against asylum seekers, refugees and migrants including in access to housing, education, health care, employment, social welfare and other basic rights

MICHIGAN

Health and race disparities in America have deep roots: A brief timeline

Tammy Joyner and Jasmin S. Lee Detroit Free Press Special Writers

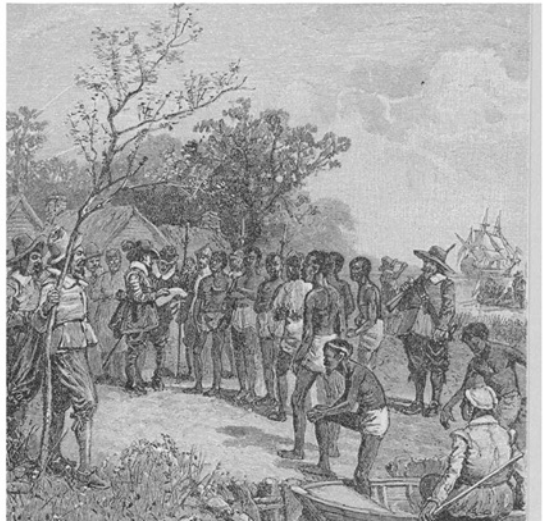
Published 9:00 a.m. ET Apr. 20, 2020 | **Updated 9:01 a.m. ET Apr. 20, 2020**

View Comments

Here are a few historical examples of how race, and racism, has greatly impacted the health outcomes of African Americans.

1619 to 1730: Africans were enslaved and transported to the American colonies to be treated as property, receiving little to no medical treatment.

1742: Onesimus, a Boston enslaved person, told his owner about a procedure where he became immune to smallpox by exposing himself to the bacteria of someone with smallpox through an open wound, an early inoculation. His owner, Cotton Mather, experimented with this treatment and only six people out of 242 died. Although Onesimus contributed to this knowledge, he received terrible treatment as a slave and was punished



Detroit Free Press: Health and race disparities in America have deep roots: A brief timeline (https://www.freep.com/story/news/local/michigan/2020/04/20/timeline-health-race-disparities/5145641002/)

African refugees in Minneapolis join protesters in their adopted homeland

1K shares

Issued on: 02/06/2020 - 04:18

Art and posters at a memorial for George Floyd that has been created at the place where he was taken into police custody and later died in Minneapolis, Minnesota, USA, June 1, 2020. © Leah Millis, REUTERS

Text by: NEWS WIRES 4 min

France 24: African refugees in Minneapolis join protesters in their adopted homeland (https://www.france24.com/en/20200602-african-refugees-in-minneapolis-join-protestors-in-their-adopted-homeland)

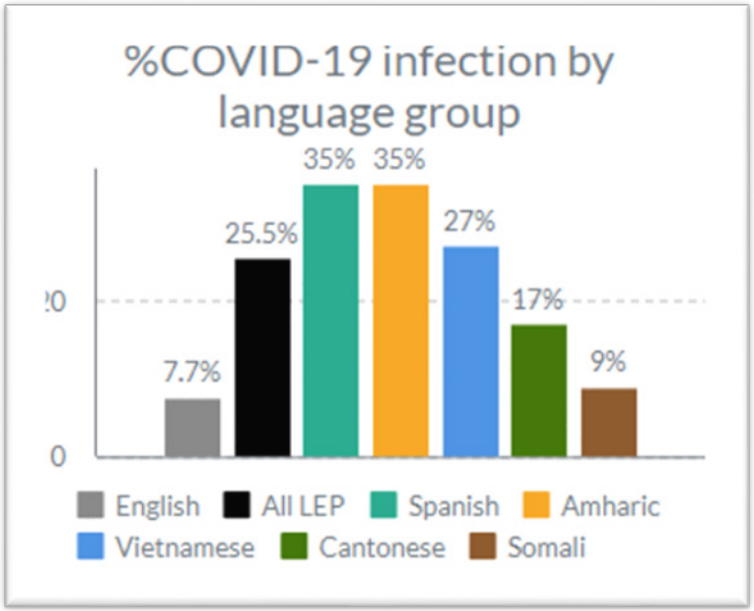
Outline

- Challenges faced by Refugee/Immigrant Populations during COVID
- Approaches to Address Health Disparities

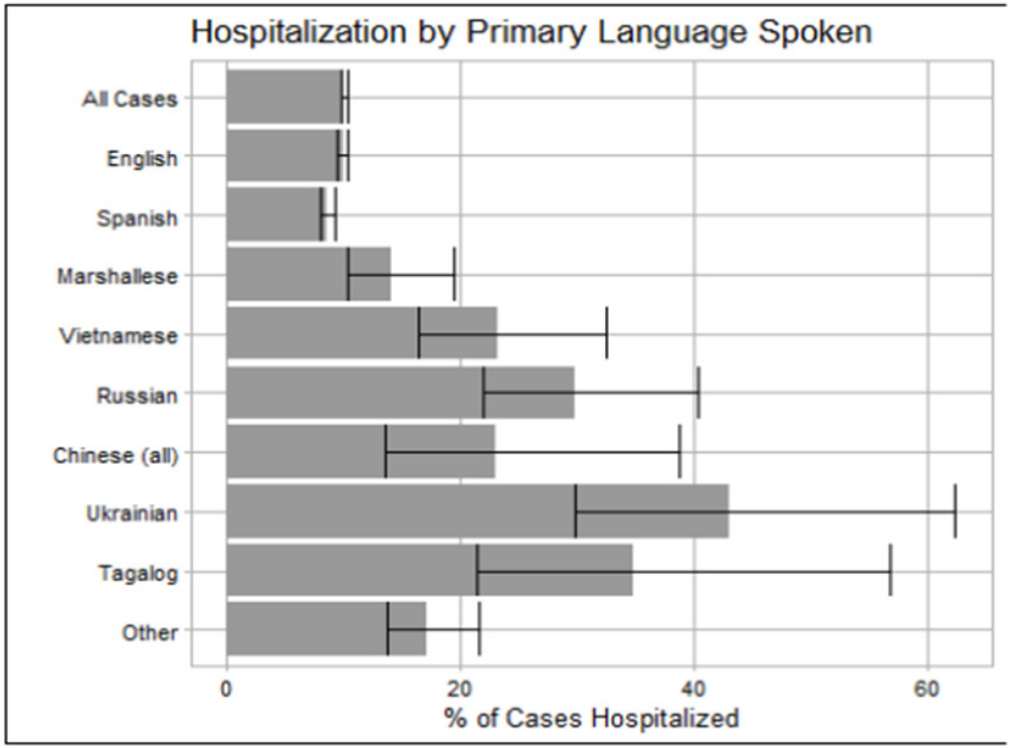
Inequities in Stressors during COVID

Manifestation of Systemic Inequities during Crises

COVID-19 Infection & Hospitalization by Language group



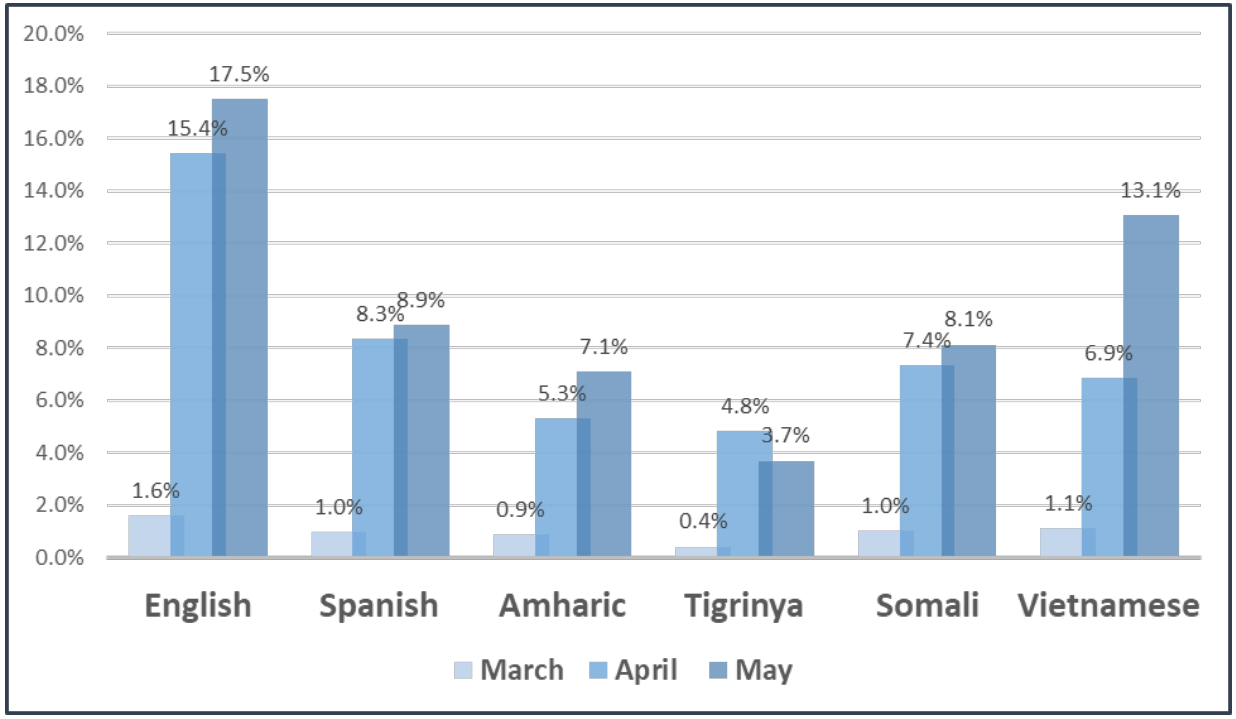
UW - Total tests as of April 16, 2020: 12,874



Ref. Washington State DOH, COVID-19 morbidity and Mortality by Race, Ethnicity and Language in WA State, July 29 2020

Manifestation of Systemic Inequities during Crises

Preliminary: Video Telehealth Encounters by Language group

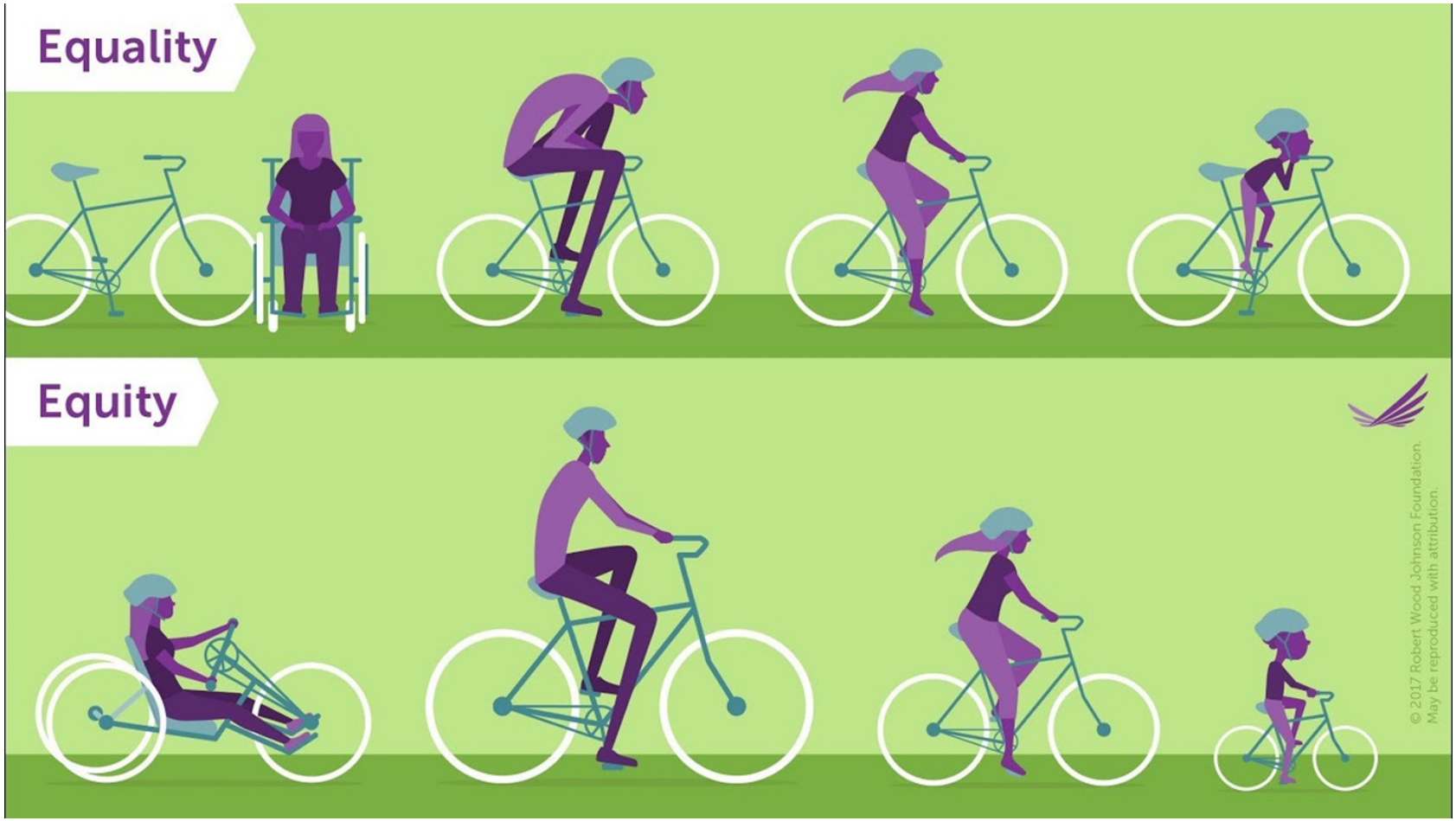


Equity – Low English proficient (LEP) patients with lower access to video telehealth access during COVID19 crises

Ref. Washington State DOH, COVID-19 morbidity and Mortality by Race, Ethnicity and Language in WA State, July 29 2020

Equitable Care

= Providing service to meet the needs of each patient



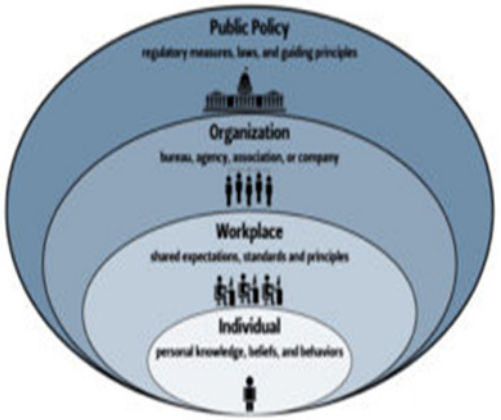
Outline

- Challenges faced by Refugee/Immigrant Populations during COVID
- Approaches to Address Health Disparities

Strategy to Address Disparities: Address Racism and Refugee Health

Racism is directly intertwined with anti-immigration policy, as well as pre-existing socioeconomic disparities, and health inequities for people of color which are made more apparent during the COVID-19 crisis

- Addressing structural biases requires collective and thoughtful approaches
- Providers address structural biases using strategies at different levels



Approaches to Address Disparities in Refugee Health

1. Work as a collective
   - Use existing partnerships
   - Develop new coalitions

- Share experiences, knowledge, resources, and support
  - multi-site assessment of health equities in telehealth
  - new section on health equities in telehealth within the American Academy of Pediatrics

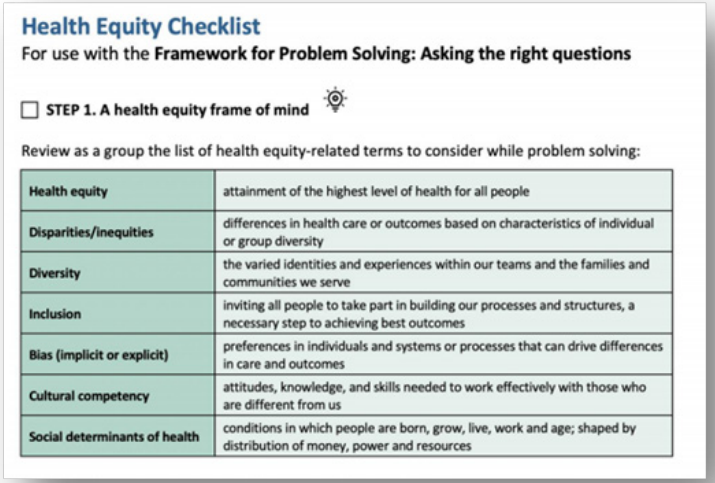
Integrate Health Equities into Existing Processes

1. Work as a collective
   - Use existing partnerships
   - Develop new coalitions

2. Integrate health equities into existing processes

Equity, Diversity, and Inclusion

- Safety checklist for health equities
- QI reports include harm from disrespect and racist/biased actions
- Empowering groups to identify health inequities within their work
  - & to monitor progress



Health Equity Checklist

For use with the **Framework for Problem Solving: Asking the right questions**

☐ **STEP 1. A health equity frame of mind**

Review as a group the list of health equity-related terms to consider while problem solving:

Health equity	attainment of the highest level of health for all people
Disparities/inequities	differences in health care or outcomes based on characteristics of individual or group diversity
Diversity	the varied identities and experiences within our teams and the families and communities we serve
Inclusion	inviting all people to take part in building our processes and structures, a necessary step to achieving best outcomes
Bias (implicit or explicit)	preferences in individuals and systems or processes that can drive differences in care and outcomes
Cultural competency	attitudes, knowledge, and skills needed to work effectively with those who are different from us
Social determinants of health	conditions in which people are born, grow, live, work and age; shaped by distribution of money, power and resources

Ref. Cowden, John. Health Equity Integration Throughout a Health Care System, July 2020

Measure Health Equities

1. Work as a collective
   - Use existing partnerships
   - Develop new coalitions
2. Integrate health equities into existing processes
3. Measure health equities
   - Including LEP status

"Overall I'm a fan [of TH] but I'm very worried about the access issues and why I'm seeing more English-speaking families."

- Provider

Metrics of Health Equity

a. Assessments
   - providers
   - patients / community

QI assessment –

Use of video telehealth for LEP patients

In clinics where providers where were seeing **mostly English-speaking patients**

… most were conducting **75-100%** video encounters

In clinic where providers were see **mostly LEP patients**

… providers were conducting **0-25%** video encounters

Ref. Bollinger, Lucy. TH during COVID 2020

Measure Health Equities continued

1. Work as a collective
   - Use existing partnerships
   - Develop new coalitions
2. Integrate health equities into existing processes
3. Measure health equities
   - Including LEP status

Metrics of Health Equity

a. Assessments
   - providers
   - patients / community

b. Monitoring
   - dashboards

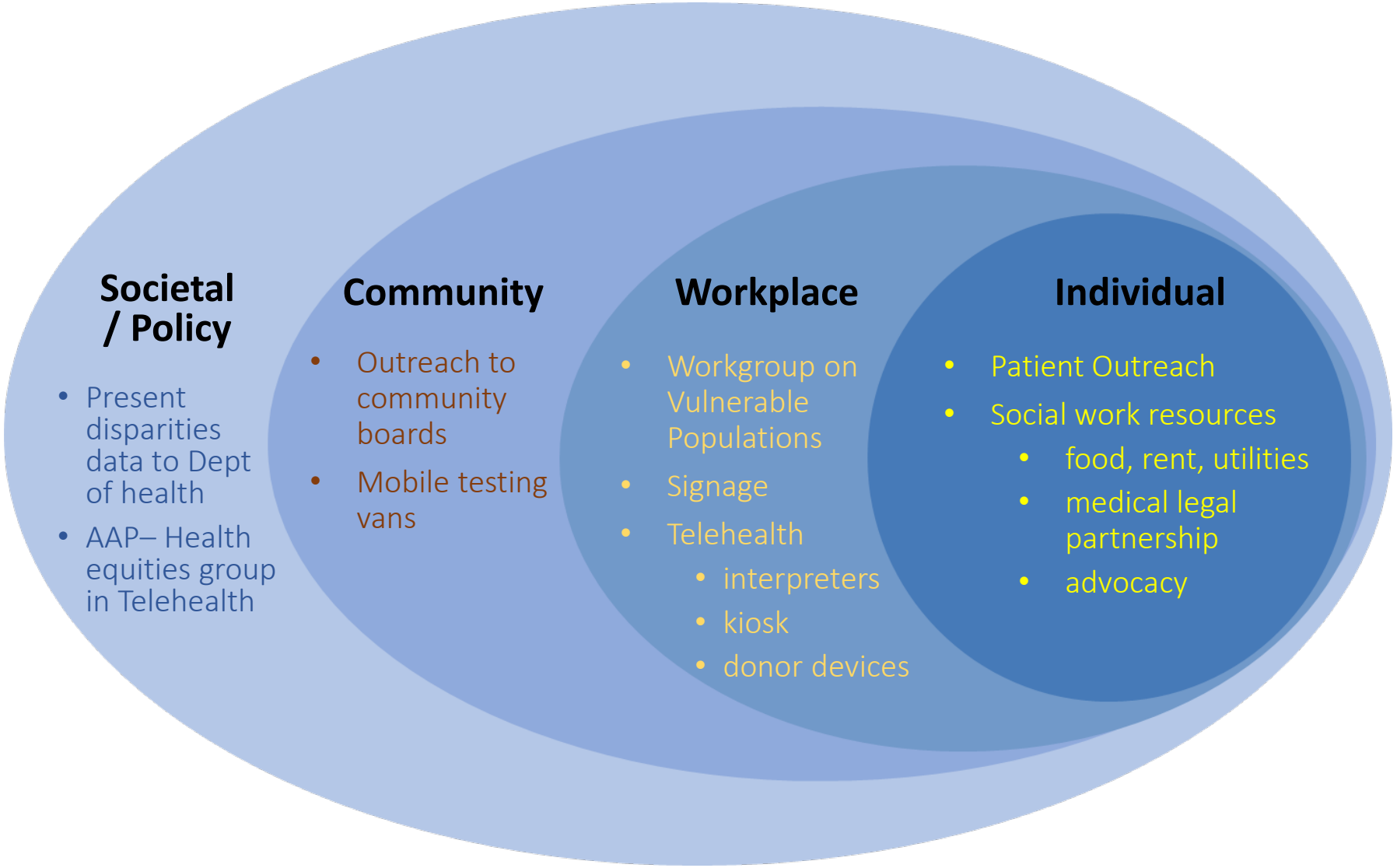
c. Data **quality**
   - eliminate 'unknown' !
   - REaL indicators
     - race, ethnicity, preferred language

Ref. Bollinger, Lucy. TH during COVID 2020

Work Across Levels of the Socio-Ecological Model

1. Work as a collective
   - Use existing partnerships
   - Develop new coalitions
2. Integrate health equities into existing processes
3. Measure health equities
   - Including LEP status
4. Work across levels of the Socio-Ecological Model

Examples of Actions to Address Health Inequities Across Socio-Ecological Levels

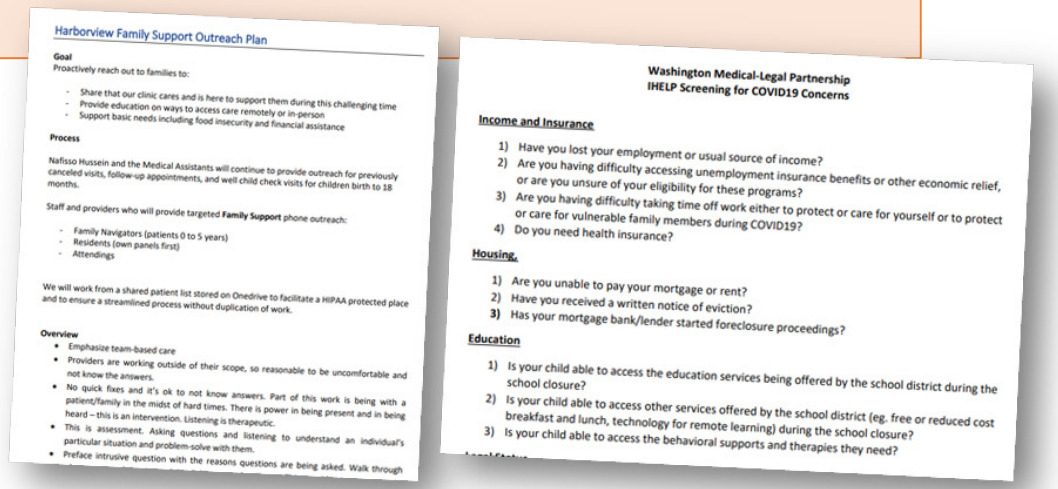


Actions to Address Health Inequities: INDIVIDUAL

Proactive Outreach to patients

- screening social determinants of health
  - food insecurity, rent, utilities
  - legal, therapies
- connect to resources
- schedule in-person/telehealth visits

- *Trauma informed approach*
- *Social work oriented*



Harborview Family Support Outreach Plan

Goal

Proactively reach out to families to:

- Share that our clinic cares and is here to support them during this challenging time
- Provide education on ways to access care remotely or in-person
- Support basic needs including food insecurity and financial assistance

Process

Nafisso Hussein and the Medical Assistants will continue to provide outreach for previously canceled visits, follow-up appointments, and well child check visits for children birth to 18 months.

Staff and providers who will provide targeted **Family Support** phone outreach:

- Family Navigators (patients 0 to 5 years)
- Residents (own panels first)
- Attendings

We will work from a shared patient list stored on Onedrive to facilitate a HIPAA protected place and to ensure a streamlined process without duplication of work.

Overview

- Emphasize team-based care
- Providers are working outside of their scope, so reasonable to be uncomfortable and not know the answers.
- No quick fixes and it's ok to not know answers. Part of this work is being with a patient/family in the midst of hard times. There is power in being present and in being heard – this is an intervention. Listening is therapeutic.
- This is assessment. Asking questions and listening to understand an individual's particular situation and problem-solve with them.
- Preface intrusive question with the reasons questions are being asked. Walk through

Washington Medical-Legal Partnership
IHELP Screening for COVID19 Concerns

Income and Insurance

1) Have you lost your employment or usual source of income?
2) Are you having difficulty accessing unemployment insurance benefits or other economic relief, or are you unsure of your eligibility for these programs?
3) Are you having difficulty taking time off work either to protect or care for yourself or to protect or care for vulnerable family members during COVID19?
4) Do you need health insurance?

Housing.

1) Are you unable to pay your mortgage or rent?
2) Have you received a written notice of eviction?
3) Has your mortgage bank/lender started foreclosure proceedings?

Education

1) Is your child able to access the education services being offered by the school district during the school closure?
2) Is your child able to access other services offered by the school district (eg. free or reduced cost breakfast and lunch, technology for remote learning) during the school closure?
3) Is your child able to access the behavioral supports and therapies they need?

Individual

- Patient Outreach
- Social work resources
  - food, rent, utilities
  - medical legal partnership
  - advocacy

Ref. Grant, A, Ettinger-Avila J. HMC Peds 2020

Actions to Address Health Inequities: INDIVIDUAL

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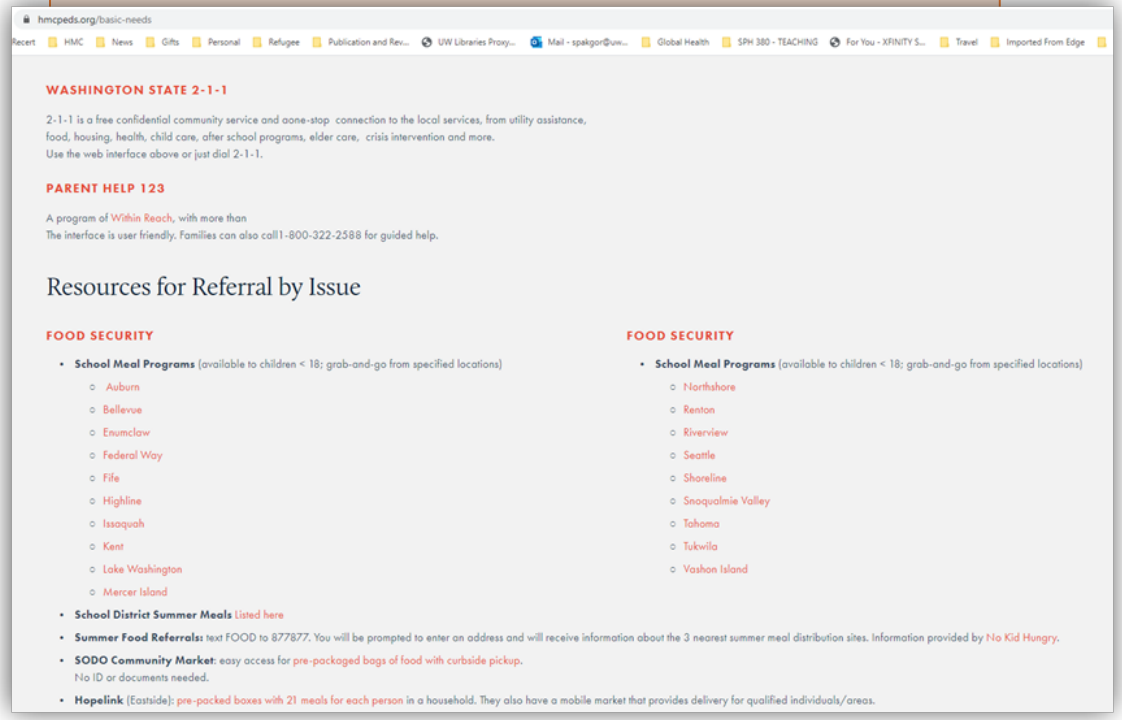

hmcpeds.org/basic-needs

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WASHINGTON STATE 2-1-1

2-1-1 is a free confidential community service and aone-stop connection to the local services, from utility assistance, food, housing, health, child care, after school programs, elder care, crisis intervention and more.
Use the web interface above or just dial 2-1-1.

PARENT HELP 123

A program of Within Reach, with more than
The interface is user friendly. Families can also call 1-800-322-2588 for guided help.

Resources for Referral by Issue

FOOD SECURITY

- **School Meal Programs** (available to children < 18; grab-and-go from specified locations)
  - Auburn
  - Bellevue
  - Enumclaw
  - Federal Way
  - Fife
  - Highline
  - Issaquah
  - Kent
  - Lake Washington
  - Mercer Island

FOOD SECURITY

- **School Meal Programs** (available to children < 18; grab-and-go from specified locations)
  - Northshore
  - Renton
  - Riverview
  - Seattle
  - Shoreline
  - Snoqualmie Valley
  - Tahoma
  - Tukwila
  - Vashon Island

- **School District Summer Meals** Listed here
- **Summer Food Referrals:** text FOOD to 877877. You will be prompted to enter an address and will receive information about the 3 nearest summer meal distribution sites. Information provided by No Kid Hungry.
- **SODO Community Market**: easy access for pre-packaged bags of food with curbside pickup.
  No ID or documents needed.
- **Hopelink** (Eastside): pre-packed boxes with 21 meals for each person in a household. They also have a mobile market that provides delivery for qualified individuals/areas.

Individual

- Patient Outreach
- Social work resources
  - food, rent, utilities
  - medical legal partnership
  - advocacy

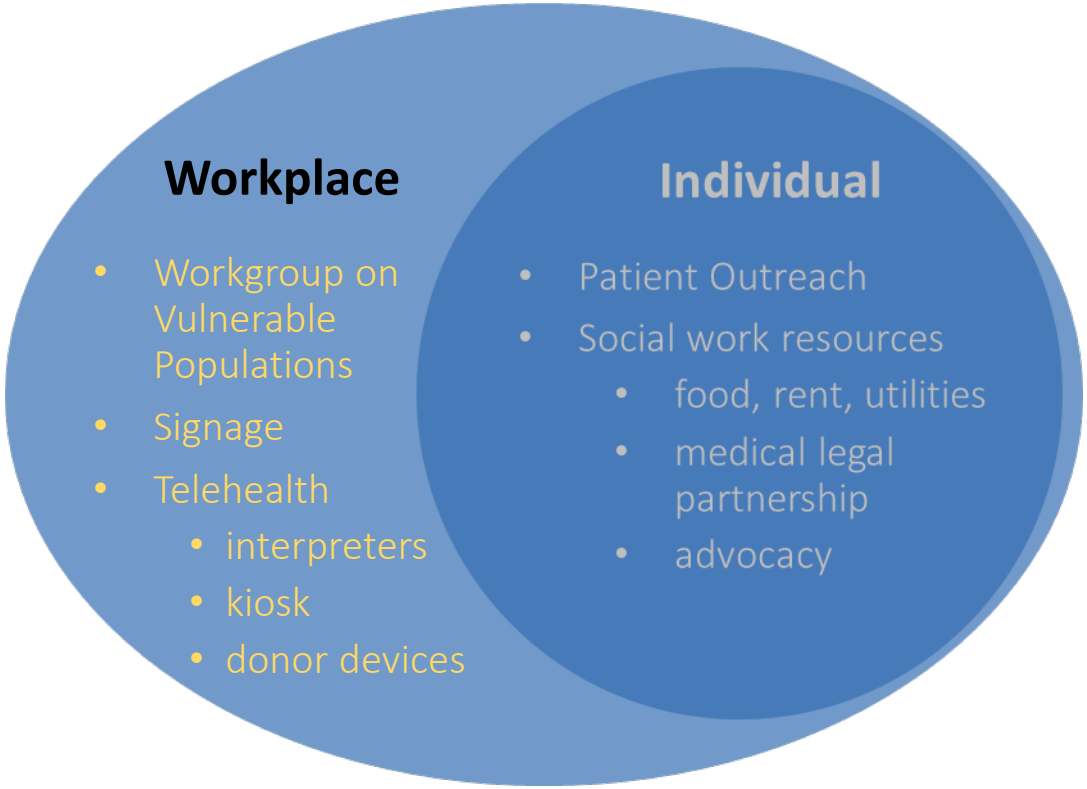
Actions to Address Health Inequities: WORKPLACE

Innovations to address the digital divide

Provider: how to log on interpreter into telehealth

Patient:

- **kiosks** - how to download and use telehealth app
- **telehealth stations** in the community
- **free devices and data -** smartphones with data and loaner laptops



Actions to Address Health Inequities: WORKPLACE

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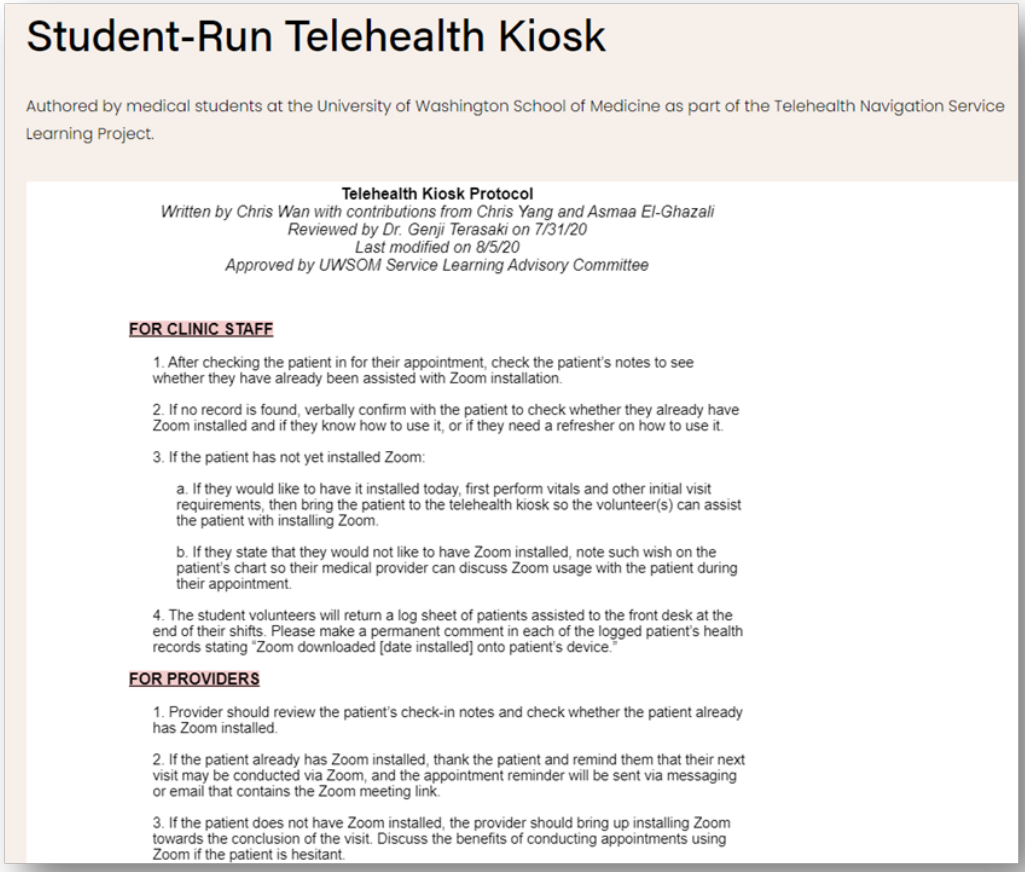


Student-Run Telehealth Kiosk

Authored by medical students at the University of Washington School of Medicine as part of the Telehealth Navigation Service Learning Project.

Telehealth Kiosk Protocol

Written by Chris Wan with contributions from Chris Yang and Asmaa El-Ghazali
Reviewed by Dr. Genji Terasaki on 7/31/20
Last modified on 8/5/20
Approved by UWSOM Service Learning Advisory Committee

FOR CLINIC STAFF

1. After checking the patient in for their appointment, check the patient's notes to see whether they have already been assisted with Zoom installation.

2. If no record is found, verbally confirm with the patient to check whether they already have Zoom installed and if they know how to use it, or if they need a refresher on how to use it.

3. If the patient has not yet installed Zoom:

   a. If they would like to have it installed today, first perform vitals and other initial visit requirements, then bring the patient to the telehealth kiosk so the volunteer(s) can assist the patient with installing Zoom.

   b. If they state that they would not like to have Zoom installed, note such wish on the patient's chart so their medical provider can discuss Zoom usage with the patient during their appointment.

4. The student volunteers will return a log sheet of patients assisted to the front desk at the end of their shifts. Please make a permanent comment in each of the logged patient's health records stating "Zoom downloaded [date installed] onto patient's device."

FOR PROVIDERS

1. Provider should review the patient's check-in notes and check whether the patient already has Zoom installed.

2. If the patient already has Zoom installed, thank the patient and remind them that their next visit may be conducted via Zoom, and the appointment reminder will be sent via messaging or email that contains the Zoom meeting link.

3. If the patient does not have Zoom installed, the provider should bring up installing Zoom towards the conclusion of the visit. Discuss the benefits of conducting appointments using Zoom if the patient is hesitant.

Ref. Singh, Angad. Telehealth Toolkit (https://thetelehealthtoolkit.com), 2020

Actions to Address Health Inequities: COMMUNITY

Community

- Outreach to community boards
- Mobile testing vans

Ref. Somali Health Board COVID Hub (https://www.covidshb.org/), 2020

Actions to Address Health Inequities: SOCIETAL/POLICY

Societal / Policy

- Present disparities data to Dept of health
- AAP– Health equities group in Telehealth

HARBORVIEW MEDICAL CENTER
UW Medicine

Office of the State Health Officer
Washington State Department of Health

Dear Dr. Kathy Lofy,

We have been grateful to work closely with the WA DOH Refugee Health Program team led by Jasmine Matheson over the past many years to support the health of refugee and immigrant families after resettlement. Currently in the face of the novel coronavirus outbreak (COVID-19) we appreciate the opportunity to continue to collaborate and identify partnerships and approaches that will support communities. In particular, we wanted to raise your awareness that in quality improvement review of the data about COVID-19 testing within UW Medicine it has demonstrated inequities in COVID positivity for patients with limited English proficiency. These data represent small numbers of patients who have both been tested and have language data available. However, we find the inequities concerning enough that we would like to raise them. In the attached one-page document please find a summary of this data, and recommendations for next steps to address these inequities at the state, local and federal level.

We welcome the opportunity to discuss this summary with you and others w
WA government if of interest. Please feel free to reach out with any question

Warm regards,

Elizabeth Dawson-Hahn, MD, MPH
Attending Physician and Refugee Health Promotion Project, Harborview Medical Center

Shaquita Bell, MD
Medical Director of the Center for Diversity and Health Equity at Seattle Children's
Attending Physician at Harborview Medical Center and Odessa Brown Children's Clinic

Suzinne Pak-Gorstein, MD, PhD, MPH
Attending Physician and Refugee Health Promotion Project, Harborview Medical Center

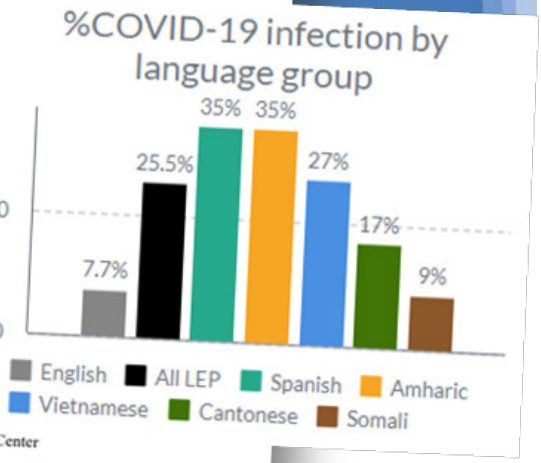
Anisa Ibrahim MD
Medical Director of Harborview Pediatrics Clinic, Harborview Medical Center
President, Board of Directors, Somali Health Board

J. Carey Jackson
Medical Directo
Refugee Health I
Center

Mahri Haider, M
Attending Physic
Project, Harborv

Nicole Ahrenhol
Attending Physic
Project, Harborv

Heather Burkhalt
Nurse Manager
Refugee Health I
Harborview Medical Center



Actions to Address Health Inequities: SOCIETAL/POLICY

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

Section on Telehealth Care (SOTC)

Community / AAP Sections / Section on Telehealth Care (SOTC)

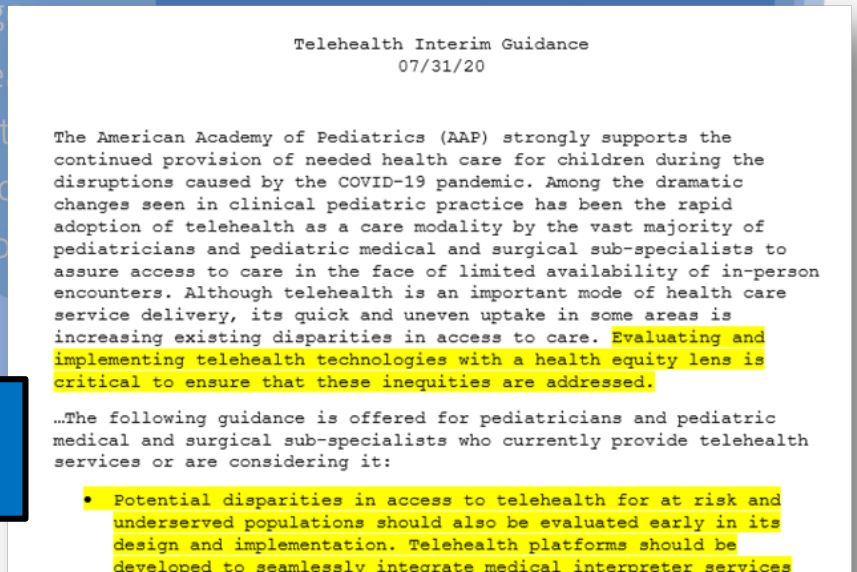
Societal / Policy

- Present disparities data to Dept of health
- AAP– Health equities group in Telehealth

Health Equities in Telehealth Work Group

- Patient Outreach
- Social work resources
  - food, rent, utilities

AAP Guidelines on Telehealth during COVID



Telehealth Interim Guidance
07/31/20

The American Academy of Pediatrics (AAP) strongly supports the continued provision of needed health care for children during the disruptions caused by the COVID-19 pandemic. Among the dramatic changes seen in clinical pediatric practice has been the rapid adoption of telehealth as a care modality by the vast majority of pediatricians and pediatric medical and surgical sub-specialists to assure access to care in the face of limited availability of in-person encounters. Although telehealth is an important mode of health care service delivery, its quick and uneven uptake in some areas is increasing existing disparities in access to care. Evaluating and implementing telehealth technologies with a health equity lens is critical to ensure that these inequities are addressed.

…The following guidance is offered for pediatricians and pediatric medical and surgical sub-specialists who currently provide telehealth services or are considering it:

- Potential disparities in access to telehealth for at risk and underserved populations should also be evaluated early in its design and implementation. Telehealth platforms should be developed to seamlessly integrate medical interpreter services

KEY POINTS

Racism and xenophobia are the underlying factors leading to health inequities for refugees and other people of color

1. Work as a collective
   - existing partnerships, new coalitions (zoom conference groups)
2. Integrate health equities into existing processes
   - e.g. checklists, safety reports
3. Measure health equities
   - including LEP status, advocate for quality REaL data
4. Work across levels of the Socio-ecologic Model
   - Individual – proactive, organized outreach to families
   - Workplace – mobilize staff and resources to create equitable access to innovations (e.g. kiosks, grants)
   - Community – reach out to community groups
   - Public Policy – become involved with national groups

Improving access to information and social support for patients and families significantly impacted by the COVID-19 pandemic

Michelle Haas, MD

Denver Metro Tuberculosis Program

Denver Public Health

8/25/2020

DENVER PUBLIC HEALTH

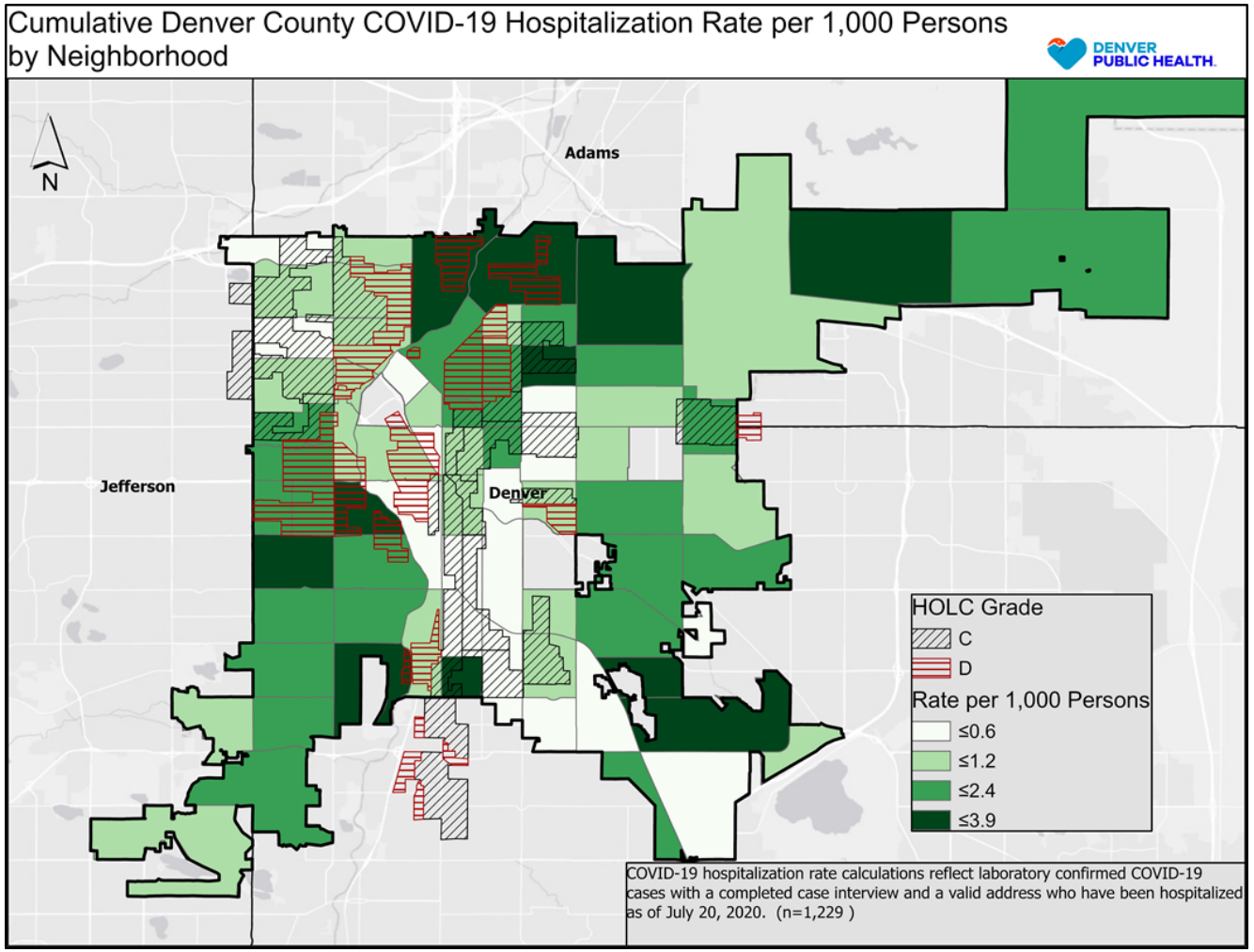
Social determinants of health are firmly established factors influencing the acquisition, transmission and outcomes of infectious diseases

The Paraisópolis favela in São Paulo, Brazil, and the neighbouring district of Morumbi
Tuca Vieira

Global TB Report, 2018

Racism is a key driver of social determinants of health

- Race is a social construct
  - Disparities measured are quantifying racism
- Important to recognize the “system” is functioning as intended: harm people of color, benefit white people
- The impact of racism should have been anticipated and strategies put in place prior to this pandemic
- Strategies that dismantle current systems will improve health outcomes



Graph courtesy of Christie Mettenbrink

One patient's story

- Middle-aged man*, lived with his wife, children and grandchildren
  - No health insurance, worked full time, undocumented, moved from Latin America* many years ago, preferred communication in Spanish
  - Evaluated at urgent care, no SARS-CoV2 testing performed
  - Presented to our ED several days later, transported by private vehicle, too weak to get out of the car without assistance
  - 40% on room air in the ED, cardiac arrest shortly thereafter
  - Died 3 weeks later in our intensive care unit

*generalized to protect the identity of this patient

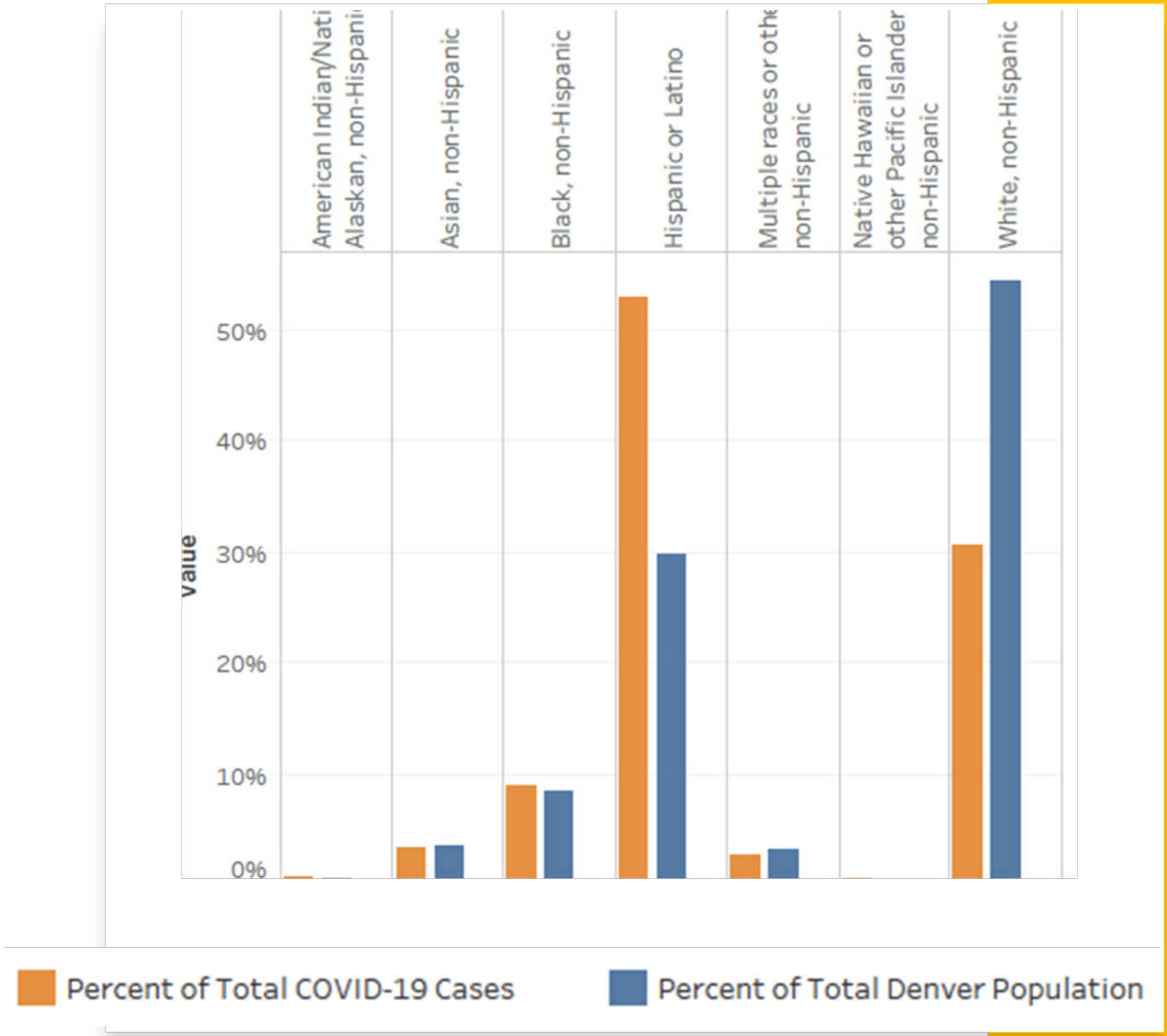
COVID-19 in Denver County—overview

10,485 infected, 420 died

Incidence 1,477/100,000

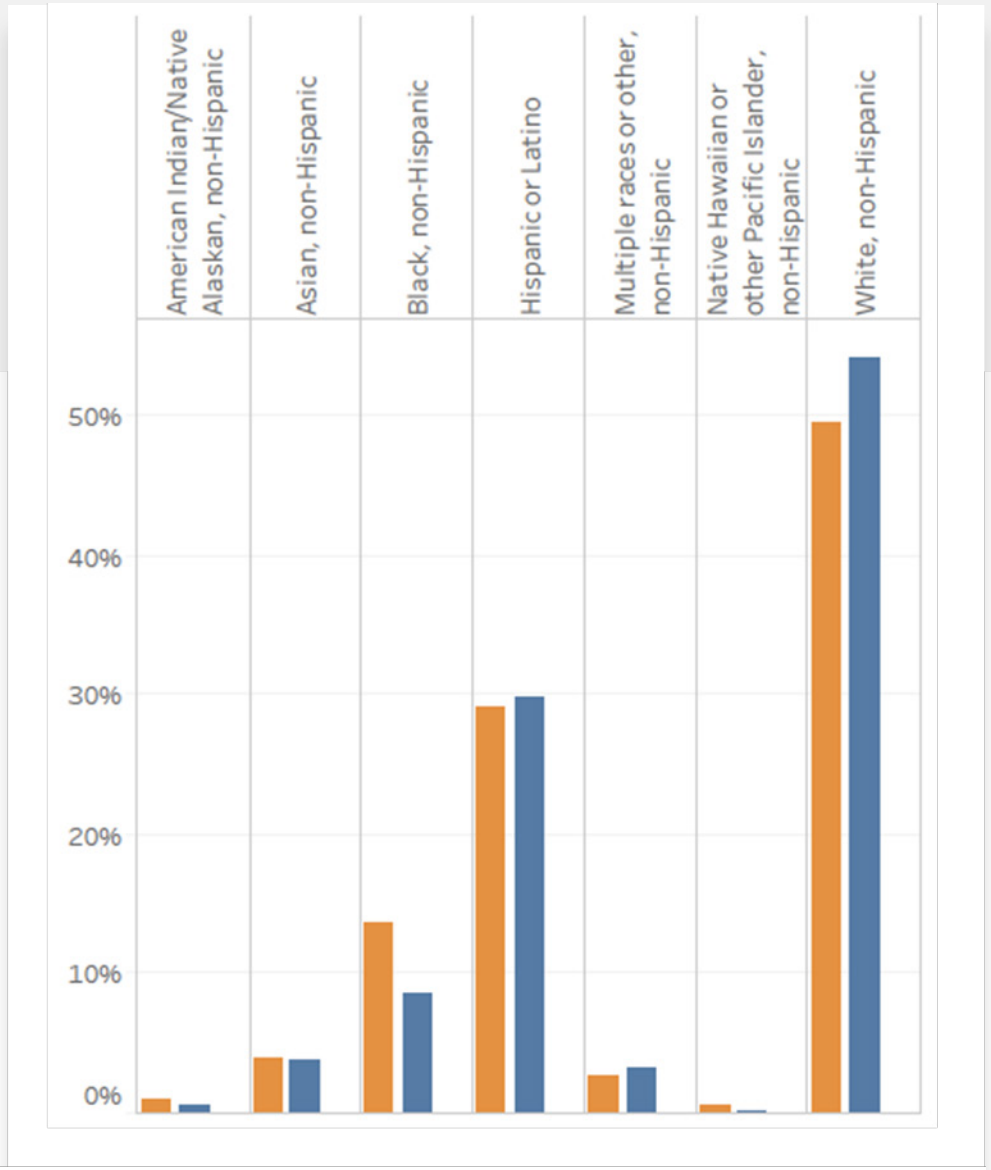
Currently approximately 50 new cases per day (6.8/100K)

Latinx patients: *2-day additional delay in presentation to care*



Deaths among patients with COVID-19 in Denver County

Patients who identify as Black/African-American are dying with COVID-19 at a proportion that is nearly double the proportion of individuals who are Black/African-American in the community (14% death vs. 9%)



Strengthening patient centered care: possible strategy to mitigate structural racism

Home visitation and mobile services:

- New York City, New Orleans, Las Vegas and Washington D.C: paramedics go door-to-door for symptom screen and SARS-CoV2 testing
- Boston: mobile pediatric clinic, providing health education and vaccinations
- Germany: “corona taxis”- outreach visits for testing, medical assessments and education
- Community Health worker programs have been shown to improve chronic disease care, self-care and social outcomes in many different settings

CDC: Policy Evidence Assessment Report (https://www.cdc.gov/dhdsp/pubs/docs/chw_evidence_assessment_report.pdf)

COVID-19 Patient Support Program

- Goals:
  - Improve information available on COVID-19 to ensure culture/language concordance, access to social services
  - Improve access to medical care with home visitation services
- Referrals from case interviewers: patients without a primary care provider and/or financial concerns, lack of resources to isolate safely at home
  - Currently 30 per week who do not have a primary care provider

Home visitation services for patients with COVID-19

- **Health assessment**
  - Health education, linkage to medical care
  - Home medical monitoring with pulse oximetry
  - SARS-CoV2 testing for household members
  - Linkage to medical care for household members
- **Resource assessment**
  - Connect with financial support programs
  - Nutritional support
  - Safer isolation
  - Multi-faceted family service needs -> referral/coordination to program social worker

Communication Strategy

- Partner with community-based organizations and communications experts to enhance COVID-19 education:
  - General overview of COVID-19, including transmission
  - Symptoms of COVID-19 (medical monitoring and What to do if you suspect you have COVID-19
  - Testing and what test results means
  - Contact tracing
  - New treatment options for COVID-19
  - Why vaccination is important for COVID-19 and non-COVID-19 conditions
  - Maintaining care for other health conditions
  - Emergency Medicaid coverage

Measuring impact of community partnerships

- Process measures for community-health worker outreach:
    - Number reached, community health worker visits, visit type, support provided
- Patient / community health worker satisfaction:
    - Semi-structured interviews
        - Randomly selected group to gauge acceptance of the program
        - Quantitative measure:
            - Patient Navigation Process and Outcomes Measure (PNPOM) will be modified to assess patient satisfaction

Measuring impact of home visitation

- Number of patients and household members
  - stratified by self-reported race and ethnicity
- Number of individuals and households provided with resources
- Proportion (re)enrolled in care and health insurance
  - Proportion of patients linked to a telehealth visit/follow-up
  - Proportion retained in care with a primary care provider at 6 months
- Proportion hospitalized
- Patient acceptance and satisfaction with the program, including assessment of perceived stigma and bias

Timeline

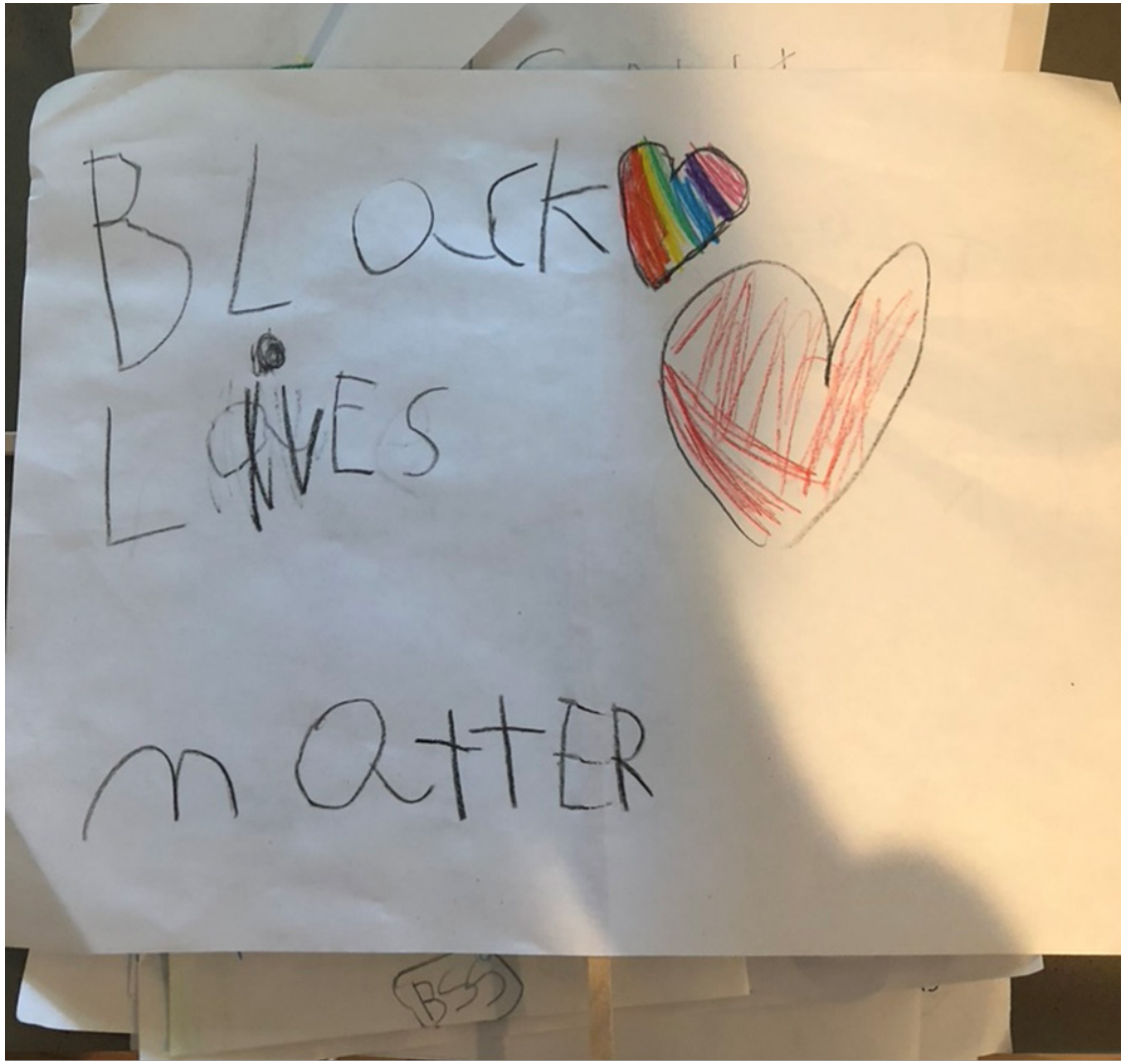
- Since funding received the first week of July we have:
  - Hired 7 of the 10 staff we anticipate needing
  - Created a new template in our electronic health record to capture data
  - Identified 3 community partners and have nearly finalized our agreement for 2/3
  - Created a referral database and community partner outcomes measurement database
  - Beginning to develop standard work for home visitation services and referrals
  - Creating specific educational materials for training community health workers
  - Home visits and launch of the program projected to start September 1st

Summary

- Structural racism is contributing to adverse health outcomes among patients with COVID-19
- Strategies to mitigate structural racism are key to limiting negative health outcomes
- Community health worker programs have improved care for infectious and non-infectious conditions
- A program that provides home visitations services and COVID-19 messaging may provide a patient centered approach, empower patients with health education and improve health outcomes

Acknowledgements

- Ashley Wheeler-Bell
- Lily Cervantes
- Nami Thompson
- Christie Mettenbrink
- Alexis Juarez
- Tempey Hamilton
- Lupe Solis
- Jesse Carlson
- Racial Equity Council
- Vuela for Health
- Colorado Black Health Collaborative
- Bill Burman



Art by Anika, age 5

Questions and Comments?

CENTER OF EXCELLENCE
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MINNESOTA

Minnesota Center of Excellence in Refugee Health

NEXT WEBINAR IN THE SERIES

Female Genital Mutilation/Cutting (FGM/C) in girls and women: Diagnosis, management, ethical, legal and cultural considerations

September 25, 2020

2 p.m. - 3 p.m. CT

CENTER OF EXCELLENCE IN REFUGEE HEALTH MINNESOTA