



# Session 4: Health Disparities

May 14th, 2021

11:30 AM to 12:30 PM (Pacific Time)



**Moderator: David Rehkopf, MPH, PhD**

Co-Director, The Center for Population Health Sciences, Stanford University School of Medicine

[Learn More](#)



**Setu Vora, MD, FCCP**

Chief Medical Officer, Mashantucket Pequot Tribal Nation

[Learn More](#)



**Lisa R. Fortuna, MD, MPH**

Chief of Psychiatry and Vice-Chair, Zuckerberg San Francisco General Hospital

Associate Professor and Vice-Chair, UCSF Department of Psychiatry and Behavioral Science

[Learn More](#)



**Mercedes Carnethon, PhD**

Vice Chair, Department of Preventive Medicine, Feinberg School of Medicine



**Alice Mao, MD**

Geriatrics Fellow, Stanford Health Care



**Elena V. Rios, MD, MSPH, FACP**

President & CEO of the National Hispanic Medical Association



## 2021 INTERNATIONAL COVID CONFERENCE: LESSONS LEARNED

### SESSION 4: HEALTH DISPARITIES

14 MAY 2021

11:30 AM PST



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Tribal Nation

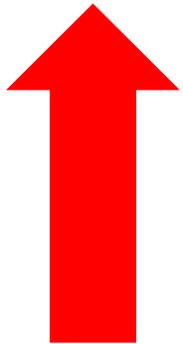
***TRUST:***  
A VITAL DETERMINANT  
OF HEALTH



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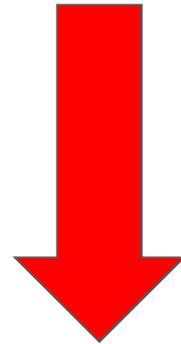


MORE TRAUMA PAST AND PRESENT, WITH  
STRUCTURAL RACISM AND INEQUITY



TRAUMA

=



TRUST

LESS TRUST IN INDIVIDUALS, INSTITUTIONS,  
INFORMATION, AND INNOVATIONS



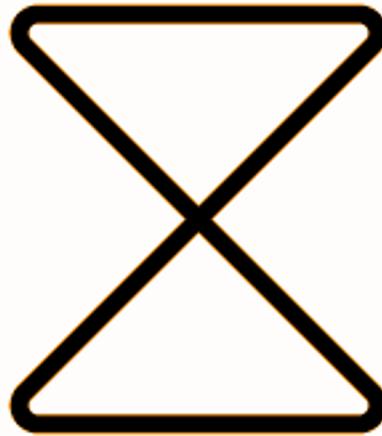
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ACCESS  $\neq$  ACCEPTANCE



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TRUST



TIME

YEARS TO BUILD. SECONDS TO LOSE



# **BUILDING TRUST**

**TOTAL EMPATHY  
TRANSPARENCY  
TELLING STORIES  
TEAMWORK**

COMMUNICATE | COMPREHENSION | COMPETENCE | CARING

# HEALTH SOVEREIGNTY



## FOCUS ON HEALTH

Physical, mental, social, and spiritual well being for all people



## VALUE PROVIDERS

Including not just doctors and nurses, but caregivers at home as well



## LOCALIZE HEALTH

Locally integrated providers and treatments work better when they know the people



## LOCAL CONTROL

Local community not only participates but helps design and build health systems



## BUILD KNOW HOW

Find and support local people with knowledge and skills for prevention and traditional cultural health practices



## HONOR NATURE

Local health system should work with local natural world



Mashantucket Pequot  
Tribal Nation

## 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.....

**ED  
VISITS**

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

**24/31%**

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

**25%**

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%

81% of children on medicaid are **non white**.

2X

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

70%

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

**Salud Mental  
para su Familia**  
Charla con Los Expertos

En Colaboracion con:  
**Departamento de  
Psiquiatria**  
Hospital General de SF,  
Centro de Excelencia  
Latina UCSF,  
**Instituto Familiar  
de la Raza**

**MIÉRCOLES  
5 DE AGOSTO**

3-4 p.m.  
**Facebook Live**  
Facebook.com/medasf

**meda**

# 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.



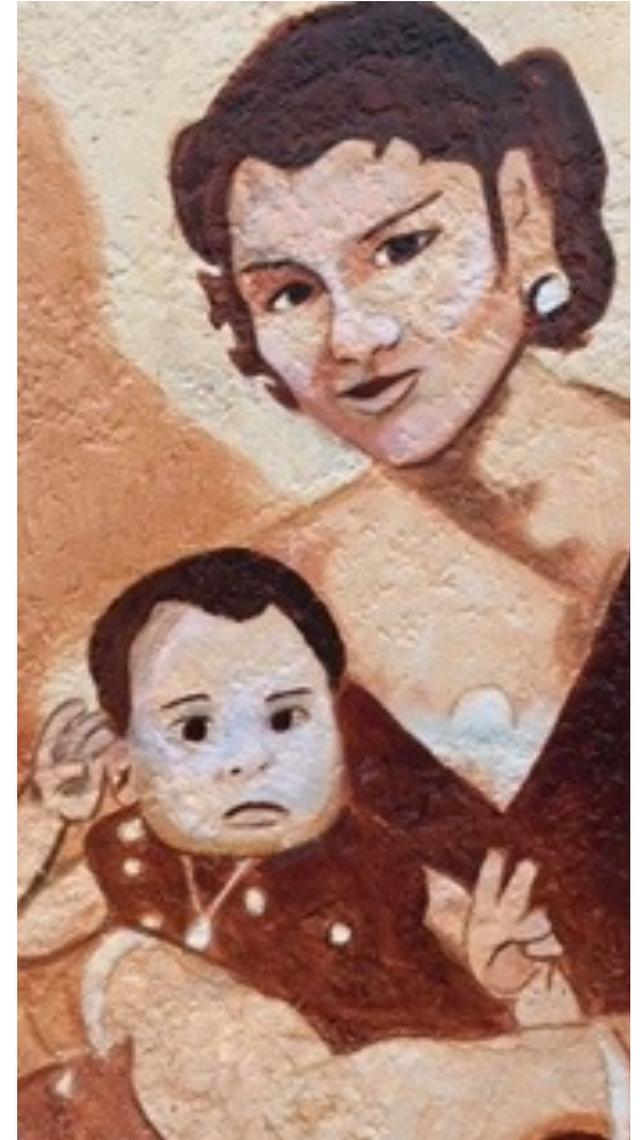
**Community Support:** Half (52%) of all Californians say their community does not have enough mental health providers to serve local needs



**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
- 
- The diagram uses colored brackets to group the sub-points under the third main bullet point. A purple bracket groups 'Economically disadvantaged', 'Racial/ethnic minorities', 'Older adults', and 'Children' under the label 'Socio-demographic'. A blue bracket groups 'Pregnant women' and 'Physical and mental disabilities' under the label 'Health status'. A red bracket groups 'Institutionalized', 'Homeless', and 'Rural/Isolated' under the label 'Place-based/geographical'.

# Chronic Diseases Convey “Vulnerability” in COVID-19

## Chronic Conditions associated with severe COVID-19 (including death)

- Cardiovascular diseases
- Diabetes
- Hypertension
- Obesity
- Chronic Kidney Disease
- Moderate to severe asthma or other chronic lower respiratory disease
- Immunocompromised (sickle cell disease, cancer treatment, poorly controlled HIV or AIDS)



## 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?

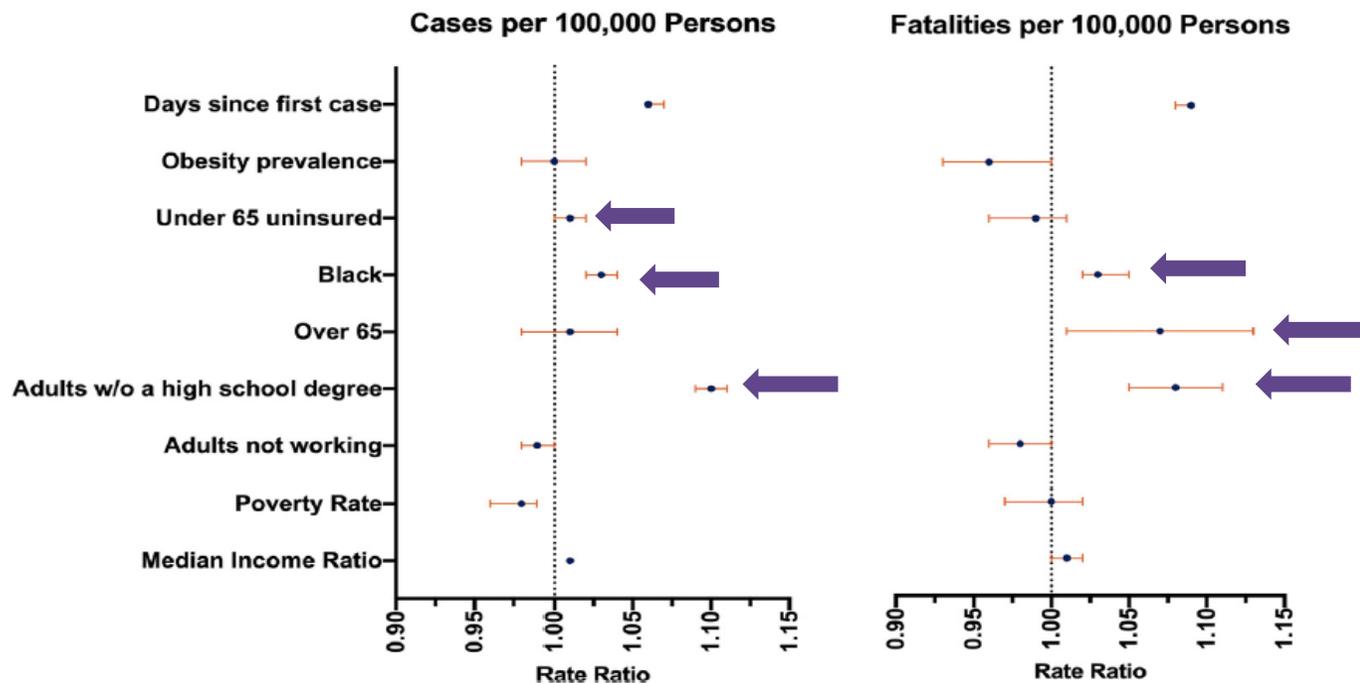
- “Vulnerable populations” share many underlying adverse social determinants of health that predispose to chronic diseases and severe COVID-19
    - Higher risk employment
    - Delayed healthcare seeking
    - Hourly vs. salaried employment
    - Adverse health behaviors → chronic diseases
- Dense and multigenerational housing  
Unequal treatment once hospitalized  
Lower health literacy



# Neighborhood Socioeconomic Indicators and COVID Cases and Mortality

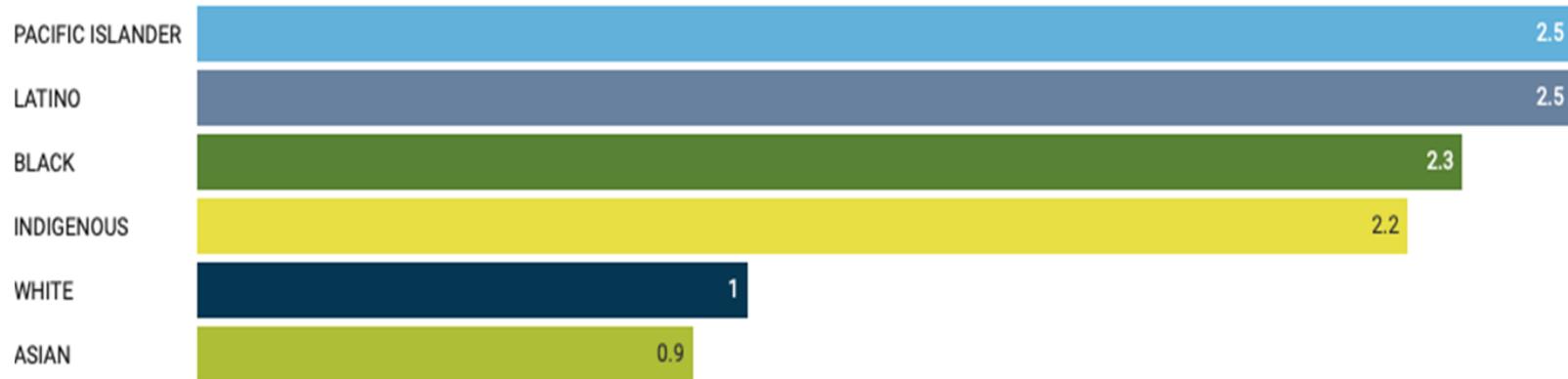
1,089,999 cases and 62,298 deaths in 3,127 counties

- 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



**Stanford**  
M E D I C I N E

# 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

## Research

August 3, 2020

## Assess

## Among

## During

Kenneth Lam, MD

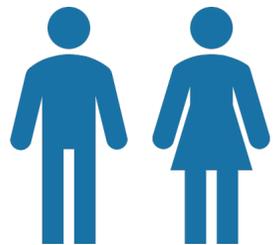
» Author Affiliations

JAMA Intern Med

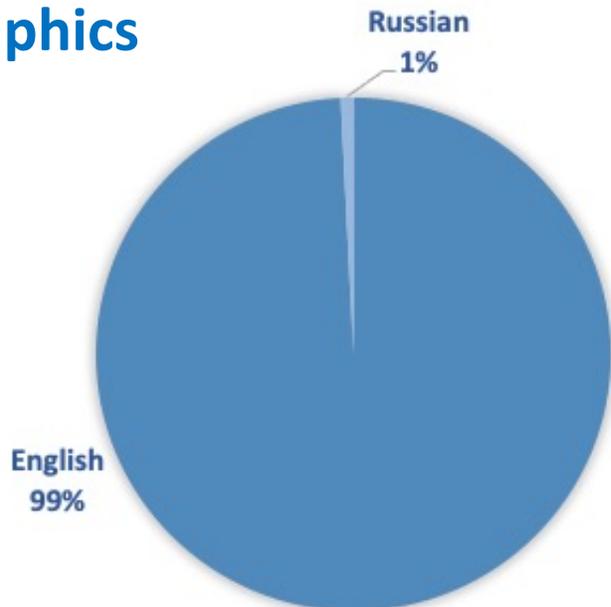
- Cross sectional study of video visit readiness of community dwelling adults (N=4525) using 2018 data from database of Medicare beneficiaries
- Estimated 38% older adults (13 million) and 72% of age >85 not ready
- Reasons for unreadiness:
  - Inexperience with technology
  - Difficulty hearing or communicating
  - 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

internmed.2020.2671

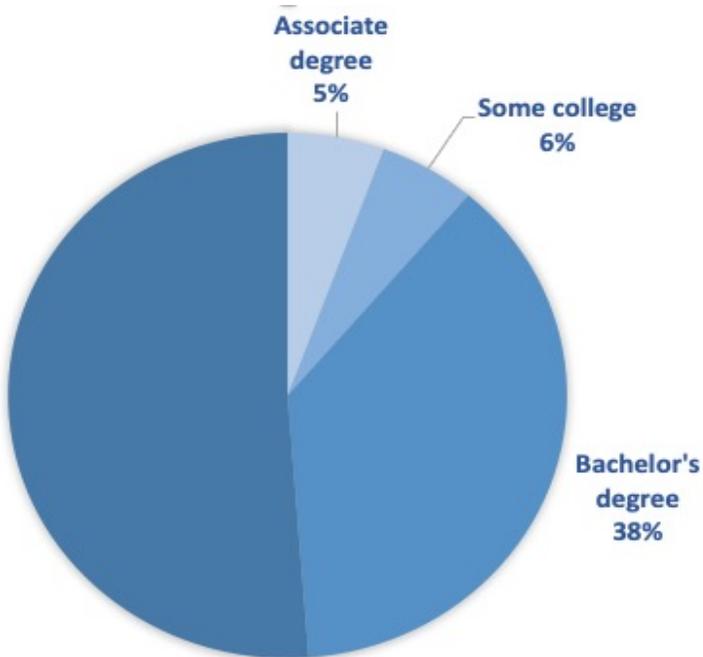
# Site A Demographics



30% 70%  
Avg Age: 87 yrs  
N= 130

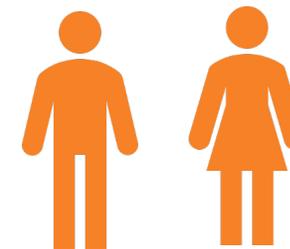


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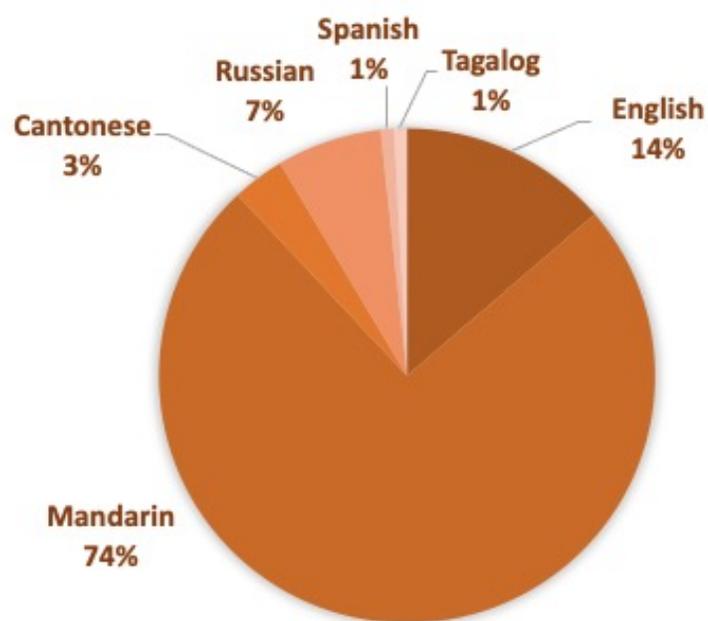


HIGHEST EDUCATION LEVEL

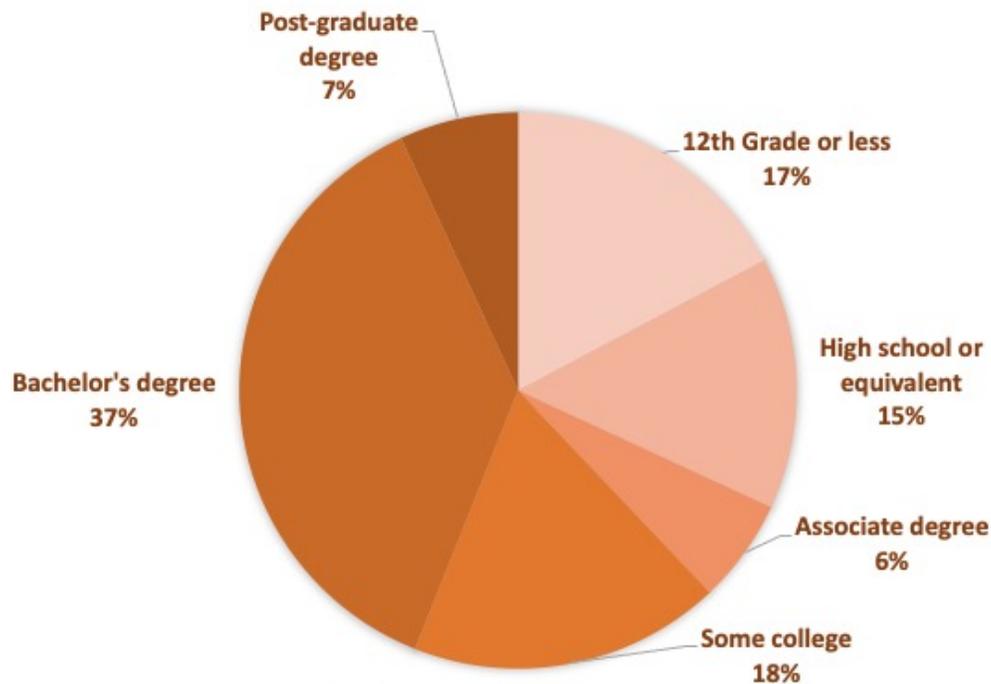
# Site B Demographics



12% 88%  
Avg Age: 83 yrs  
N=119



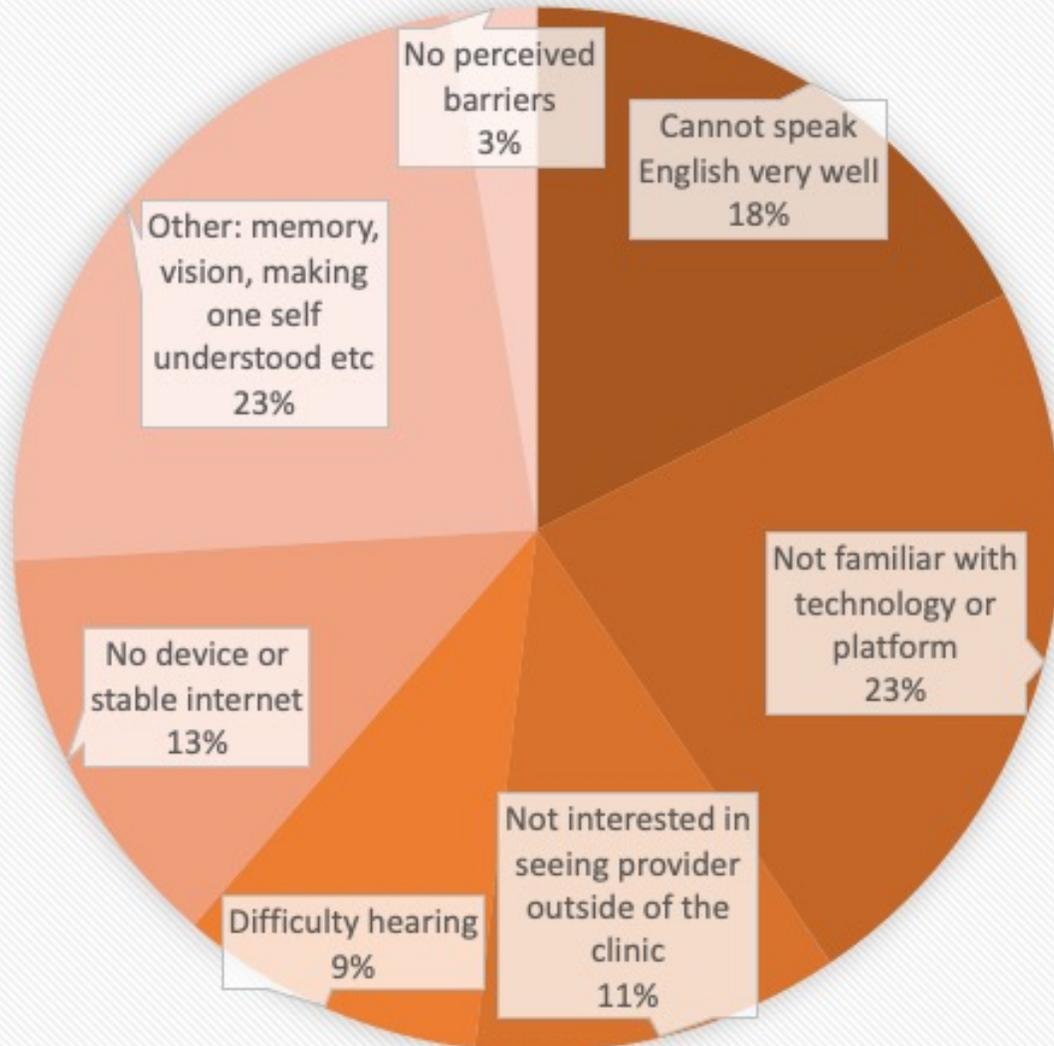
PREFERRED PRIMARY LANGUAGE



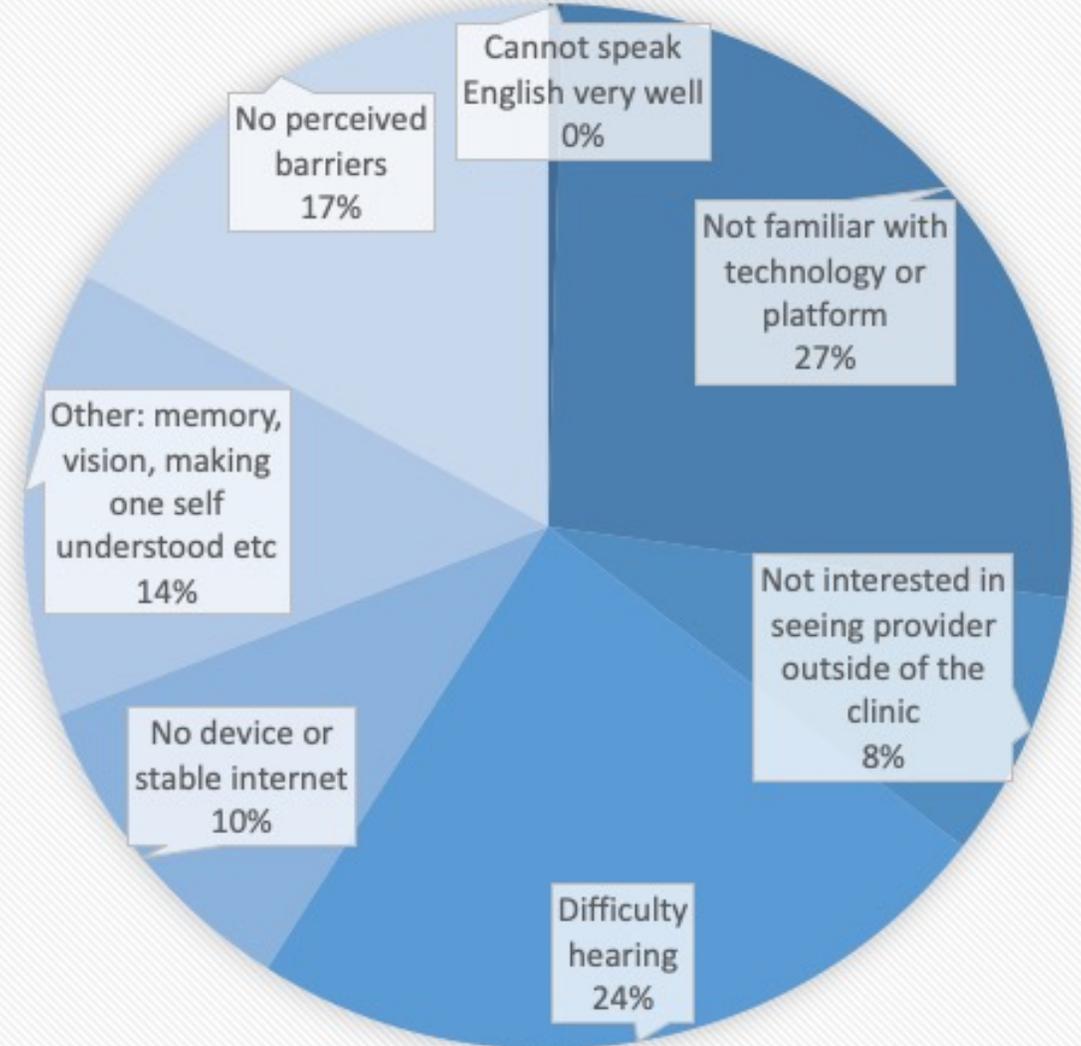
HIGHEST EDUCATION LEVEL

# Site Specific Barriers to Video Visits

Site B Resident Reported Barriers To Video Visits (N=119)



Site A Resident Reported Barriers To Video Visits (N=125)



# Results

Theme	Quote
Telemedicine visits are limited in physical exam	<p><i>"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"</i></p> <p>-77 yo English speaking male participant (Site A)</p>
Reluctance to use Telemedicine given no urgent medical needs	<p><i>"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]."</i></p> <p>-79 yo Cantonese speaking female participant (Site B)</p>
Language barriers make English instructions difficult	<p><i>"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."</i></p> <p>-74 yo Mandarin speaking female participant (Site B)</p>
Easier access to on-demand help can alleviate difficulties	<p><i>"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."</i></p> <p>-88 yo English speaking female participant (Site A)</p>

# Conclusions and Next Steps

- Largest barriers to telemedicine for independent dwelling older adults:
  - Difficulty with video platform
  - Language barriers
  - Lack of device or stable internet
  - 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](http://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

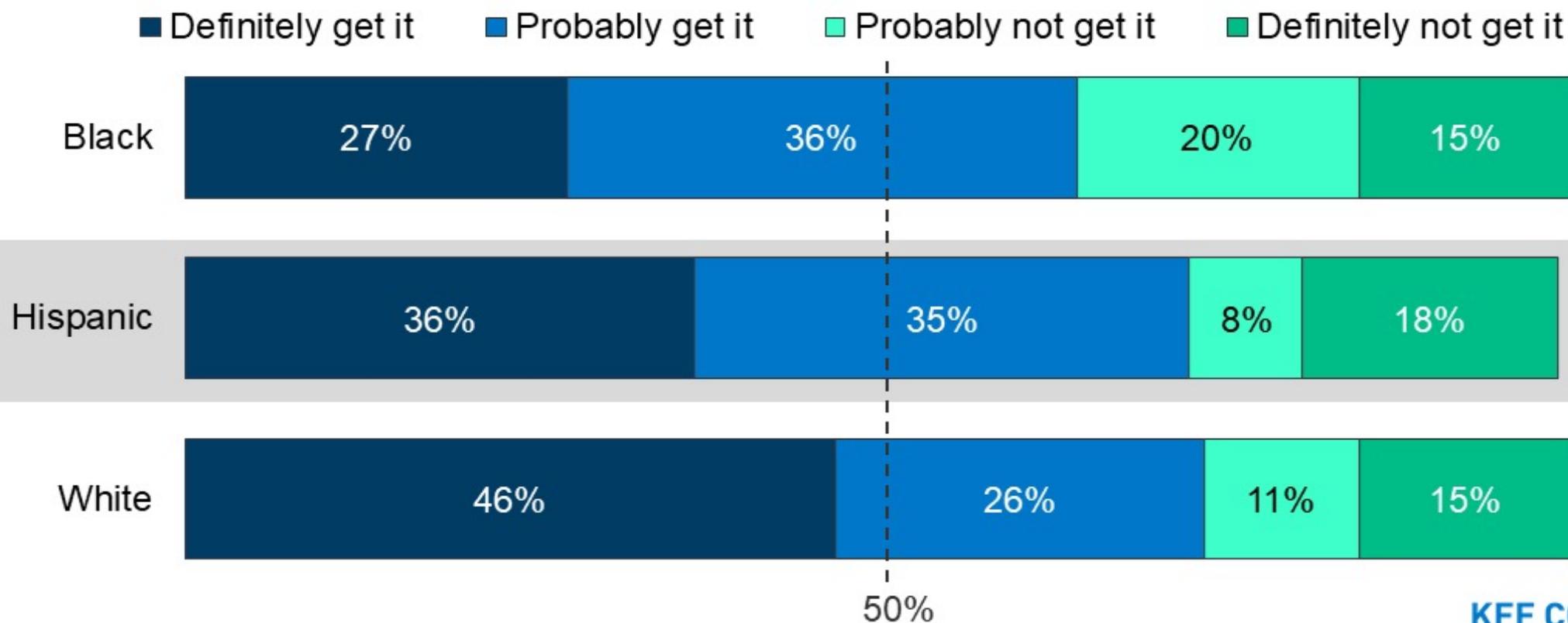
Source: US Census, 2018

U.S. Centers for Disease Control and Prevention, "Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity," Feb 2021

Figure 1

## 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...?



SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020). See topline for full question wording.

# Vaccine Confidence Policy



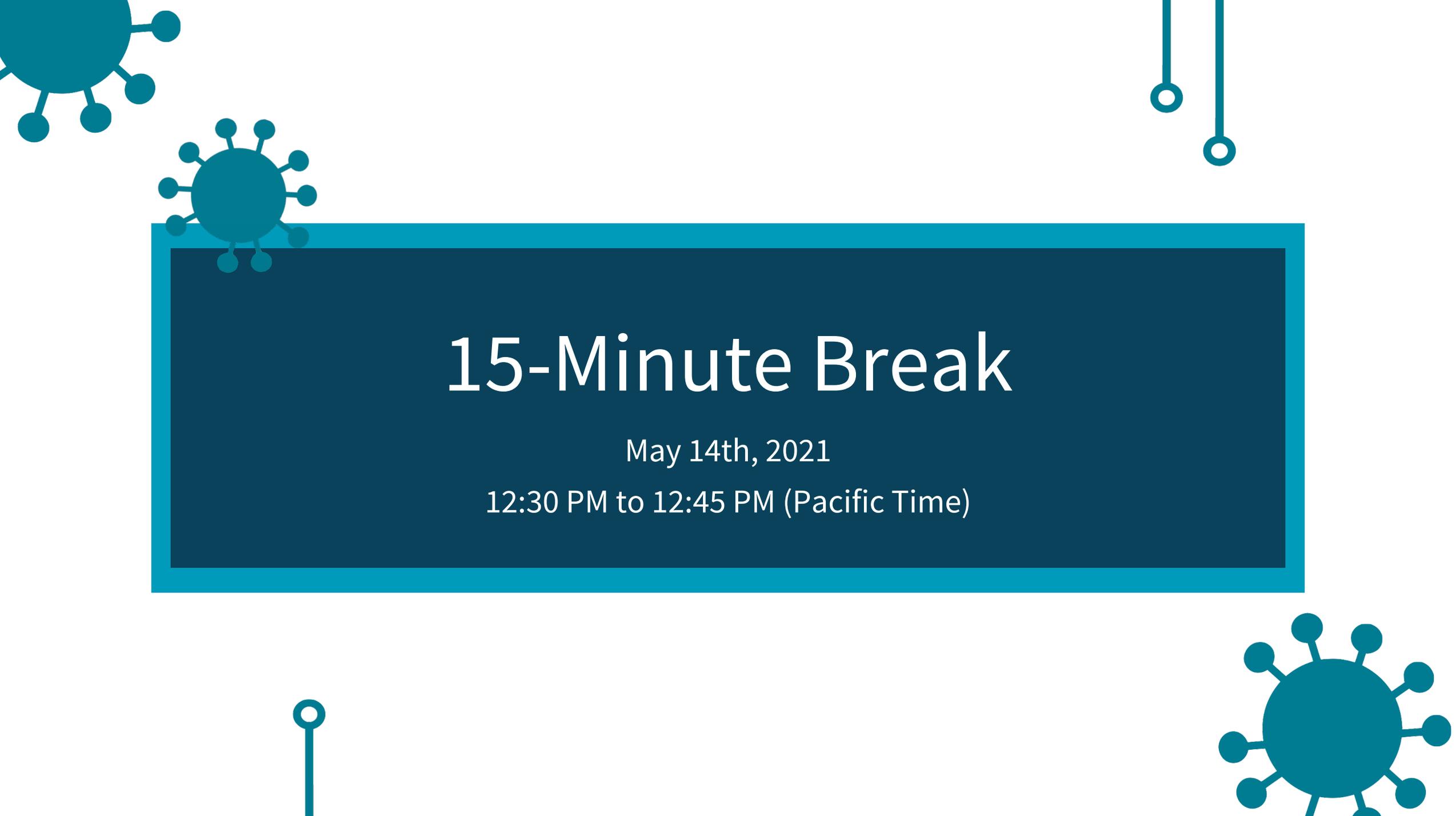
- NHMA is working with the White House COVID-19 Health Equity Task Force
- TRUST & TRANSPARENCY – discrimination in research, deportation fear, disrespect
- INFORMATION – health literacy in healthcare and public health
- PHYSICIAN TRAINING – from Latino health professionals on patient communication, 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

# NHMA 2021 #Vaccinate4All Campaign

- 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](http://www.NHMAMD.org)

# “Vaccinate4All” Campaign – [nhmamd.org](http://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)