The Current Context of Health Care Delivery and Health Equity

The Latinx Perspective

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Public Health National Center for Innovations Framework

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.
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The Physician Workforce: Opportunities & Implications for Health Equity

- Access to language-, culturally-, and structurally concordant care.
- Diversity of thought, vision, and strategy
- Lived experience influences approach
  - Practice patterns
  - Practice location
  - Characteristics of patient-physician interaction
  - Decisions in the clinical space
- Implications for medical education
Representation in the U.S. physician population

Underrepresentation in the U.S. physician population

The Underrepresentation of Latinx Physicians in California

The Latino physician rate is nearly 90% lower than the non-Hispanic White rate in California. California has a shortage of 54,655 Latino physicians.


<table>
<thead>
<tr>
<th>Racial/Ethnic Group</th>
<th>Population</th>
<th># of Physicians</th>
<th>Physician Rate per 100,000 Population</th>
<th>Shortage for Parity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>14,814,590</td>
<td>60,106</td>
<td>405.7</td>
<td>---</td>
</tr>
<tr>
<td>Latino</td>
<td>15,184,905</td>
<td>6,953</td>
<td>45.8</td>
<td>54,655</td>
</tr>
</tbody>
</table>
5 Centuries to Reach Parity
Years Needed to Fill California’s Latino Physician Shortage in 2015

At California's current Latino MD graduation rate of 110 Latino MD graduates per year, THE LATINO PHYSICIAN SHORTAGE WILL NOT BE FILLED until the year 2515.
Implications for Spanish Language Underrepresentation Among Physicians

37x and 35x more likely to speak Spanish

California’s Language Concordance Mismatch
Clear Evidence for Increasing Physician Diversity

There are 12.1 million people in California who speak Spanish, Vietnamese, Filipino, and Thai/Lao at home. Languages that are the most severely underrepresented by California’s current physician workforce.
Equitable Access
Structural Barriers Faced by Underserved, Minoritized Populations

Telehealth Technology: Who Our Current Design Fails

- **Technology: Physical devices**
- **Internet/Broadband, Data access**
- **Technology: Portals, Apps, Email access**
- **English-based systems**
- **Insufficient supply of language-capable providers**
- **Technological & digital skills**
- **Personal preferences & age/ generational-related exposure to technology**
- **Insurance carrier coverage/access**
- **Health system and provider level issues**

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*Anaya, Y. B. et al. Meeting them where they are on the web. JAMIA. 2021, PMID: 34313774*
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Our current vision of telehealth use requires patients to have not only certain devices, but also abundant high-speed internet, email addresses, and the digital literacy/experience to use specific software, although in fact they may have none of these.
Improving Telehealth for Latinos

- Providing patient-centered care
- Focusing on the patients’ needs
- Accessible and equitable
- Respects patients’ preferences
- Respects socioeconomic conditions

Anaya YB, Hernandez GD, Hernandez SA, Hayes-Bautista DE. Meeting them where they are on the web: addressing structural barriers for Latinos in telehealth care. JAMIA. 2021 Sep 18;28(10):2301-2305.
Core Components of Telehealth Infrastructure to Avoid Disenfranchising Underserved, Minoritized Populations

- Patient tech support
- Inclusive technology
- Payment parity & standard of coverage
- Equitable technology & broadband access
Telehealth in the Long-Term Context

Policy Considerations
Policy Considerations: Inclusive Technology

- Full function via smartphones
  - Video encounters
  - Patient portal access
- Software testing and digital inclusion requirements
  - Accessibility
  - Usability
- Interfaces should be language-capable in various languages including Spanish
- Alternative modes of identity verification
Policy Considerations: Equitable Technology and Broadband Access

- Mirroring provision of non-emergency medical transportation by payers
  - Hardware
- Free Wi-Fi hotspots in low-income communities
- Waiving of data usage for telehealth services for low-income patients by telecommunication companies
Access to Telehealth Navigators

- Fund and require readily accessible technological support staff
  - Video visit platform registration
  - Patient portal registration
  - Practice loading/navigating these
  - Help patients connect to these in real time
  - Triage problems establishing virtual visits, accessing portal features
  - Engage patients

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Questions?
Final Thoughts

- Telehealth navigators
- User-friendly interfaces
- Waive data usage for telehealth services
- Addressing the Latinx provider shortage
- Addressing the Spanish-speaking provider shortage
Meeting them where they are on the web: addressing structural barriers for Latinos in telehealth care

Yohualli Balderas-Medina Anaya, Giselle D. Hernandez, Stephanie A. Hernandez, and David E. Hayes-Bautista
Post-Pandemic Telehealth Policy for Primary Care: An Equity Perspective

Yohualli Balderas-Medina Anaya, MD, MPH; Andrea Bañuelos Mota, MD, MPH; Giselle D. Hernandez, BA; Alejandra Osorio, BS; David E. Hayes-Bautista, PhD

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Section: Health Policy

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National telehealth policy thus far has focused on broadening access to service, specialties, and originating sites. Yet telehealth policy can further equity by providing system-level change needed to reduce structural determinants that hamper telehealth access in historically marginalized, low income, and limited English-speaking populations. The authors propose policy solutions for states and CMS to help address these structural determinants of telehealth care. A telehealth “ecosystem” grounded in the following core components would ensure equitable access to care: use of technology inclusive of economically marginalized patients, access to the technology and broadband for completing virtual visits, and concrete support for patients as they develop their digital and telehealth skills.
Telehealth Technology: Who Our Current Design Fails

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Thank You!

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