

Take Charge Of Your Health Today. Be Informed. Be Involved.

Access to healthcare

This month we are examining access to healthcare as a Social Determinant of Health. We caught up with the President and CEO of the Urban League of Greater Pittsburgh, Carlos T. Carter, to get his thoughts:

This month, we're focusing on how to connect people with the healthcare they need. How does the Urban League support this?

Access to quality healthcare can mean the difference between life and death, especially for Black, Brown, and impoverished people. Unfortunately, vulnerable populations face a lot of barriers. They may justifiably distrust the

healthcare system. They may not have insurance or know how to apply for it. They may not see the value of preventative care and ultimately end up in the ER for treatment.

The Urban League encourages its clients to take care of their health. We help them understand their coverage options. We partner with the CDC, Pfizer, and others to make sure their children are vaccinated. At our three family support centers, we offer transportation to appointments, provide individual wellness checks, and connect people to the services they need.

What are your thoughts on how lack of access to quality

healthcare disproportionately affects Black and Brown communities?

Lack of access to quality healthcare is a key determinant that impacts quality of life and lifespan. The average life span for someone who's white is 76.4 years. For someone who's Black, it's 70.8 years. That disparity is why we must do everything we can to make those numbers more equal. People's lives are being cut short unnecessarily, creating grave financial, societal, and personal impacts on families and communities. We certainly deserve better!

In your experience, what stops people from

reaching out for care? How can we encourage folks to prioritize their health by making those connections?



CARLOS T. CARTER

Some people are uninsured and don't know how to get covered. Lack of transportation and

inflexible jobs can also make it difficult to visit a doctor. Most importantly, due to current and historical experiences, there's a strong distrust of the medical system. Many Black and Brown people don't feel valued, seen, and heard by their providers due to conscious and unconscious biases. Many medical providers don't value Black and Brown bodies as they do white ones. Sad, but true.

It's critical that we provide greater access and education to address these issues, including dismantling systemic racism, which impacts our ability to get quality education and jobs — and build strong, healthy

communities. We need to make sure people are aware of the resources and programs that can connect them to higher-quality healthcare. We need trusted advocates and influencers who can build relationships with the community and provide support.

Finally, we must educate our communities of color on the importance of preventative care and its impact on quality of life, including the benefits of eating healthy foods, exercising frequently, and managing stress. Our people need to feel empowered to take care of their health.

Telemedicine improves access to quality healthcare — but challenges remain

During COVID-19, telemedicine became the go-to alternative to in-person visits. The technology holds great promise, especially for people who live in underserved communities. The technology helps to remove barriers that prevent people from getting the quality healthcare they deserve and gives them options that save time and money. For example, seeing a doctor remotely via smartphone could save a parent the loss of a day's pay to take their sick child on the bus to an appointment in a distant neighborhood.

While telemedicine has the potential to make healthcare more equal regardless of where people live, work, play, and age, it has a long way to go as an equity tool. "While most of the parents I serve have smartphones, they can't afford computers or internet access even with low-income allowances," says Dr. Kelsey Schweiberger, pediatrician and Assistant Professor of Pediatrics at Pitt's School of Medicine.

Without dedicated internet access, parents must rely on local libraries or other public places with

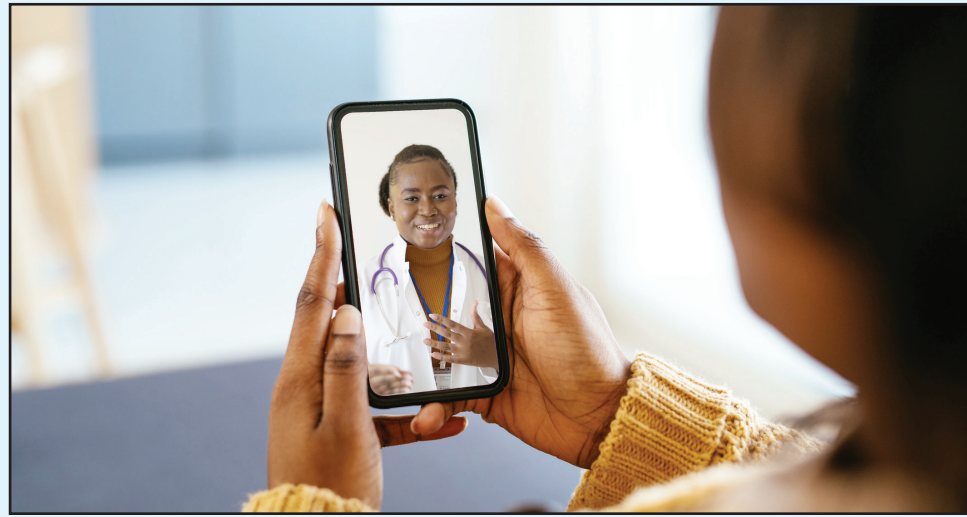
free wi-fi. "Internet access, unfortunately, has become another social determinant of health," Dr. Schweiberger adds.

In addition to practicing and teaching medicine, Dr. Schweiberger studies how patients use telemedicine and patient portals (the application that allows patients to access their medical records), including what works and what doesn't. She and her fellow researchers hope to improve health outcomes for everyone by making the technology convenient and simple.

Telemedicine meets patients where they live

One of the biggest advantages of telemedicine and patient portals is accessibility and flexibility. With a smartphone and public wi-fi, Dr. Schweiberger's patients can schedule and visit her without leaving their neighborhood. "The technology gives people options they didn't have before and that's empowering. You're able to care for yourself and your family consistently with less interruption to your work and routine," she notes.

Patient empowerment includes the ability to



ask questions and seek guidance from a provider through patient portal messages, which have increased HYPERLINK "<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8689796/>" nationwide HYPERLINK "<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8689796/>" more than HYPERLINK "<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8689796/>" 150 HYPERLINK "<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8689796/>" since the pandemic. "As a pediatrician, I'm being asked questions about refills and follow-up physical and mental

health care, especially when parents are worried," she states. "The patient portal has the potential to make patients feel more informed and connected with their providers."

Telehealth obstacles Dr. Schweiberger is quick to add there are still obstacles that prevent people from using telemedicine. There are not systems in place that allow for affordable access to devices and internet for all. While some policies aim to improve access, it remains unaffordable for those who need it most. "While affordable wi-fi remains a barrier, there's

also a lack of digital literacy, which are the skills people need to use technology. Not everyone knows how — or wants to use — health apps and portals," she explains.

There are also language issues, as some patient portals are currently only available in English. If telehealth technology is truly inclusive, it needs to have language options for non-native English speakers. "My practice includes families who speak a total of 30 languages in their homes," Dr. Schweiberger says. "Pittsburgh is beautifully diverse and we are working to reflect that in

our telehealth technology."

Dr. Schweiberger has found that not being able to speak or understand English well hasn't stopped her resilient and resourceful patients from using the portal. "They navigate using icons. For example, they understand to click on the letter icon to send a message to their doctor. Despite our current English-only portal, they're connecting with us, which we hope to make easier by supporting multiple languages in the future."

Mental health treatment and confidential care for adolescents pose their own challenges with telemedicine. "You hope your patient has a private space, but that's not often the case when they live in multi-generational homes or shelters — or for survivors of domestic violence," Dr. Schweiberger says. "To work around that, we try to ensure confidentiality by including safe words, using headphones, and even turning their phone around to show the room they're in. Unfortunately, it isn't a perfect system, but these steps help to ensure confidentiality as much as possible."

Community health workers improve health and well-being of medically vulnerable people.

Take a moment to think about your most meaningful relationships. Who are they with? What makes them so satisfying? Whether they're with family members, friends, or both the common thread is the connection you feel when someone accepts you fully and is there for you.

University of Pittsburgh's Dr. Patricia Documet, associate professor and director of the doctoral program in Behavioral and Community Health Sciences, studies how social relationships impact physical and mental health among disempowered minorities, especially Latinos.

In Allegheny county, the Latino community includes about 34,000 people living in 112 different ZIP Codes. The largest number of Latinos (about 1,000 each) reside in

Beechview and Brookline. Many don't speak/understand English well. Most come to Pittsburgh through a connection.

Dr. Documet explains, "A man from Guatemala may work at a restaurant in Squirrel Hill near his apartment, so his brother also immigrates to Pittsburgh. However, the brother gets a job and an apartment in Robinson. Neither has a car and public transportation is difficult when you don't speak English, have limited income, and work a lot. Even though they're brothers, they don't have much physical contact — and it's not easy to find other Guatemalans who share your language and culture."

These and other barriers lead to social isolation, which

is associated with a higher risk for health problems. To complicate things, social isolation also makes it difficult to get consistent, quality healthcare.

To change that, community health workers (CHWs) are trained to bridge language and cultural gaps and improve healthcare by building relationships with socially isolated people including helping them use community services.

In one of Dr. Documet's studies, male, Latino CHWs were instructed to find and talk to immigrant, Latino men in parks, festivals, and restaurants. "The CHWs spoke Spanish and were familiar with the culture," she says. "They asked questions and listened... about the men's families, their jobs,

their use of alcohol, what they ate, if they exercised. They set up doctor and dental visits. They also asked what the men needed to be healthier and happier."

The needs included everything from learning how to stop fighting with a son to drinking less alcohol to getting out of an abusive relationship — with the CHWs acting as the men's advocates.

The CHWs also encouraged the men to attend monthly training with them on topics like immigration, STDs, dental health, relationships with police, diabetes, and sexual health.

"The relationships between the CHWs and their clients developed and became stronger," says Dr. Documet. "When this happened, the men began to feel the CHW

was 'there for them.' This connection is important. We know from previous studies that meaningful social relationships lead to better health outcomes and longer life."

Dr. Documet and her team have completed similar studies. One focused on CHWs and physical exercise that could be done cheaply in the home. "This was a need born out of fears about immigration, followed by the pandemic," she explains.

Another study involved children and youth and mental health. "The Latino culture values what we call 'mental strength.' If you can just 'be strong,' everything will be okay," says Dr. Documet. However, when parents work all day, older siblings often become parents to young-

er siblings. That can lead to feelings of frustration and isolation. "The older children don't want to tell their parents how they feel and add to the parents' stress. Even if they do say something, there are barriers to getting care, such as lack of insurance or transportation."

The results all of Dr. Documet's studies are similar: When CHWs become healthcare advocates for underserved people — and go-between to community resources — health outcomes improve, so much so that they're being recognized and covered by health insurance companies.

Casa San José connects, supports, and advocates for Pittsburgh's Latino immigrants.

Ten years ago, the Sisters of St. Joseph of Baden saw an opportunity to support one of their own, Sister Janice Vanderneck. For many years, Sister Janice has devoted herself to helping newly arrived Latinos survive and thrive in The Steel City. Her knowledge, determi-

nation, and kindness has helped countless Latinos receive healthcare, social services, and legal system support.

To continue and broaden Sister Janice's work, her fellow sisters opened a resource center for Latino immigrants in Pittsburgh's Brookline neighborhood in 2013.

Called Casa San José, or the House of St. Joseph, the center embraces inclusion, dignity, and respect as its leadership team and board members continue to welcome and support Latino immigrants.

The independent, non-profit center serves as a support base where Latino immigrants can learn English, use social services — especially programs for children, youth, and families — and feel a sense of welcome and belonging in a city that owes much of its success to immigrants from around the world.

Case San José's programs are many and varied and include community and civic engagement for Latino youth, emergency housing services, structured summer camp, mental health support, health and wellness initiatives, an afterschool program, and more. The

goal of each offering is to strengthen Latino immigrants' connections to their community by educating, integrating, listening, and caring for them and their families.

Learn how you can lend your support to Casa San José. Visit casasanjose.org.