

The Current Context of Health Care Delivery and Health Equity

The Latinx Perspective

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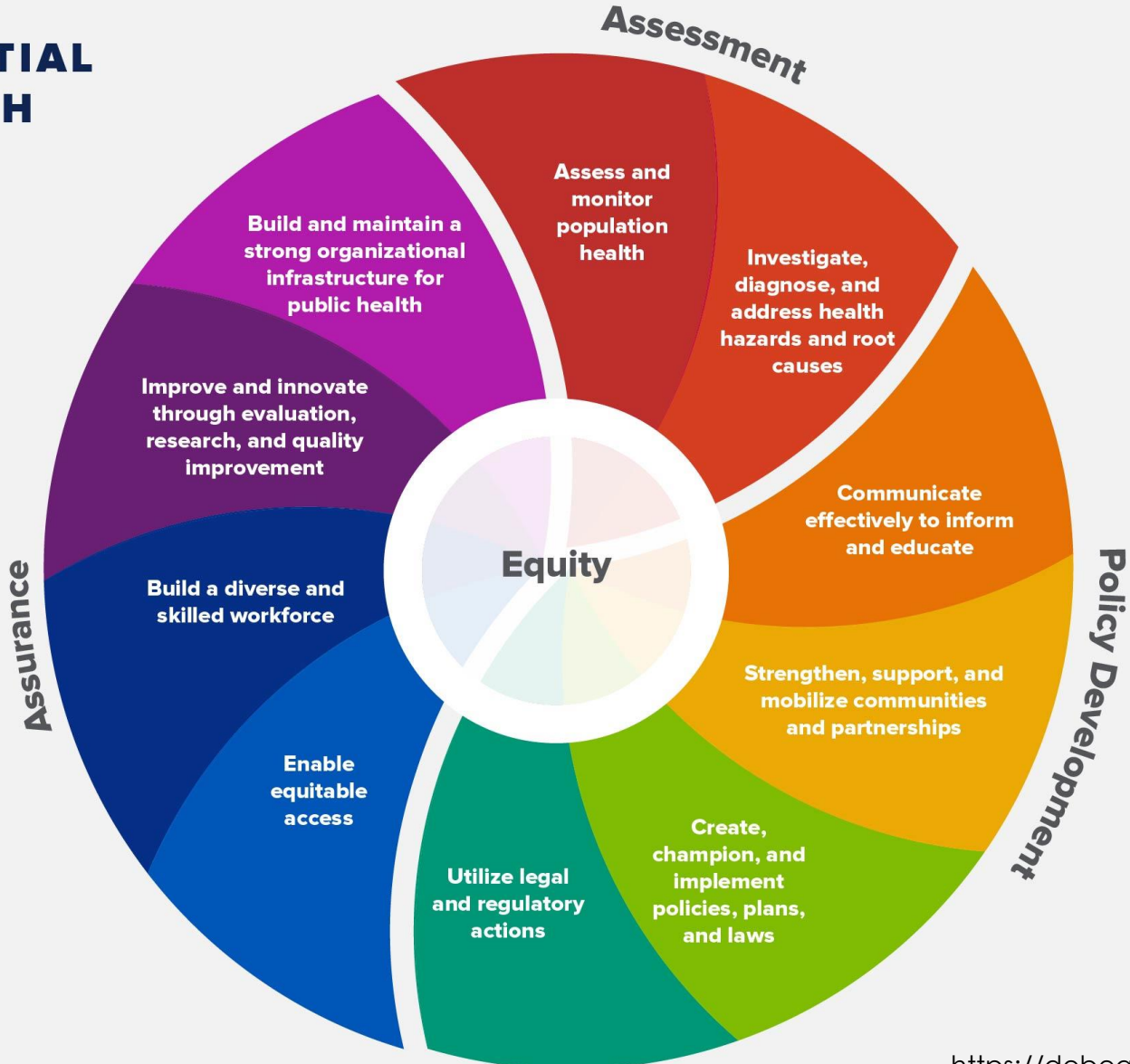
Department of Family Medicine, UCLA David Geffen School of Medicine

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

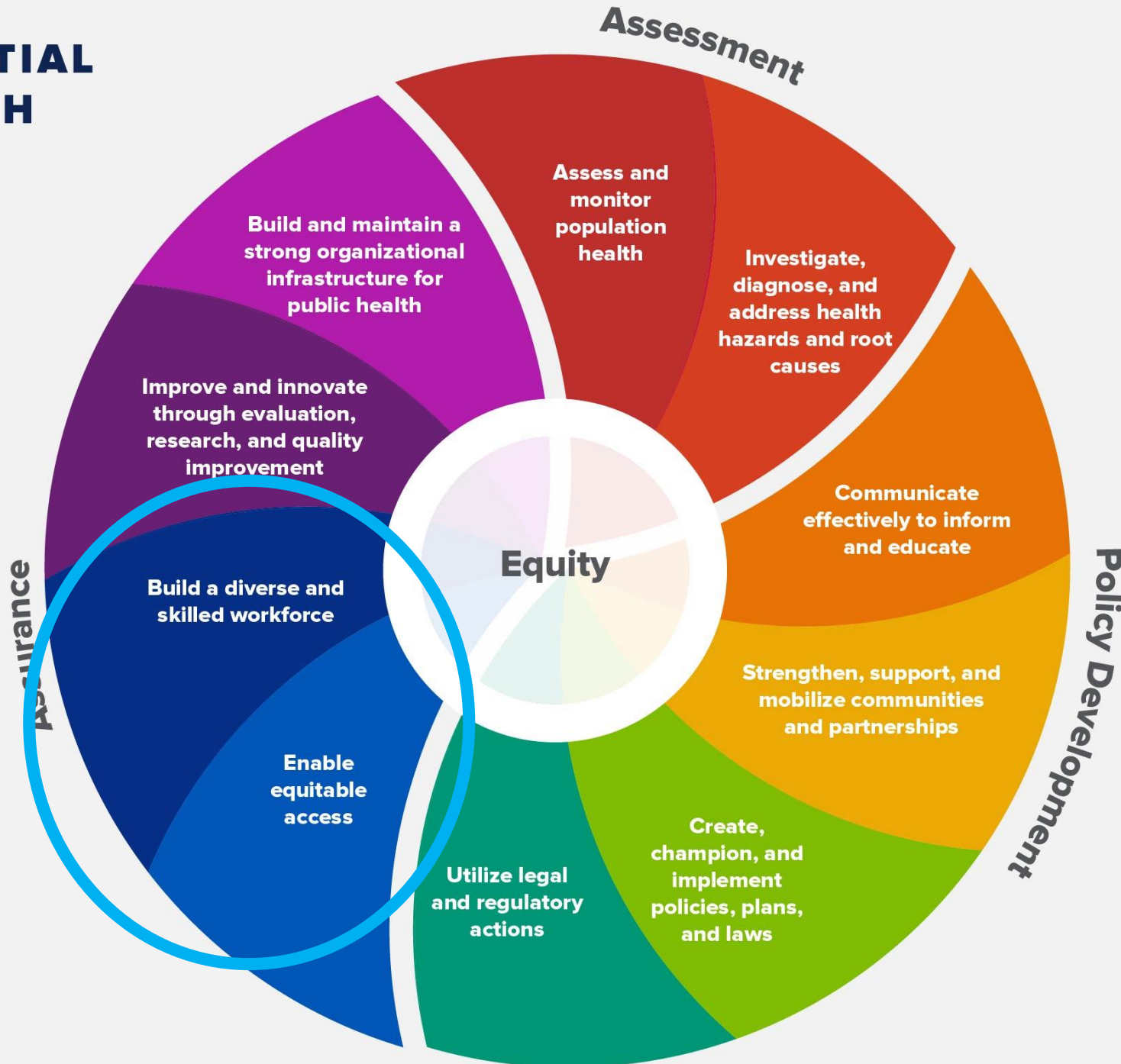
The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to 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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Physician Workforce

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

UCLA

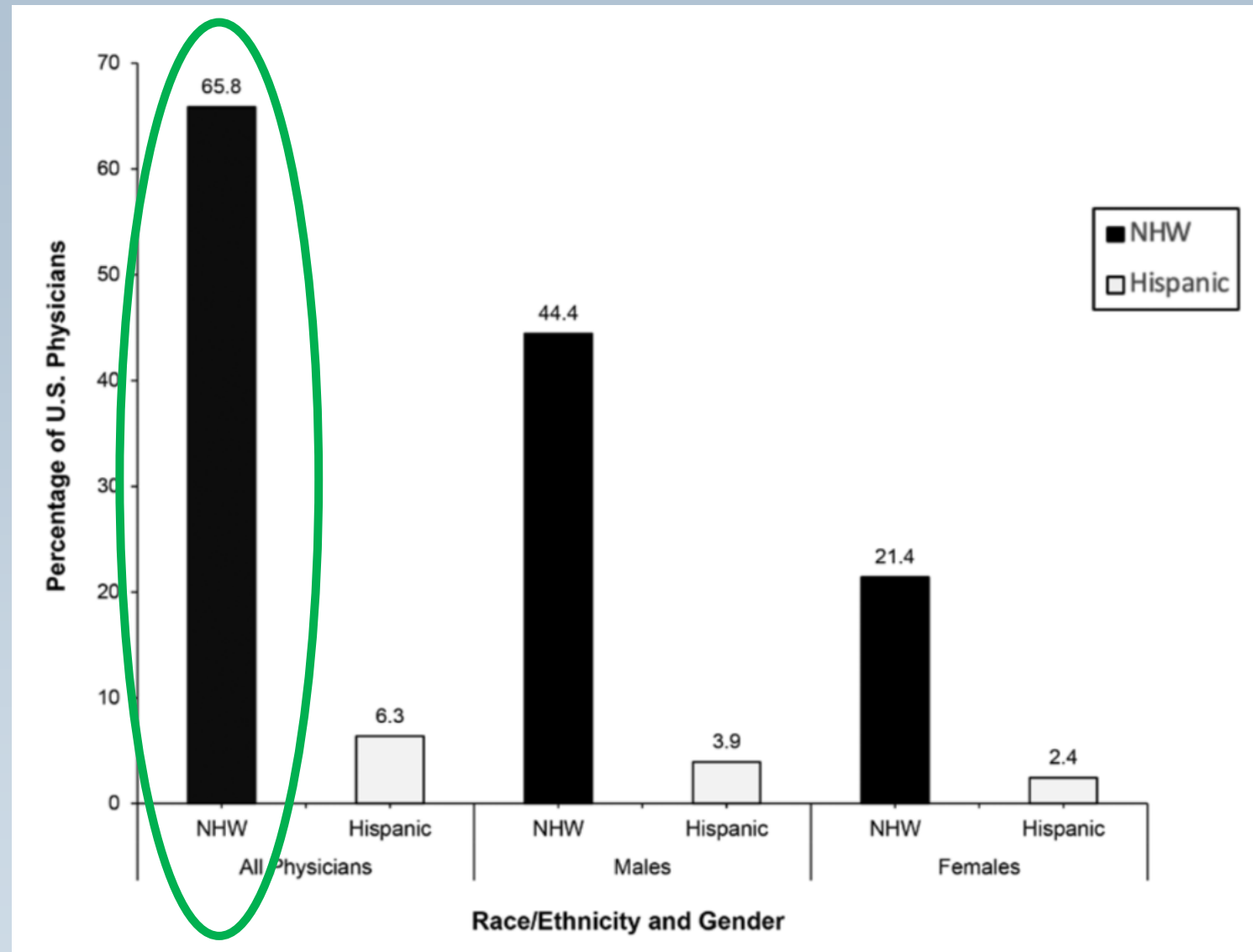
**Latino Policy &
Politics Institute**

UCLA

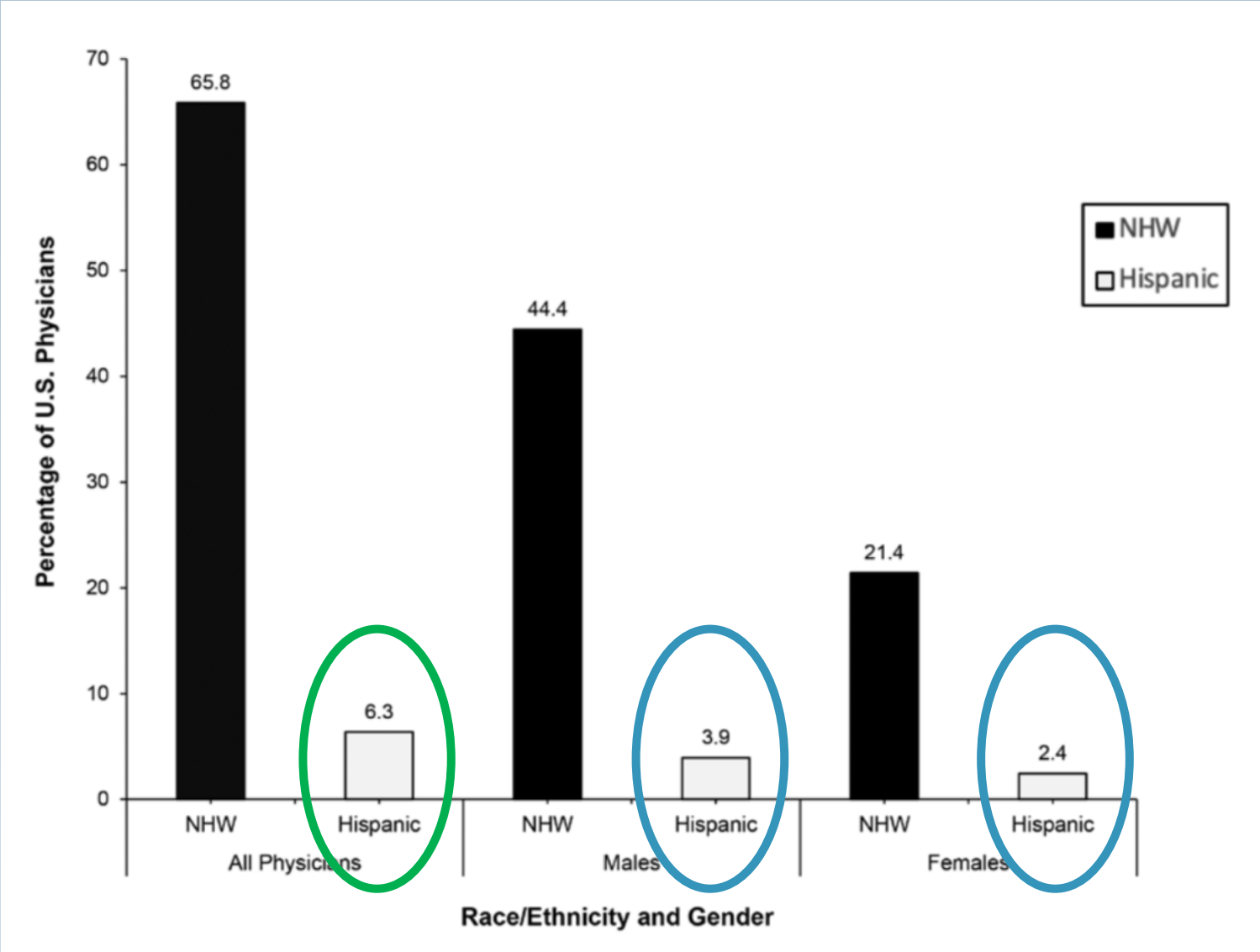
Health

**Center for the Study of
Latino Health and Culture**

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 3. California Latino Physician Shortage (2015).

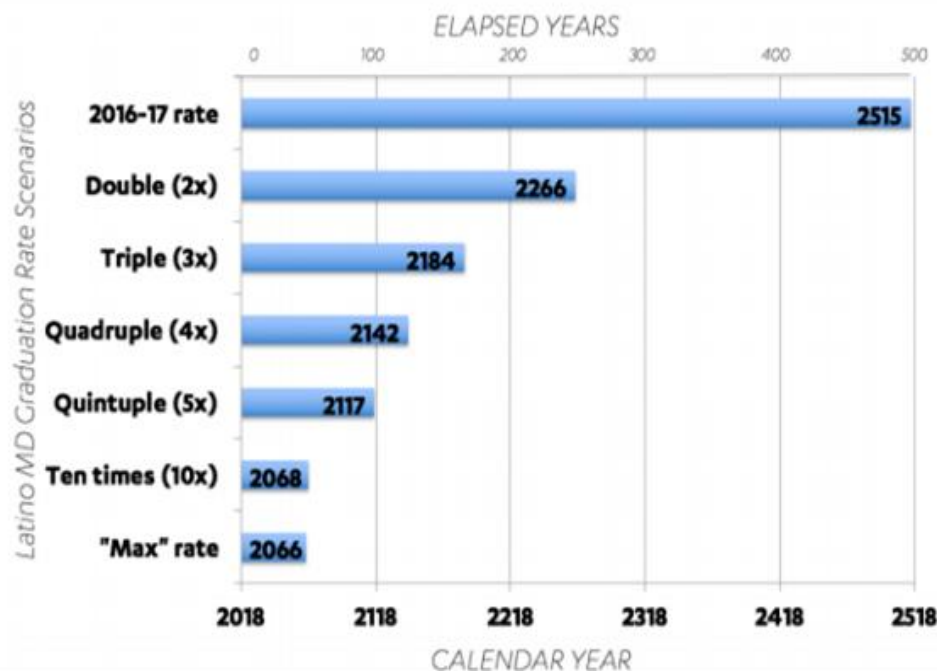
Racial/Ethnic Group	Population	# of Physicians	Physician Rate per 100,000 Population	Shortage for Parity
Non-Hispanic White	14,814,590	60,106	405.7	---
Latino	15,184,905	6,953	45.8	54,655

5 Centuries to Reach Parity

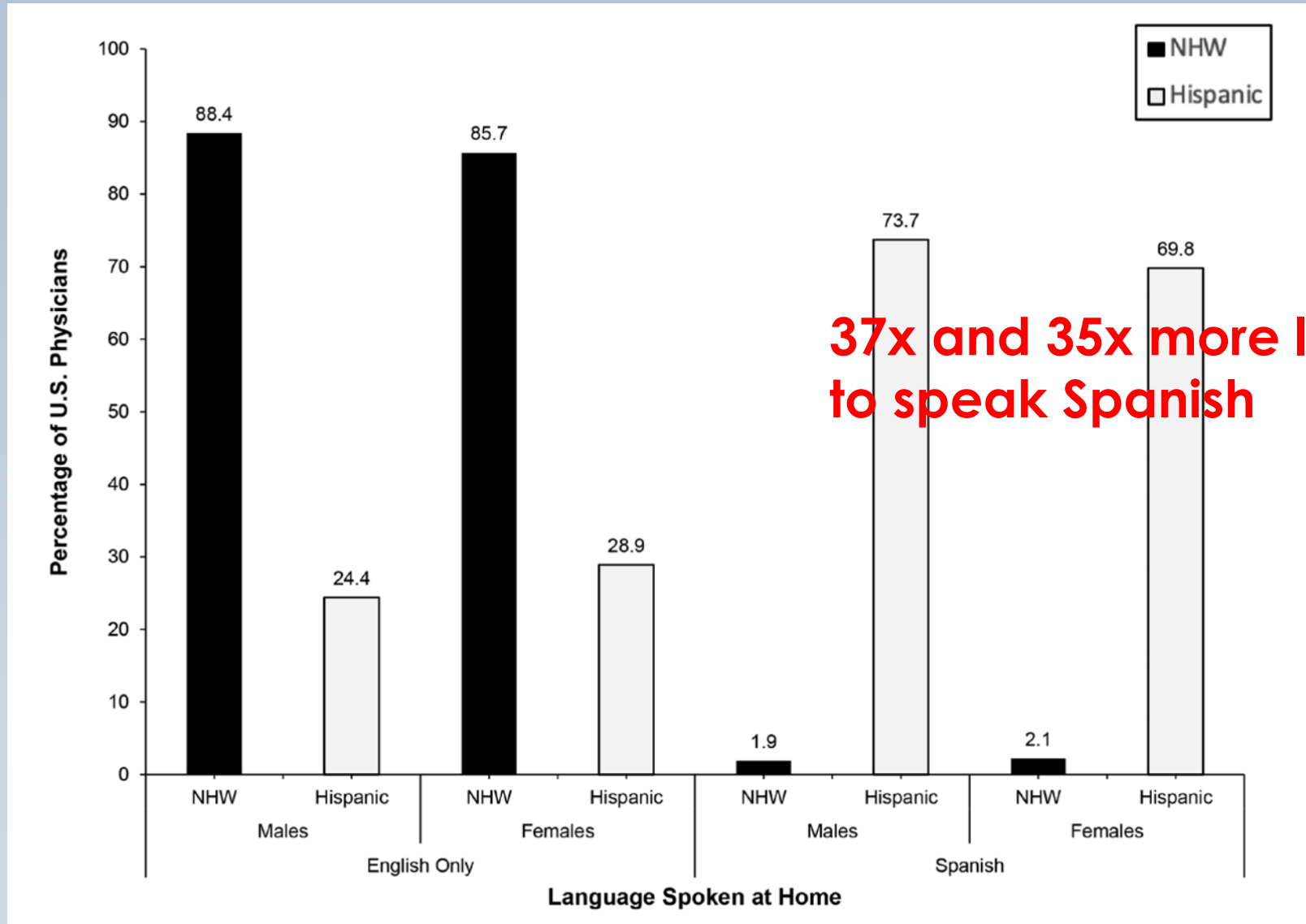
Years Needed to Fill California's Latino Physician Shortage in 2015

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.

Number of Years to Address Latino Physician Shortage (2015)



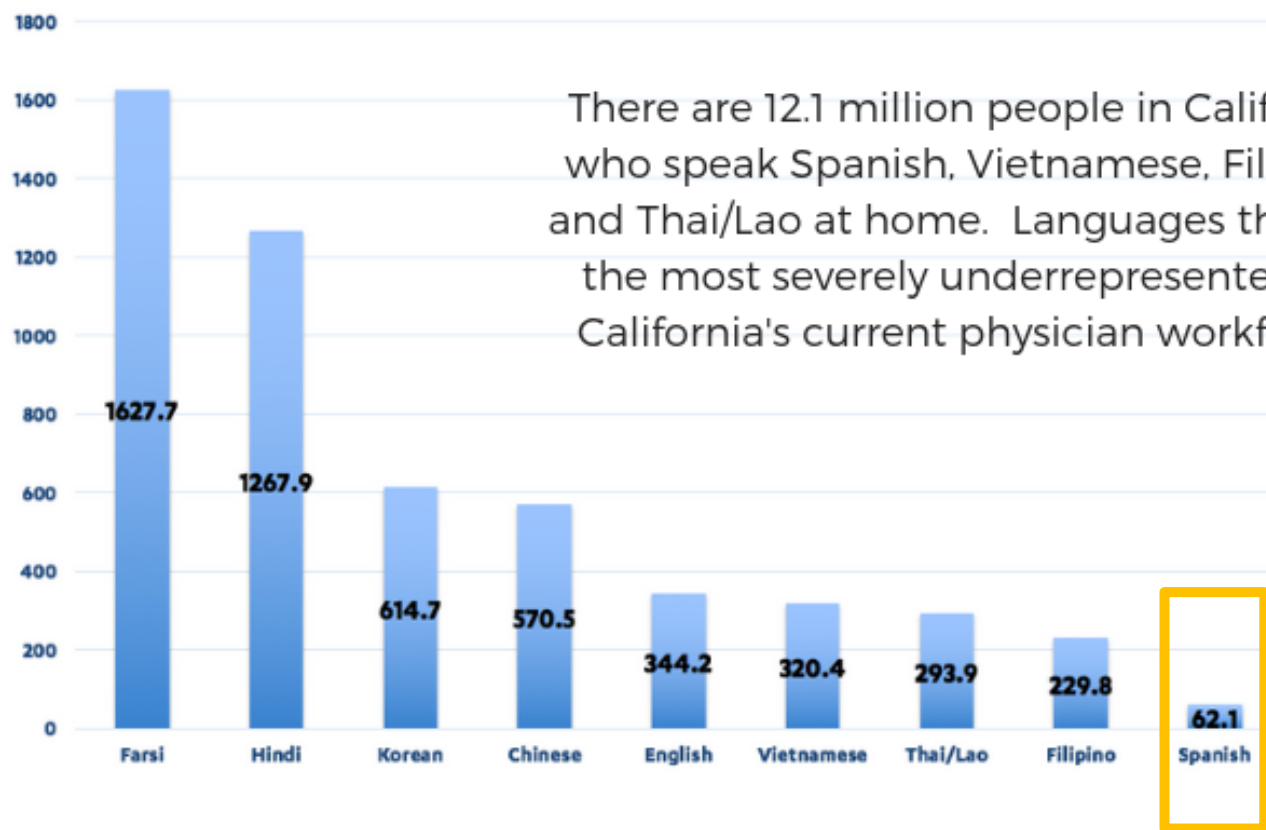
Implications for Spanish Language Underrepresentation Among Physicians



California's Language Concordance Mismatch

Clear Evidence for Increasing Physician Diversity

Figure 1. MD/100,000 by Language, California (2015)

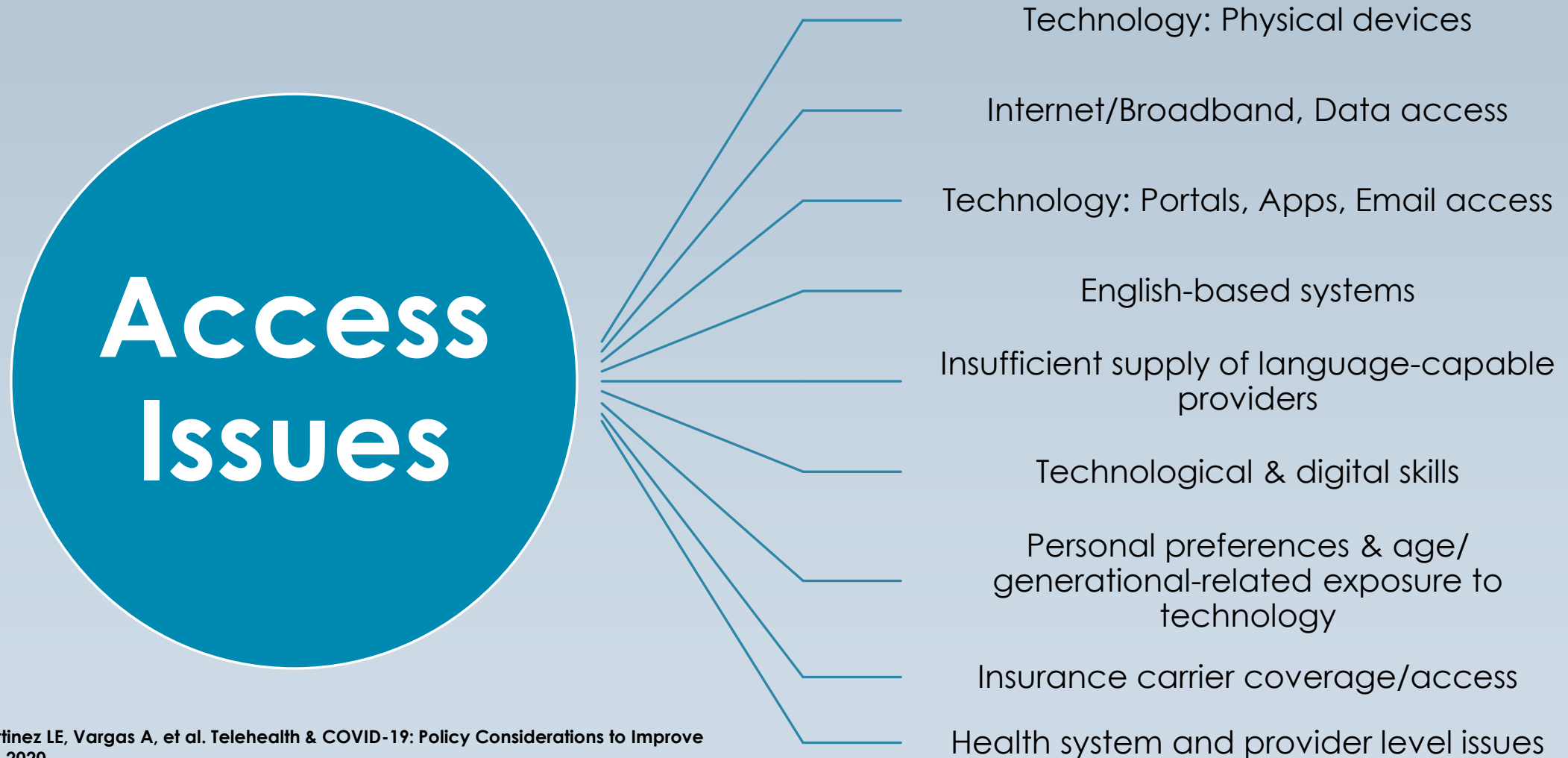




Equitable Access

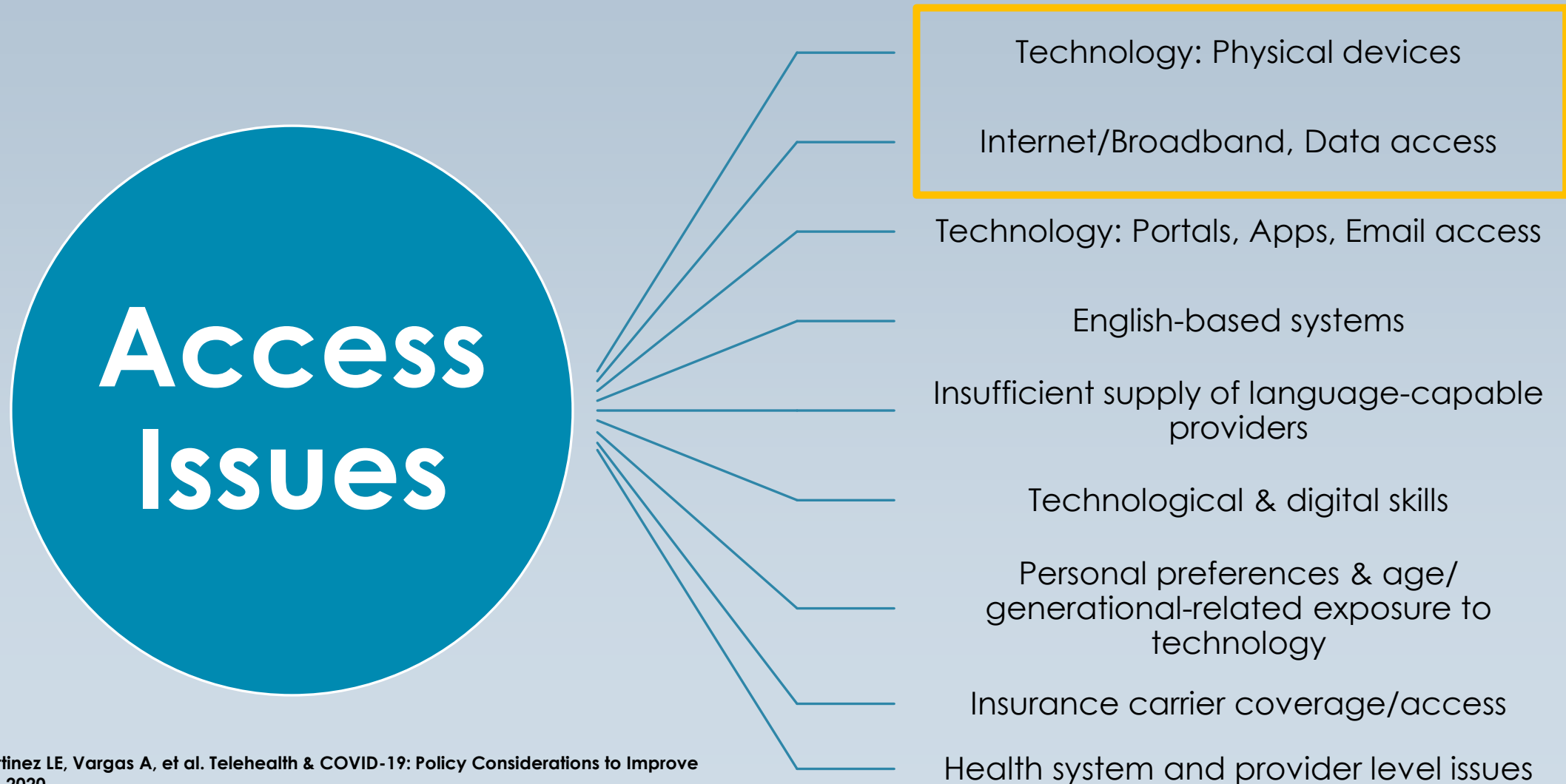
Structural Barriers Faced by Underserved, Minoritized Populations

Telehealth Technology: Who Our Current Design Fails



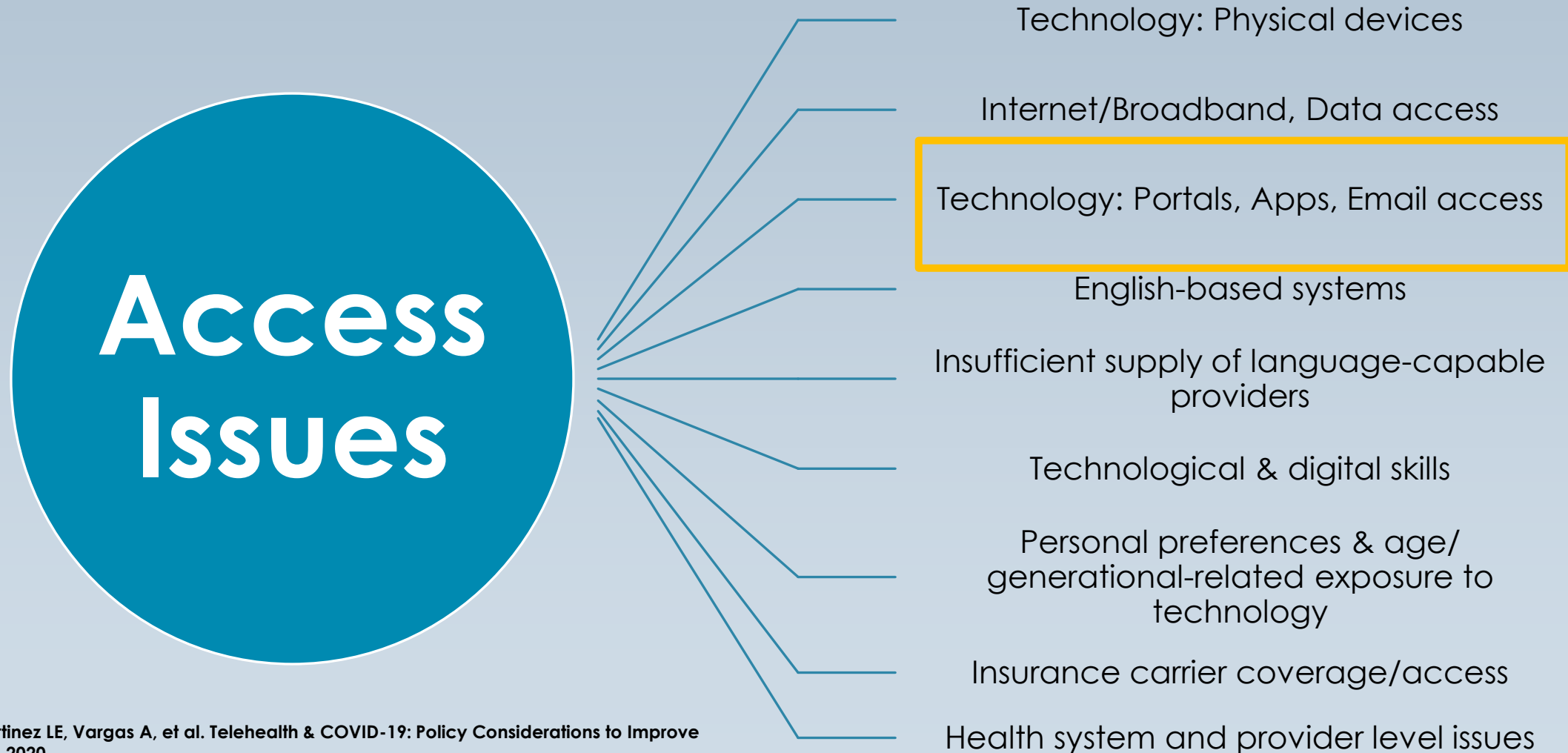
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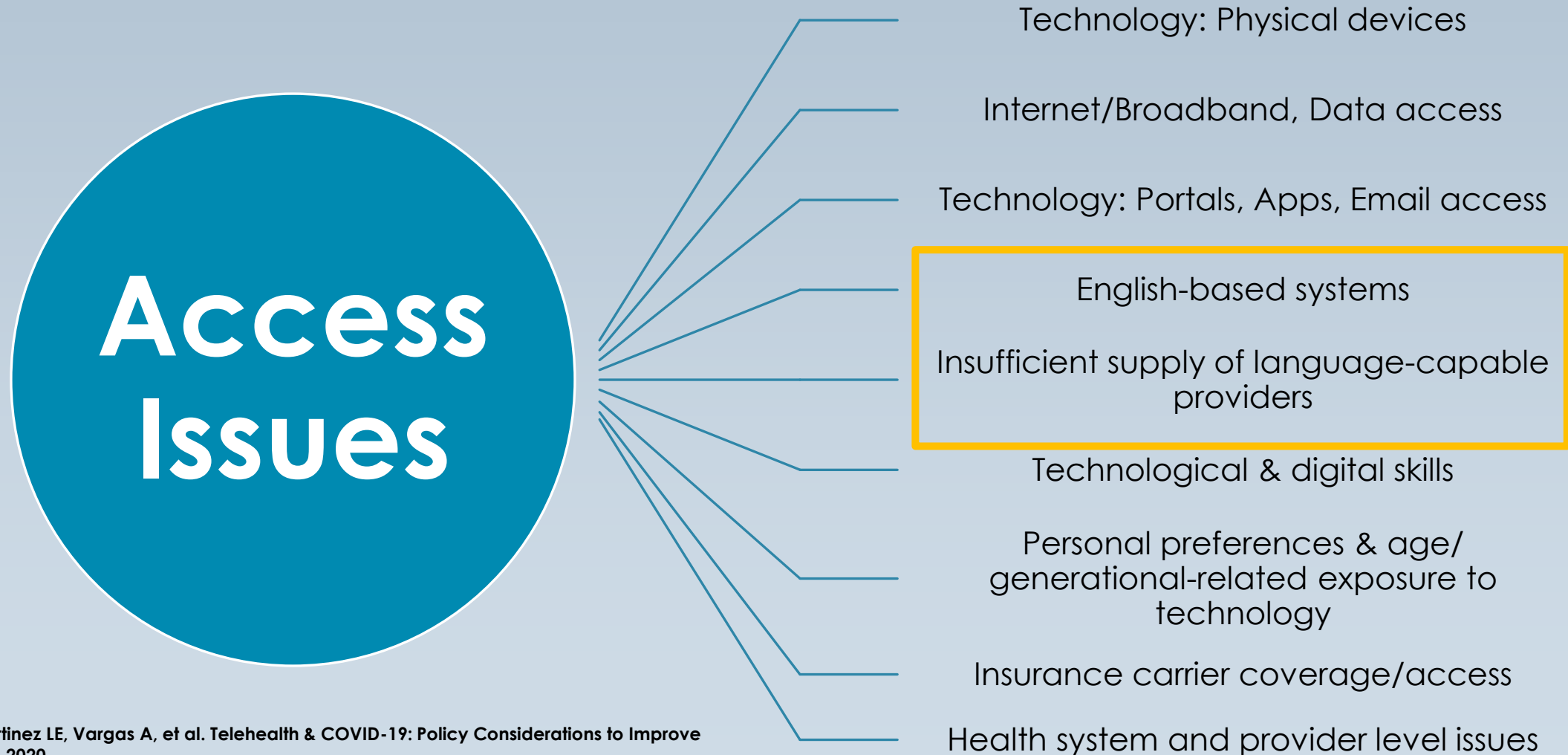
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Telehealth Technology: Who Our Current Design Fails



Structural Barriers Faced by Underserved, Minoritized Populations

Telehealth Technology: Who Our Current Design Fails



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

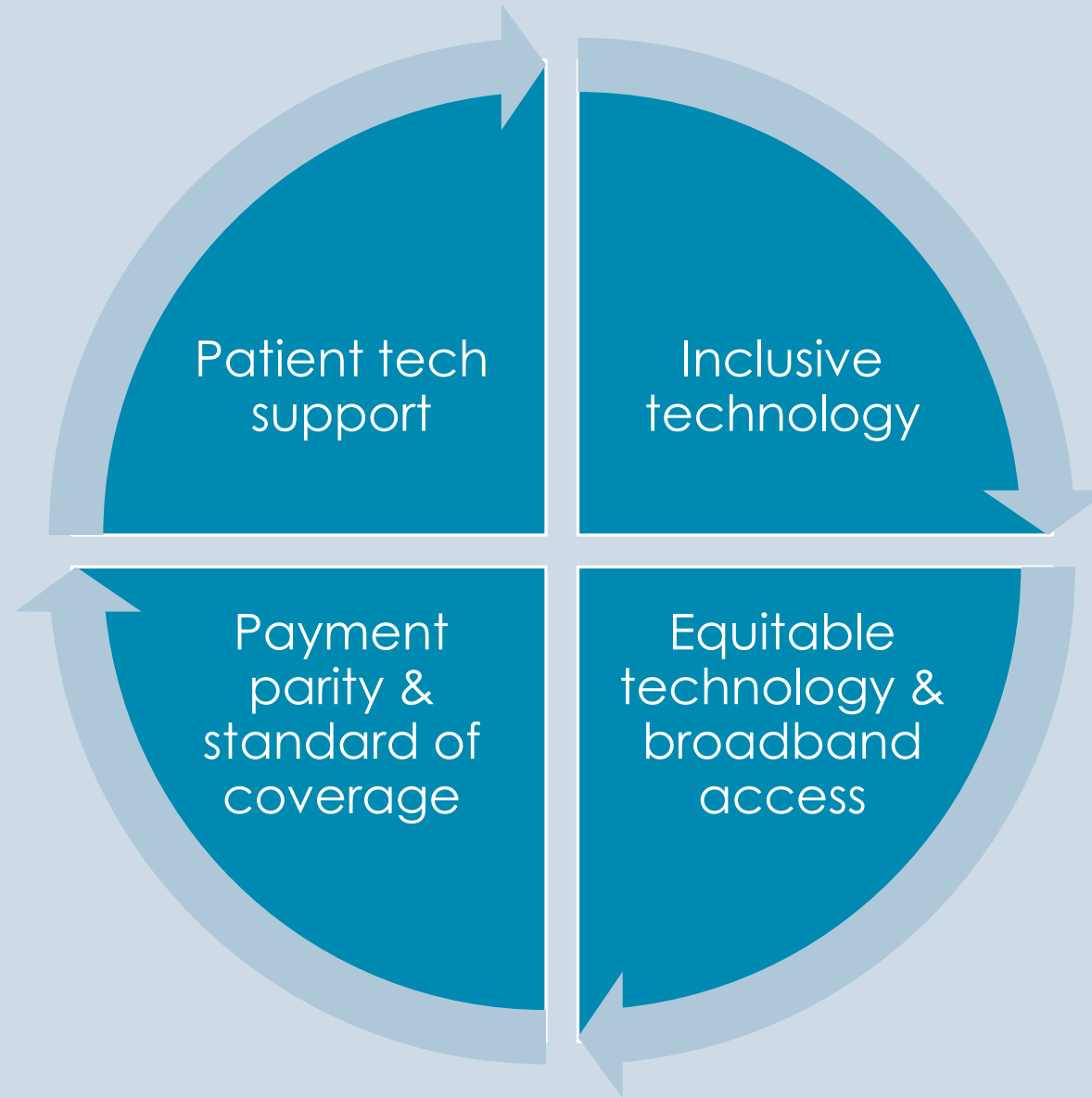
Focusing on the patients' needs

Accessible and equitable

Respects patients' preferences

Respects socioeconomic conditions

Core Components of Telehealth Infrastructure to Avoid Disenfranchising Underserved, Minoritized Populations



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



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

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doi: 10.1093/jamia/ocab155

Perspective



OXFORD

Perspective

Meeting them where they are on the web: addressing structural barriers for Latinos in telehealth care

**Yohualli Balderas-Medina Anaya ^{1,2} Giselle D. Hernandez,³
Stephanie A. Hernandez,^{2,4} and David E. Hayes-Bautista^{2,3}**

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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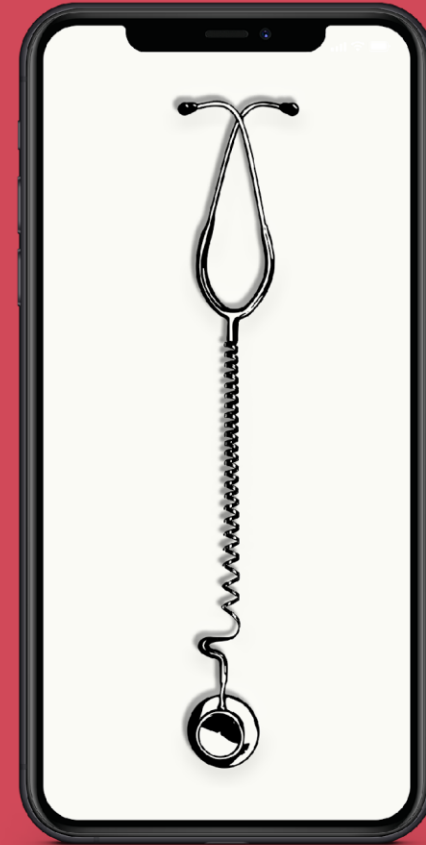
Section: Health Policy

Publication Date: May 17, 2022

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

Anaya YB, Martinez LE, Vargas A, et al. 2020.



telehealth
& COVID-19

POLICY CONSIDERATIONS TO IMPROVE ACCESS TO CARE

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- The Center for the Study of Latino Health and Culture (**CESLAC**) at the David Geffen School of Medicine UCLA
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Thank You!

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