

**March 16, 2021**



EQUITY | ACTION | HEALING | UNITY

*Celebrating 35 Years*

 **Care Alliance**

**Health Center**

*Care for you. Care for me. Care for all.*



**Dr. Claude L. Jones**

**Care Alliance Health Center**

**1530 St. Clair Ave NE**

**Cleveland, OH 44114**

**216-535-9100**

**[www.carealliance.org](http://www.carealliance.org)**



# Our Mission

To provide high-quality, comprehensive medical and dental care, patient advocacy and related services to people who need them most, regardless of their ability to pay.



# Quality Services

*Telephone Visits* • *Virtual Visits* • *In-Clinic* • *Walk-Ins*

## Medical Care:

- Child and adolescent health
- Chronic care programming
- Women's health services
- Prenatal care
- Podiatry
- Physical Therapy
- Immunizations
- HIV/AIDS care
- HIV & STI testing
- School-based health

## Dental Care:

- Exams
- X-Rays
- Preventive Services
- Cleanings
- Fillings
- Extractions / Oral Surgery
- Partials & Dentures

## Supportive Services:

- Care Coordination
- Health Literacy
- Benefits and Medical Insurance Navigation
- Transportation Services

## Pharmacy

- 340B

## Behavioral Health Care:

- Mental Health Counseling
- Substance Use Counseling
- Medication Assisted Treatment
- Psychiatry





## *Minority Health Definition*

- Distinctive health characteristics and attributes of the minority racial and/or ethnic groups in the U.S
- Social disadvantage and/or subject to discrimination as a common theme
- Research on factors that lead to specific outcomes within a minority group and in comparison to others



## *Health Disparity Populations*

Health disparity populations include:

- racial/ethnic minorities
- less privileged socio-economic status
- underserved rural residents, and/or
- others subject to discrimination

Populations have poorer health outcomes often attributed in part to social disadvantage, and being underserved in the full spectrum of health care



## *Minority Race/Ethnic Populations*

- African American or Black
- Asian (>30 countries)
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Latino or Hispanic (20 countries)





## *Health Disparity Outcomes*

- Higher incidence and/or prevalence
- Burden of disease measured by Disability-Adjusted Life Years (DALYS)
- Premature and/or excessive mortality in areas where populations differ
- Poorer health-related quality of life and/or daily functioning using standardized measures



## *Assessment of Socioeconomic Status*

- Education – years of formal, usually translated into categories
- Income – defined in terms of annual household \$\$\$ by number of dependents
- Occupation – laborer, technical, professional, business, information
- Life course: Increased attention
- Parental education as measure in children

# *Mechanisms Leading to Health Disparities*

- **Individual Behaviors, Lifestyle, Beliefs, and Response to Stress:** racism, adverse conditions, food insecurity, witness to violence, immigrant, LEP
- **Biological processes, Genetics and Epigenetics:** Earlier age of onset, gene variant, metabolic differences, susceptibility, faster progression or greater severity
- **Physical and Cultural Environment:** place, social interactions, network, community cohesion
- **Clinical Events and Health Care:** Differential treatments, poor communication, adverse events to medications, falls, progression of disease, access, use/abuse of appropriate services end of life care

# *Barriers to Care*

**May often lack many basic necessities:**

- ✓ Health Insurance
- ✓ Income
- ✓ Shelter
- ✓ Food
- ✓ Transportation
- ✓ Photo ID
- ✓ Support
- ✓ Trust



## Homeless Outreach



## Heightened Health Care Risks

- Prolonged exposure to the elements
- Lack of consistent medical care
- Years of untreated diseases
- Living in communal environments
- Limited access to healthy food
- History of trauma



**Fundamental Factors: Race/Ethnicity, Low Socioeconomic Status, Rural**

Domains of Influence	Levels of Influence			
	Individual	Interpersonal	Community	Societal
Biological	Vulnerability Mechanisms	Caregiver-Child Interaction Family Microbiome	Infectious Disease Prevalence Herd Immunity	Sanitation ImmunizaGon Pathogen exposure
Behavioral	Health Behaviors Coping Strategies Limited English	Family Function School/Work Function	Community Function	Welfare Immigration Language access
Physical Environment	Personal Environment	Household School Work	Community Environment, Resources	Government Education Housing
Sociocultural Environment	Sociodemographic Cultural Identify DiscriminaGon	Networks Family/Peer Discrimination	Community Norms Discrimination	Societal Norms Structural Discrimination
Healthcare System	Access Congruent w/Patient	D/P Relationship Collaborative care	Availability Health Services	Quality of Care HC Policies
Health Outcomes	Individual Health	Family Health	Community Health	Population Health





## *Policy Strategies to Reduce Health Care Disparities*

- Expand Access: Health insurance, place and clinician as fundamental
- Public Health Consensus
- Coordination of Care: Systems, navigators, and target conditions
- Patient-Centered: PCMH, effective communication, cultural competence

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# **Health Disparities: A Case for Closing the Gap**

**Stand for Racial Justice  
Presented at Stand For Racial Justice  
Cuyahoga Community College**

**Frances Mills  
March 16, 2021**

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# Cleveland Office of Minority Health

- The Cleveland Office of Minority Health (COMH) is dedicated to eliminating health disparities through innovative strategies.
- It was established in 2007 as a project of the Ohio Commission on Minority Health and is integral part of CDPH organization.
- The COMH is under the leadership of Director Frances Mills.
- There are six local offices of minority health in the State of Ohio

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# Offices of Minority Health: Primary Focus

- **Reducing Disparities:**
  - Cancer
  - Heart Disease
  - Diabetes
  - Stroke
- **Promoting Health and Racial Equity**
- **Prioritizing Targeted Groups**
  - African Americans
  - Latinx
  - Asian
  - Native American
  - LGBT
  - Refugee
- **Addressing local disparity concerns**
  - Infant Mortality
  - Community Violence
  - Impacts of Lead

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# What is Infant Mortality?

**Infant mortality** is the death of an **infant** before his or her first birthday.

The **infant mortality rate** is the number of infant deaths for every 1,000 live births.

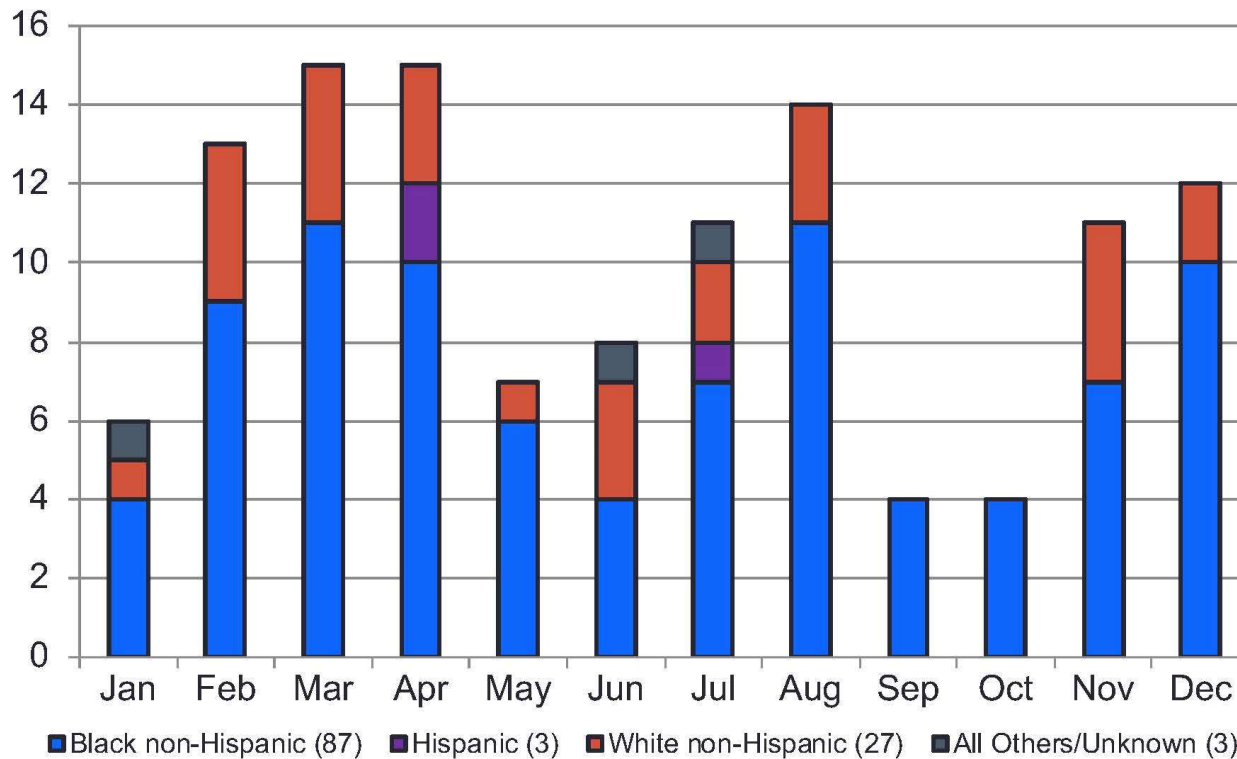
## **Primary causes of infant death:**

- **Prematurity**
- **Birth defects**
- **Sudden, unusual infant death**

# Health disparities - Infant mortality

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## Infant Deaths by Ethnicity or Race – 2019

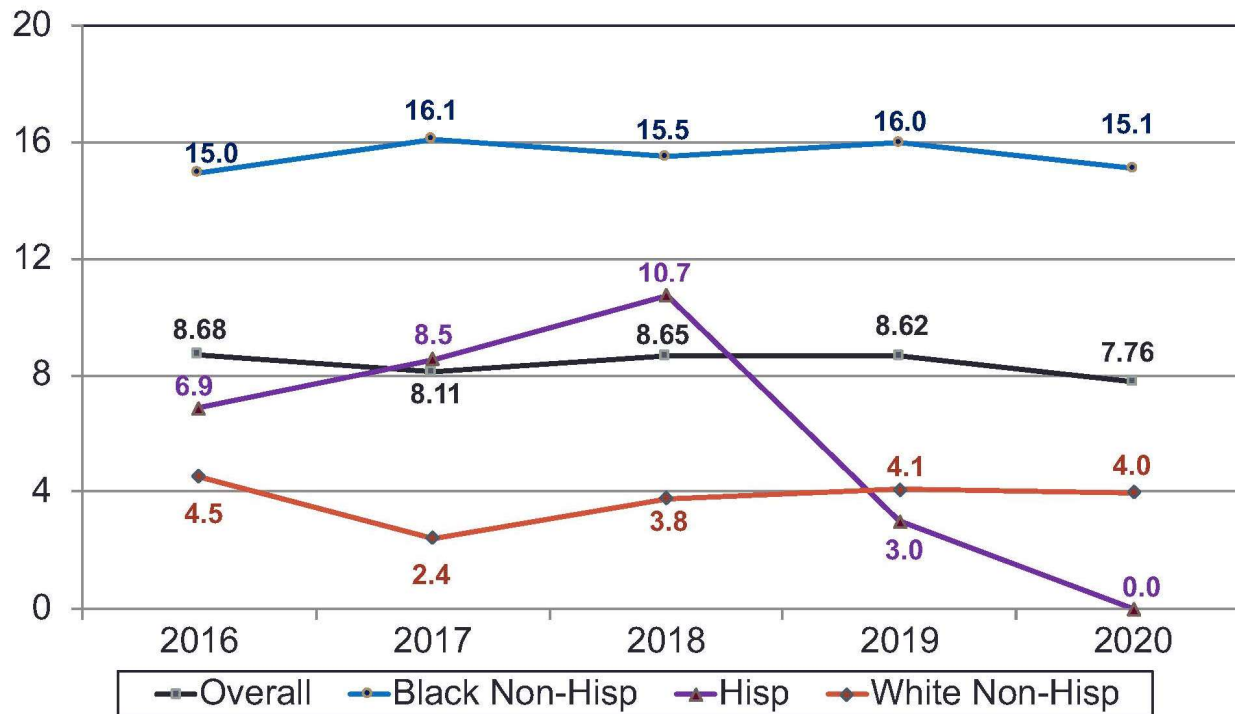


2019 data are preliminary

# Health disparities - Infant mortality

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## 2016-2020 Infant Mortality Data: Cuyahoga

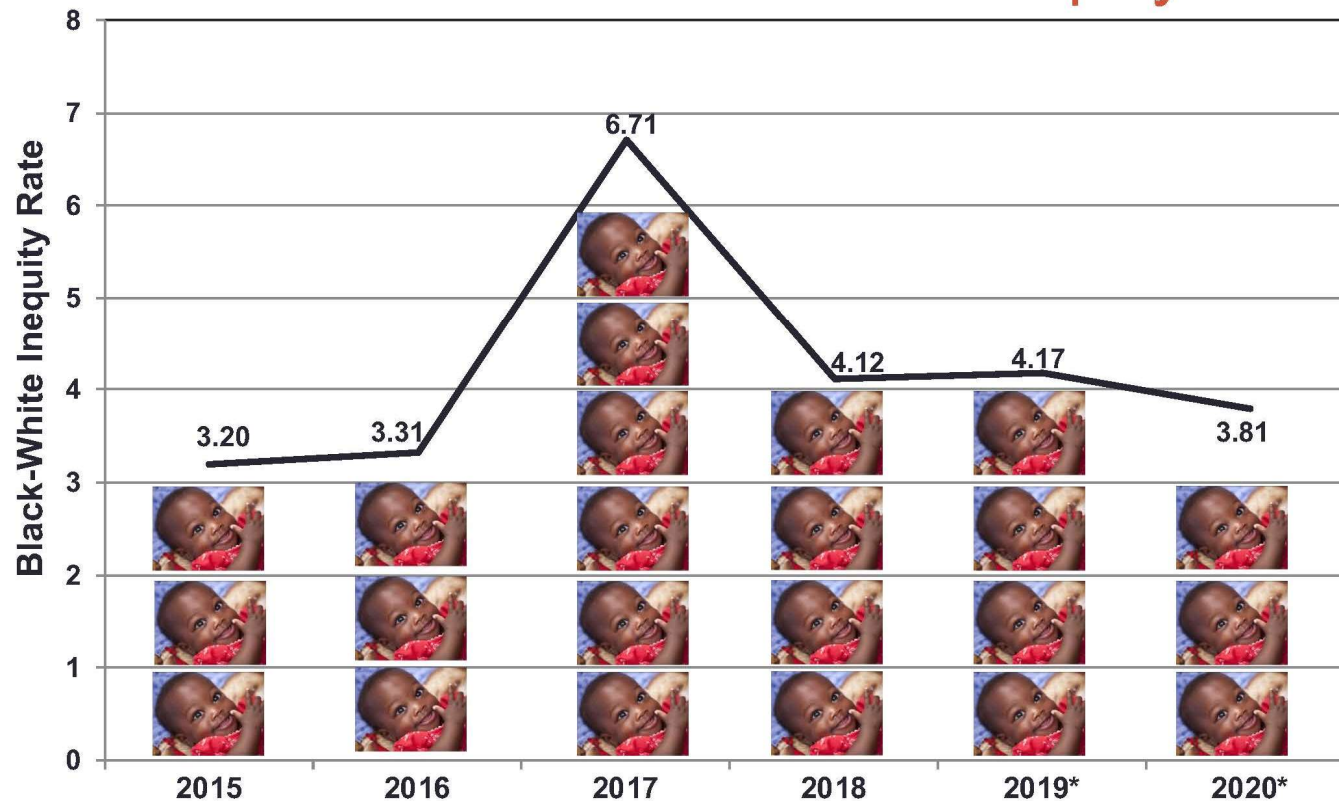


Source: Ohio Department of Health - Bureau of Vital Statistics; 2019 & 2020 data are preliminary



# Health disparities - Infant mortality

## 2015-2020 Cuyahoga County Black-White Infant Death Inequity

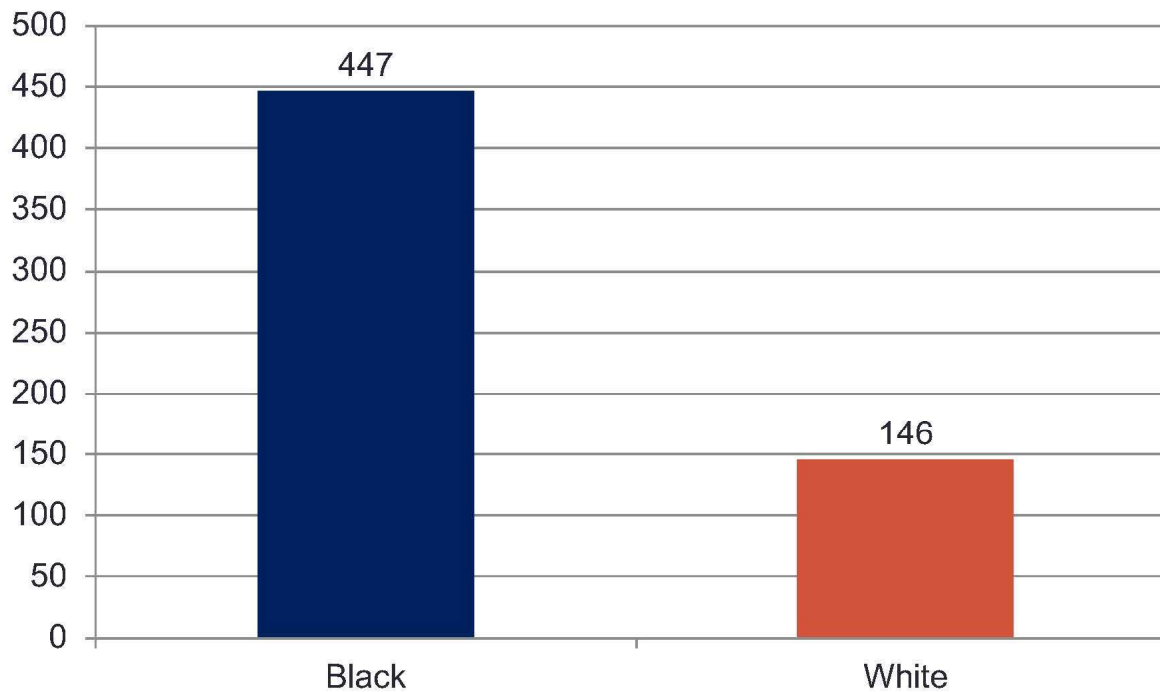


\*2019 & 2020 rates are preliminary

# Health disparities - Infant mortality

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## Black – White Infant Mortality Inequity: 2015 - 2020



\*2019 & 2020 rates are preliminary



**Q&A Moderator:**

Marielee Santiago, MSW,LSW,MPH Director,  
Transformative Knowledge & Education



## Helpful Resources

### Healthcare Trust among Communities of Color: Kellogg Family Foundation

<https://theundefeated.com/features/new-poll-shows-black-americans-put-far-less-trust-in-doctors-and-hospitals-than-white-people/>

<https://www.kff.org/racial-equity-and-health-policy/report/kff-the-undefeated-survey-on-race-and-health/>

### Minority Physicians

<https://labblog.uofmhealth.org/rounds/minority-patients-benefit-from-having-minority-doctors-but-thats-a-hard-match-to-make-0?amp>

<https://www.npr.org/2020/07/02/886686990/the-importance-of-black-doctors>

### Local Data:

Healthy Northeast Ohio: <http://www.healthyneo.org/>

2019 Community Health Needs Assessment  
<https://hipcuyahoga.org/2019cha/>

### State of Ohio Resources:

[odh.ohio.gov](http://odh.ohio.gov) › [wps](#) › [wcm](#) › [connect](#) › [gov](#) › [Inf.](#)

# Thank You

