Come as You Are?: Democratizing Healthcare Through Black Church-Telehealth Initiatives

Meighan Parker

Harry A. Bigelow Teaching Fellow, Lecturer in Law

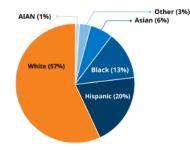
The University of Chicago Law School

Overview

- Health Disparities in the Black Community
- Social Determinants of Health & Black Church-Telehealth Initiatives
- Legal Hurdles & Reforms

Health Disparities

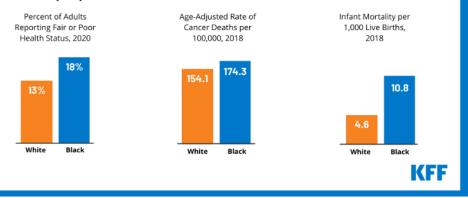
Health and Health Care for Black People in the U.S.



41 million people or 13% of the U.S. population are Black, with higher shares in the South. Addressing disparities in their health and health care is key for supporting and improving the health and well-being of Black families.

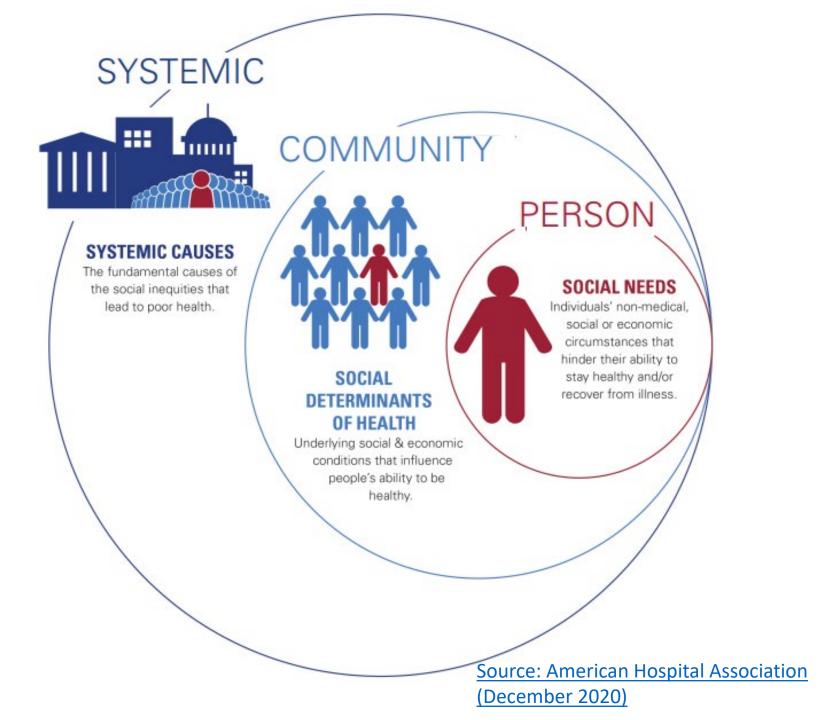
NOTE: AIAN refers to American Indian and Alaska Native. Native Hawaiian and Other Pacific Islander people make up 0.2% of the U.S. population.

Black people have higher rates of illness and death compared to White people.



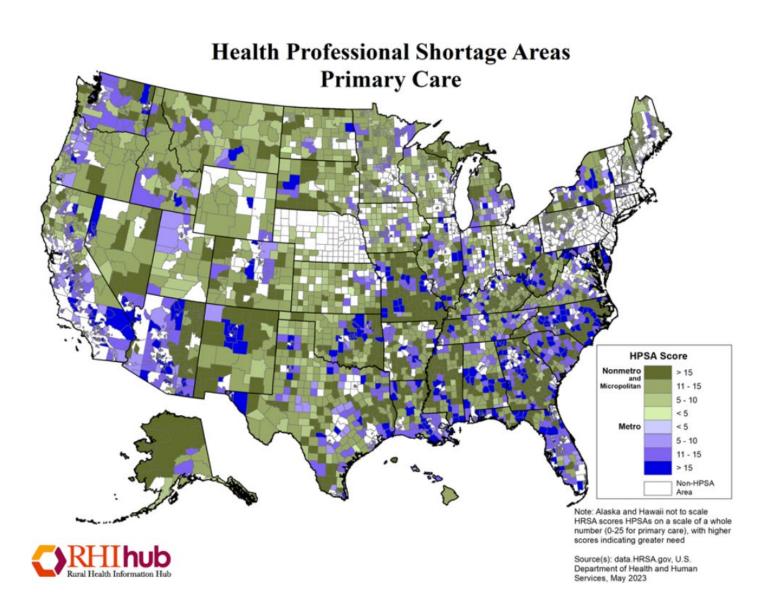
Source: KFF (February 2022)

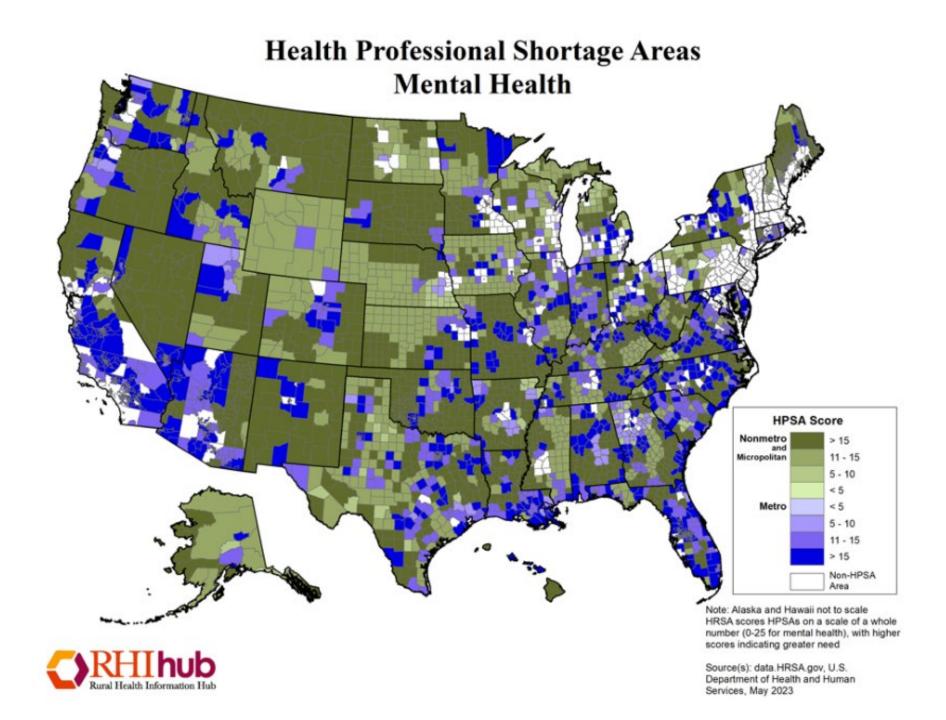
Social Determinants of Health

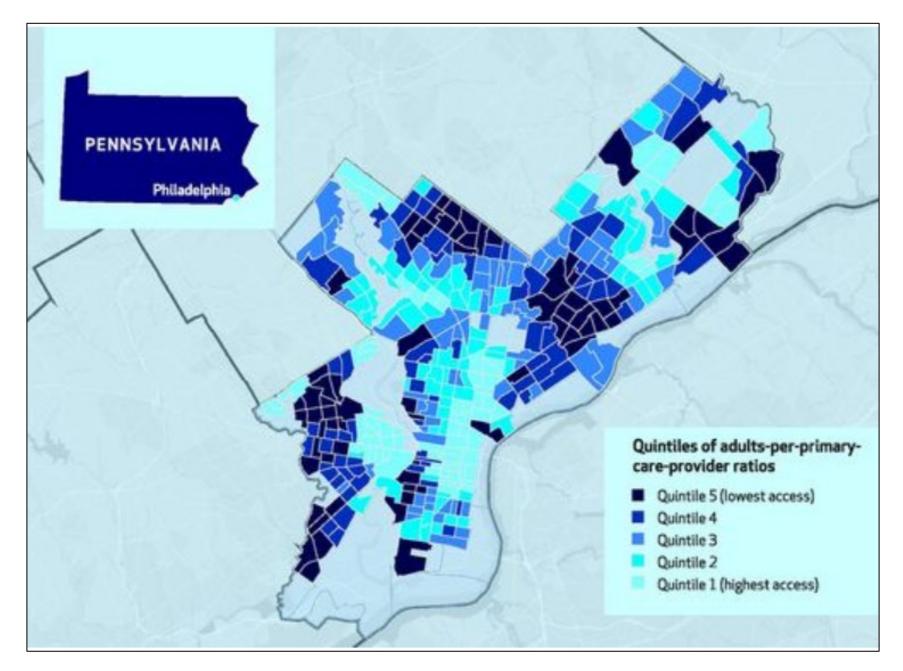


Healthcare Access

- The Promise of Telehealth
- Provider Shortages





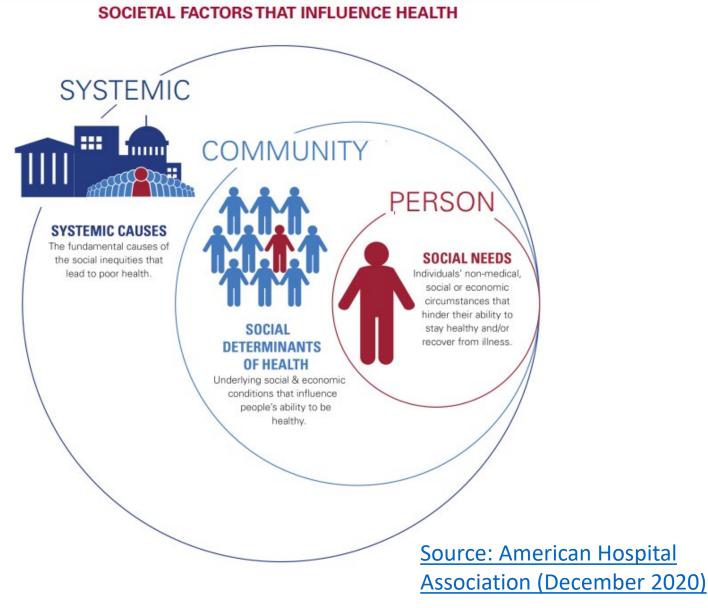


Source: E. Brown et al., Racial Disparities In Geographic Access To Primary Care In Philadelphia, Health Affairs (August 2016)

Telehealth's Promise?

Social Determinants of <u>Telehealth</u> Access

- Medical Mistrust
- Digital Divide



Improving equitable access to care via telemedicine in rural public libraries

Pamela B. DeGuzman PhD. RN. CNL¹ Setareh Abooali² Neha Jain¹ Alec Scicchitano BA³ Zachary C. Siegfried BS²

¹ University of Virginia School of Nursing, Charlottesville, Virginia

² University of Virginia College of Liberal Arts and Sciences, Charlottesville, Virginia

³ University of Virginia Batten School of Public Policy, Charlottesville, Virginia

Correspondence

Pamela B. DeGuzman, University of Virginia School of Nursing, Charlottesville, Virginia. Email: deguzman@virginia.edu

Abstract

Objective: Rural public libraries have been proposed as ideal locations from which individuals can access a telemedicine visit, but limited adoption of this practice suggests significant barriers remain. The purpose of this study was to determine rural public librarians' perspectives on the benefits and barriers to offering patrons the ability to use their public library for a telemedicine video visit, and to suggest strategies for moving this practice forward.

Design: Qualitative content analysis.

Sample: Fifteen rural US librarians and library directors.

Measurements: Individual interviews were conducted to determine perspectives on the benefits of and barriers to implementing telemedicine in public libraries.

Results: We identified four themes from the data: rural public libraries increase healthcare access in a trustworthy location, librarians are supportive of telemedicine, but have concerns, limited resources drive barriers to telemedicine implementation in rural libraries, and small rural libraries continued in-person service during the COVID-19 pandemic.

Conclusion: Rural public libraries can be an important part of achieving equitable access to care, particularly with regard to chronic disease management in rural populations. Rural public health nurses can be instrumental in promoting collaborations between local libraries and regional health systems that may help libraries overcome financial barriers to this practice.

MIAMI VALLEY NEWS

Partnership expands therapy options for local students

by: Emily Lewis Posted: Mar 29, 2024 / 12:55 PM EDT Updated: Mar 29, 2024 / 12:55 PM EDT

SHARE

Adobe Stock

DAYTON, Ohio (WDTN) — A new telehealth partnership will give students in Montgomery County rapid access to mental health resources.

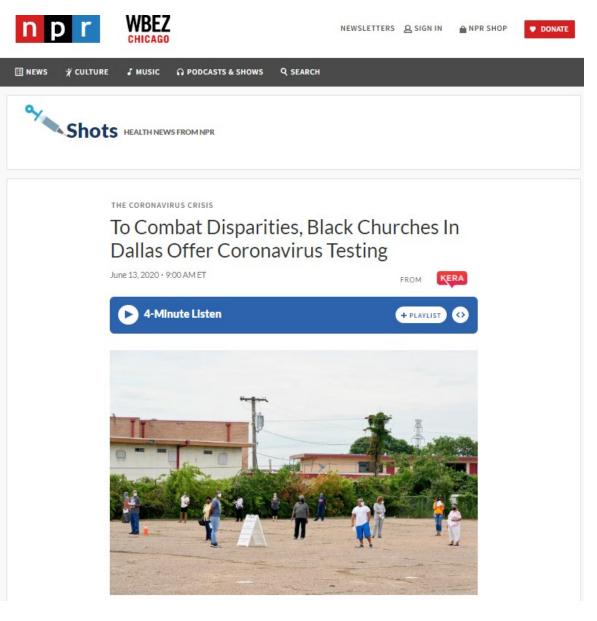
The Montgomery County Educational Service Center (MCESC) is partnering with Cartwheel to expand mental health care for students. The service will allow students and families to connect with Ohio-licensed therapists within one week of referral by a school counselor.

Experts advise 'common sense approach' to viruses this spring >

All services are provided via telehealth, making appointments more convenient for students. Cartwheel offers resources for a range of mental health peeds, like anyiety, depression

But why Black Churches?

Black Churches and Health Promotion



Source: NPR Article (June 2020)

Black Churches and Health Promotion

New kiosks bring health care resources to churches on South, West Sides



β X ☺ ຠ ⊡ ℰ



Faith 1 Network and Patient Point Foundation are partnering to bring health care resources kiosks to Chicago churches.

CHICAGO (WLS) -- A new digital platform is being launched at places of worship on the city's South and West sides.

Source: ABC7 (September 2023)

Black Churches and Health Promotion

Health and Wellness Ministry

Contact: health@alfredstreet.org

The Health and Wellness Ministry (H&WM) assists members of Alfred Street Baptist Church in keeping their "temples" of God health for service, by promoting an ongoing awareness of the importance of good health. H&W's primary mission is to provide tools and resources necessary to develop a health mind and body. H&W provides educational seminars, information sessions and other preventative measures to improve the overall health status of our members, their families, and the community at large.

If you would like to join our ministry and assist with upcoming initiatives, please contact us at health@alfredstreet.org

You do not have to be a health professional or in the health field. If you are tech savvy, have good organizational and planning skills or simply a passion for helping others, come join us.

2021/2022 Initiatives: Virtual Urban Gardening Virtual Get Fit Activity Health Equity Info session National Health Observance/Awareness Virtual Healthy Eating/Healthy Cooking Demonstration/Cookbook

Source: Alfred Street Baptist Church Webpage (August 2023)

Black Church-Telehealth Initiatives

Model 1 – The "Telehealth Clinic"

- Partnership between a Black Church and a local health system or clinic to establish a community-based telehealth clinic
 - Primary and mental healthcare provided
- Non-medical technology and medical equipment
- Medical personnel assistance with technology and healthcare
- Church may provide community health workers to staff front desk
- *Virtual clinic located at a space on the Church's property

Model 2 - A "Designated Telehealth Space"

- Designated space on Church's campus
- Space available to community members
- Non-medical technology, such as computers equipped with videoconferencing software
- Only technical support may be provided by church administrator

Legal Hurdles and Reforms

General

- State Laws on Physician Licensure
- Legal Requirements for Establishing a Physician-Patient Relationship

<u>Specific</u>

- Medical Malpractice Liability
- Religious Limitations on Care / Compelled Disclosures
- Medicare & Medicaid Reimbursement of Telehealth Services
- Privacy & Confidentiality Risks (e.g., HIPAA)

Legal Hurdles and Reforms

General

- State Laws on Physician Licensure
- Legal Requirements for Establishing a Physician-Patient Relationship

<u>Specific</u>

- Medical Malpractice Liability
- Religious Limitations on Care / Compelled Disclosures
- Medicare & Medicaid Reimbursement of Telehealth Services
- Privacy & Confidentiality Risks (e.g., HIPAA)

Mt. Calvary Community Life Center



Located at 1205 Northside Drive in Shelby, N.C.

Community Health Clinic

Monday through Friday from 8:00 a.m. to 4:30 p.m. Call and make an appointment at (704)-487-7784

Common illnesses treated:

Allergies, Asthma, Coughs and colds, Covid-19 testing, Ear pain, Fever, Flu symptoms, Head lice, Headache, Pink eye, Rash, Sore throat, Stomachache, Urinary tract infection.



Source: Mt. Calvary Baptist Church Website (Apr. 2023)

Legal Hurdles and Reforms

General

- State-based Physician Licensure Landscape
- Requirements for Establishing a Physician-Patient Relationship

Specific

- Medical Malpractice Liability
- Religious Limitations on Care / Compelled Disclosures
- Medicare & Medicaid Reimbursement of Telehealth Services
- Privacy & Confidentiality Risks

Legal Hurdles and Reforms

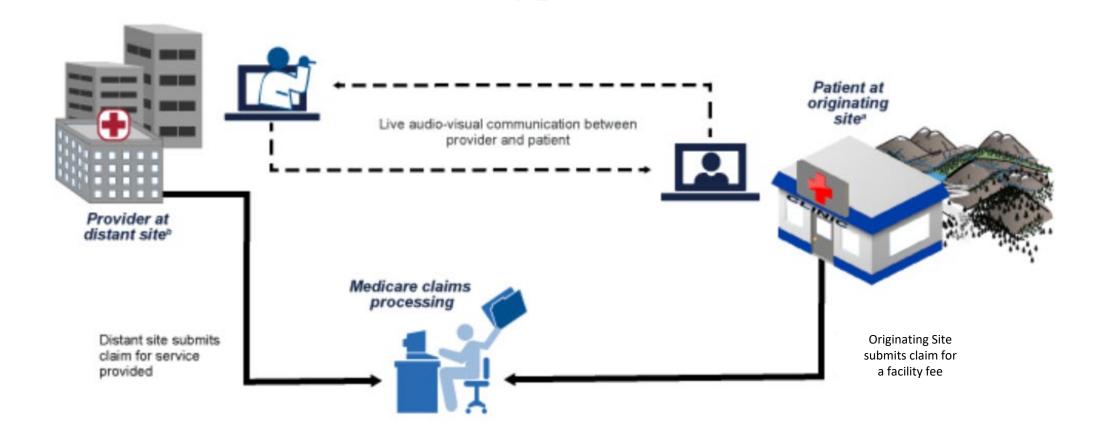
General

- State-based Physician Licensure Landscape
- Requirements for Establishing a Physician-Patient Relationship

Specific

- Medical Malpractice Liability
- Religious Limitations on Care / Compelled Disclosures
- Medicare & Medicaid Reimbursement of Telehealth Services
- Privacy & Confidentiality Risks (e.g., HIPAA)

Medicare Reimbursement: Originating Site Definitions



Source: U.S. GAO - Telehealth

Reimbursement: Medicare Flexibilities

Permanent Changes

- Behavioral/mental telehealth services
 - No geographic restrictions
 - Eligible patients can receive telehealth services in their home

• Temporary Changes

- <u>Non</u>-behavioral/mental telehealth services
 - No geographic restrictions for originating site
 - Eligible patients can receive telehealth services in their home
- These flexibilities were supposed to expire on December 31, 2024
 - 2- year extension to December 2026

Reimbursement: Medicaid Flexibilities

- <u>Several states have broad definitions for qualifying originating</u> <u>sites.</u>
- North Carolina
 - A qualifying originating site is "the location in which the beneficiary is located, which may be healthcare facilities, schools, community sites, the home, or wherever the beneficiary may be at the time they receive services via telehealth, virtual communications, or remote patient monitoring. There are no restrictions on originating sites." <u>NC Medicaid</u> <u>Telehealth Policy.</u>

Legal Hurdles and Reforms

General

- State-based Physician Licensure Landscape
- Requirements for Establishing a Physician-Patient Relationship

<u>Specific</u>

- Medical Malpractice Liability
- Religious Limitations on Care / Compelled Disclosures
- Medicare & Medicaid Reimbursement of Telehealth Services
- Privacy & Confidentiality Risks (e.g., HIPAA)

Black Church-Telehealth Initiatives

Model 1 – The "Telehealth Clinic"

- Partnership between a Black Church and a local health system or clinic to establish a community-based telehealth clinic
 - Primary and mental healthcare provided
- Non-medical technology and medical equipment
- Medical personnel assistance with technology and healthcare
- Church may provide community health workers to staff front desk
- *Virtual clinic located at a space on the Church's property

Model 2 - A "Designated Telehealth Space"

- Designated space on Church's campus
- Space available to community members
- Non-medical technology, such as computers equipped with videoconferencing software
- Only technical support may be provided by church administrator

Research Article

How Do Low-Income Urban African Americans and Latinos Feel about Telemedicine? A Diffusion of Innovation Analysis

Sheba George,¹ Alison Hamilton,² and Richard S. Baker³

¹ Center for Biomedical Informatics, Charles R. Drew University of Medicine and Science, 2594 Industry Way, Lynwood, CA 90262, USA

² Department of Psychiatry, UCLA and VA Greater Los Angeles Healthcare System, 11301 Wilshire Boulevard, Los Angeles, CA 90073, USA

³ College of Medicine, Charles R. Drew University of Medicine and Science, 1731 E. 120th Street, Los Angeles, CA 90059, USA

Correspondence should be addressed to Sheba George, shebaghome@aol.com

Received 13 January 2012; Accepted 31 July 2012

Academic Editor: Yunan Chen

Copyright © 2012 Sheba George et al. This is an open access article distributed under the Creative Commons Attribution which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly ci

Introduction. Telemedicine is promoted as a means to increase access to specialty medical care among the urban underse little is known about its acceptability among these populations. We used components of a diffusion of innovation co framework to analyze preexperience perceptions about telemedicine to assess its appeal among urban underserved Americans and Latinos. *Methods.* Ten focus groups were conducted with African American (n = 43) and Latino par (n = 44) in both English and Spanish and analyzed for key themes. *Results.* Both groups perceived increased and im access to multiple medical opinions and reduced wait time as relative advantages of telemedicine. However, African Ar expressed more concerns than Latinos about confidentiality, privacy, and the physical absence of the specialist. This differe reflect lower levels of trust in new health care innovations among African Americans resulting from a legacy of past abuses i medical system as compared to immigrant Latinos who do not have this particular historical backdrop. *Conclusions.* These have implications for important issues such as adoption of telemedicine, patient satisfaction, doctor-patient interactions, development and tailoring of strategies targeted to each of these populations for the introduction, marketing, and implem of telemedicine.

Acceptability of Telemedicine to Help African American Women Manage Anxiety and Depression

Terika McCall^a, Todd Schwartz^{b,c}, Saif Khairat^{a,b}

^a Carolina Health Informatics Program, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA ^b School of Nursing, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA ^c Department of Biostatistics, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, NC

Abstract

African American women experience rates of mental illness comparable to the general population, however they significantly underutilize mental health services. Past studies have shown that telemedicine is effective, and can be used to increase access to services. To assess the acceptability of using mobile video calls, a web-based survey was launched to solicit response from African American women. The results of this exploratory study (N=102) showed high acceptance of the use of video calls to communicate with a professional to receive help to manage anxiety and depression (> 70% endorsed). Statistically significant associations were found between age and agreement with the use of video calls, with younger women (< 50 years) more likely to indicate acceptance (p's < .05). The findings of this study demonstrated the need for additional research into the use of telemedicine to provide African American women with more accessible and convenient options for mental health care.

Keywords:

Telemedicine, women, mental health

health services at less than half the rate of their white counterparts (10.6% compared to 23.4%) [1]. Among the African American women that reported experiencing mental illness in the last year, 64.2% did not receive any mental health treatment during that time [1]. There are many reasons why African American women may not seek mental health services when needed. Barriers such as stigmatization of mental illness [4,5], less access to treatment, no or inadequate health insurance, mistrust of providers, and low health literacy prevent traditionally marginalized populations from seeking care [5].

Actual and perceived racism and sexism may cause undue stress and lead to increased anxiety or depression in African American women. A study published by Ward & Heidrich [6] found that African American women's preferred coping strategies included praying and seeking medical and mental health care. Taking this into consideration, how do we make mental health services more accessible to this population? The ideal solution would incorporate technology they already have access to, and require minimal education on its use. Telemedicine may be a viable solution. Specifically, the use of mobile video calls to communicate with a professional to

Black Church-Telehealth Initiatives

Model 1 – The "Telehealth Clinic"

- Partnership between a Black Church and a local health system or clinic to establish a community-based telehealth clinic
 - Primary and mental healthcare provided
- Non-medical technology and medical equipment
- Medical personnel assistance with technology and healthcare
- Church may provide community health workers to staff front desk
- *Virtual clinic located at a space on the Church's property

Model 2 - A "Designated Telehealth Space"

- Designated space on Church's campus
- Space available to community members
- Non-medical technology, such as computers equipped with videoconferencing software
- Only technical support may be provided by church administrator

Implications: Potential HIPAA Liability

- Despite the potential benefits, the covered healthcare provider may be discouraged from outsourcing these responsibilities to the Church
 - The provider may be vicariously liable for the Church-business associate's potential HIPAA's violations if the Church is acting as the provider's agent under the Federal common law of agency
 - HHS included this requirement "to ensure, where a covered entity or business associate has delegated out an obligation under the HIPAA Rules, that a covered entity or business associate would remain liable for penalties for the failure of its business associate agent to perform the obligation on the covered entity or business associate's behalf." 78 Fed. Reg. 5566, 5580 (Jan. 25, 2013).

Approaches to minimize the risk of Church and health provider liability?

Black Church-Telehealth Initiatives

Model 1 – The "Telehealth Clinic"

- Partnership between a Black Church and a local health system or clinic to establish a community-based telehealth clinic
 - Primary and mental healthcare provided
- Non-medical technology and medical equipment
- Medical personnel assistance with technology and healthcare
- Church may provide community health workers to staff front desk
- *Virtual clinic located at a space on the Church's property

Model 2 - A "Designated Telehealth Space"

- Designated space on Church's campus
- Space available to community members
- Non-medical technology, such as computers equipped with videoconferencing software
- Only technical support may be provided by church administrator



Questions?