

LC 11 - Crossroad Health Center

Reflection on Service Learning and Social Determinants of Health through the lens of COVID

I. COVID impact on the work of community partners.

Crossroad Health Center typically serves over 11,000 patients per year. With over 12,000 COVID-19 cases in the Cincinnati area, many healthcare centers, including CHC, have faced challenges with health care delivery and meeting their community's needs. COVID-19 has placed a significant stress on CHC; however, over the past 6 months CHC physicians and staff have adopted several changes to meet these challenges.

The first major challenge CHC faced was limited COVID-19 testing availability, which hindered their ability to treat patients safely and provide recommendations for quarantine and contact tracing. As testing capacity improved across the Cincinnati area, CHC was able to test patients in clinic and through a drive-in location; however, determining the best procedure to keep staff and community members safe throughout COVID-19 testing and patient visits has been a continuous challenge. As CHC moved to virtual appointments and online systems for patient visits in order to meet their patient demand and reduce in-patient contact, they faced challenges with technological issues and the newly adopted system beyond the providers' control.

One of the most significant impacts that COVID has had on Crossroads Health Center has been the shift to telehealth. Crossroads was able to offer telehealth appointments to their patients very quickly once the pandemic began. They now offer in person appointments as well, but predict that telehealth will remain an important component of their practice even post-pandemic. This will have a lasting impact on the community that Crossroads serves, since lack of transportation was a major previously identified barrier to care. Fortunately, one study found that patients interviewed after a telemedicine encounter thought that it was sufficient for their primary care needs, and many preferred them to in-person visits¹. Unfortunately, social distancing requirements have restricted Crossroads' ability to offer supplementary support groups such as their tobacco treatment group.

Regarding telehealth appointments at Crossroads, they allow for the same amount of time in appointments, barring technical issues. During this time, providers are still strongly encouraged to complete the same screenings and educations. These include education and screening for nutrition, depression, and substance abuse. Additional screenings that are typically done at Crossroads is based on the FQHC survey about social determinants of health that has been administered since last year, and which we helped administer during that time as well. These screenings include questions on food insecurity, housing insecurity, domestic abuse, and transportation insecurity. Crossroads has been administering these to patients over the phone prior to appointments, with the help of volunteers. This has actually helped expand survey responses to patients beyond those targeted by the initial survey, which was just for medicare and medicaid patients.

The patient population served by Crossroads Health Center is largely composed of those in lower socioeconomic strata, limiting their access to healthcare and economic resources. In addition to these limitations, the patient population is significantly burdened with high rates of common comorbidities, such as obesity, hypertension, and hazardous tobacco use. These are all major risk factors in the development of heart disease, a major cause of mortality in the western world. In an effort to help lower the prevalence of these risk factors and increase access to healthier dietary options, the Crossroads Health Center provided fresh produce in their lobby every Tuesday. Patients and members of the local community had the opportunity to obtain healthier food options to which they normally have limited access. Unfortunately, the COVID-19 pandemic has temporarily halted this program, but the health center is expected to restart the distribution once the pandemic has subsided.

II. COVID impact on the community and clients served by community partners.

Crossroad Health Center primarily services patients who are underserved, minorities, and lack stable jobs and/or transportation. COVID-19 has amplified many of the difficulties that patients of this background face, including racial disparities, limited access to COVID testing, lack of insurance, the tendency of underserved populations to be designated essential workers, and the lack of public transportation.

As we all know, COVID has disproportionately affected racial minorities, who are more likely to be essential workers. African Americans, who make up the majority of patients seen at Crossroad, have been infected at disproportionately high rates. The higher rate of infections in this community further exacerbates the limited healthcare options available as CHC attempts to implement social distancing and reduce the number of patients able to be seen. The move to telehealth may also complicate the ability of underserved communities that CHC serves to access medical care due to the requirement for a computer and internet connection.

The patient population CHC serves is generally those without insurance or with limited financial resources. With as high as one-third of the population in Over-The-Rhine living below the poverty level, these patients were especially adversely affected by the COVID-19 pandemic. If employed, many of these patients were either laid off because there was no option to work from home or had no choice but to continue going to work. Being essential workers in places like grocery stores puts these individuals and their families at a greater risk of contracting COVID-19 and having further financial and medical hardships.

In regards to public transportation, beginning Sunday March 29th, all the local Metro routes began operating on a Saturday schedule, and some of the express routes ceased running temporarily. After two weeks of operating free of charge during the region's efforts to prevent the spread of the coronavirus, Cincinnati Metro began charging fares again Sunday morning after officials said free bus rides encouraged people to take public transit for non-essential trips. The suspension of fare collection was from March 30th-April 11th. However, some services such as the bike share, scooters, and streetcars were temporarily shut down during this time. While the metro was open, the hours of the metros in Cincinnati and Northern Kentucky were scaled back. These may negatively impact CHC patients' ability to reach the clinic and obtain their healthcare needs.

At the beginning of the COVID-19 pandemic, testing was very limited at Crossroad and surrounding medical centers. However, testing has since become more widely available and Crossroad is now able to perform both rapid and PCR testing. The OTR location has been able to convert their second floor into a sick bay for patients who are exhibiting symptoms and require testing. Overall, these changes have made testing more accessible to the population served by Crossroad. Over the past several months they have developed a system that enables patients to be tested safely and quickly, while not sacrificing other services they provide. Although they have made positive changes in regards to their testing capacities, CHC still has challenges in maintaining safety and adequate testing supplies, especially since volunteer groups are working remotely. These hurdles will need to be dealt with in order to continue providing testing and care to their patient population.

III. Students and physicians using our platform to advocate for the needs of our partners and their community.

Since the start of the COVID pandemic, Crossroad Health Center's responsibility to advocate for their patients has become paramount, especially now that appointments are now primarily via telehealth. In order to maintain the same quality of care, physicians can pilot a new protocol to assess patients' ease of access to and reliability of WiFi, and make a note in the patients' charts of how these factors will influence their ability to make their appointments. Additionally, the healthcare team at Crossroad Health Center can provide, via either mail or in person, education materials to their patients regarding how to operate the telehealth software in addition to other technologies which the patients may have had to adjust to (e.g. Webex) as part of the transition to an online way of life. Overall, these methods are one step to ensuring

that patients will still maintain a reliable method in which to attain care that is both easy, affordable, and does not augment or add an additional barrier when receiving care.

Within CRHC, a social determinants of health survey showed that nearly 30% of patients reported ‘food’ as a top need. Volunteer-based programs such as the [COVID Match](#) may address this situation, as well as increased online dissemination of information about food-related resources (i.e. food pantries).

Gathering restrictions associated with COVID-19 have prevented CHC from hosting its weekly Tobacco Treatment Group. Unfortunately, the stress and isolation of the pandemic has likely made it even harder to stay smoke free. A weekly, virtual newsletter based on the goals of each session may provide the support and encouragement patients need to avoid relapse. Healthcare providers can also direct their patients to [smokefree.gov](#), which has smoke free apps and texting programs that can provide immediate support when they experience cravings.

_____ One of the greatest patient needs at Crossroad Health Center is setting up transportation. Many patients do not have personal transportation and thus struggle to find rides to and from the office. As medical students, we can contribute to answering this patient's needs in several ways. First, since a large proportion of patients may be unaware of transportation services provided by insurance companies (such as CareSource) and others designated for public use, we can put together a resource (i.e. flyer, pamphlet, etc.) that lists out these transportation options and the practical steps in using each resource. The small amount of effort required to synthesize this information and large potential benefit for patients makes this a prime means for our learning community to advocate for the patients at CHC. Second, our learning community could set up a volunteer-based transportation service. Currently, CHC utilizes student volunteers (often undergrads) to help patients schedule referral appointments. We could potentially expand this volunteer program to include volunteer pickup and dropoff services for patients that are within a specific driving distance. Lastly, fundraising to pay for patient Lyft, Uber, or other transportation services could also help answer this need and would be achievable by our learning community.

References:

1. Kichloo A, Albosta M, Dettloff K, et al. Telemedicine, the current COVID-19 pandemic and the future: a narrative review and perspectives moving forward in the USA. *Fam Med Community Health*. 2020;8(3):e000530. doi:10.1136/fmch-2020-000530