

Improving Healthcare Access via Community Ties in Houston's Third Ward

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Houston Early Research Experience (HERE)



Introduction

Many inner-city residents in large U.S. metropolitan areas, including Houston's Third Ward, are socioeconomically disadvantaged and experience higher rates of chronic illness and lower rates of healthcare access. This demographic struggles to benefit from telehealth services due to lack of access to technology, private transportation, and/or health and digital literacy. The main objective of this proposed targeted community telehealth program is to leverage the Third Ward's strong communal ties in order to improve healthcare access during periods of isolation or a general lack of access to healthcare.

Proposed Efforts:

- Partnership with a local electronics donation nonprofit organization to allow community health workers (CHWs) to facilitate the televisit process for fellow Third Ward residents with gently used tablets
- Successful telehealth program that motivates residents to schedule virtual visits more frequently
- Facilitated open lines of communication between patients and their primary healthcare providers, thereby providing an effective alternative to in-person care

Background

- The cyclical poverty in **Houston's Third Ward** is driven by several factors, including:
 - **High chronic illness rates** - Rates of diabetes and vision problems are about twice and ten times as high as the national average, respectively.
 - **Transportation inequity** - Less than 43% of residents with incomes of <\$10,000 own a car.
- Although the most cited reason for not seeking medical care is cost, other major reasons included difficulty acquiring transportation or contacting a physician.

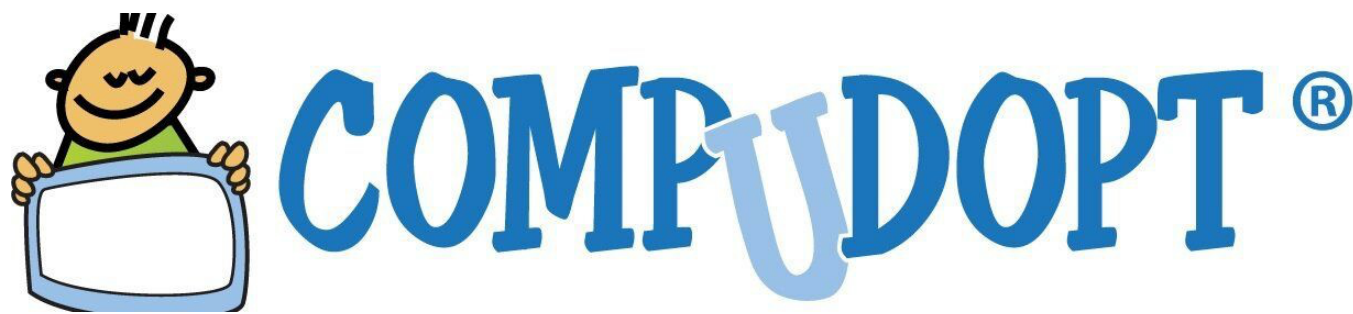
Barrier	Percent
Not able to get to doctor's office	13.35
The cost of health care	37.92
Not able to call the doctor's office or clinic	9.93
Worried about being prescribed medicine	14.46
Waiting too many days for an appointment	16.57
Not finding a doctor or clinic that is open in the evening or on weekends	16.12
Having to take care of household responsibilities	16.11
Having to take time off of work	14.76
Having to wait too long in the waiting room	16.31
Meeting the needs of other family members	15.60

- Despite socioeconomic issues, 78% of Third Ward residents are satisfied with their community culture.
- Telehealth programs have been proven to address community health issues in Minnesota, rural northern Canada, and within the Harris Health System.

Methodology

The Source

- Comp-U-Dopt and/or other willing technology suppliers will be the source of obtaining reliable electronic devices for telehealth services.
- Comp-U-Dopt is a local nonprofit organization that collects donated computers and loads them with educational software for students.
 - 2,314 computers were successfully distributed in 2019.
- The executive director has tentatively agreed to serve as a project partner.



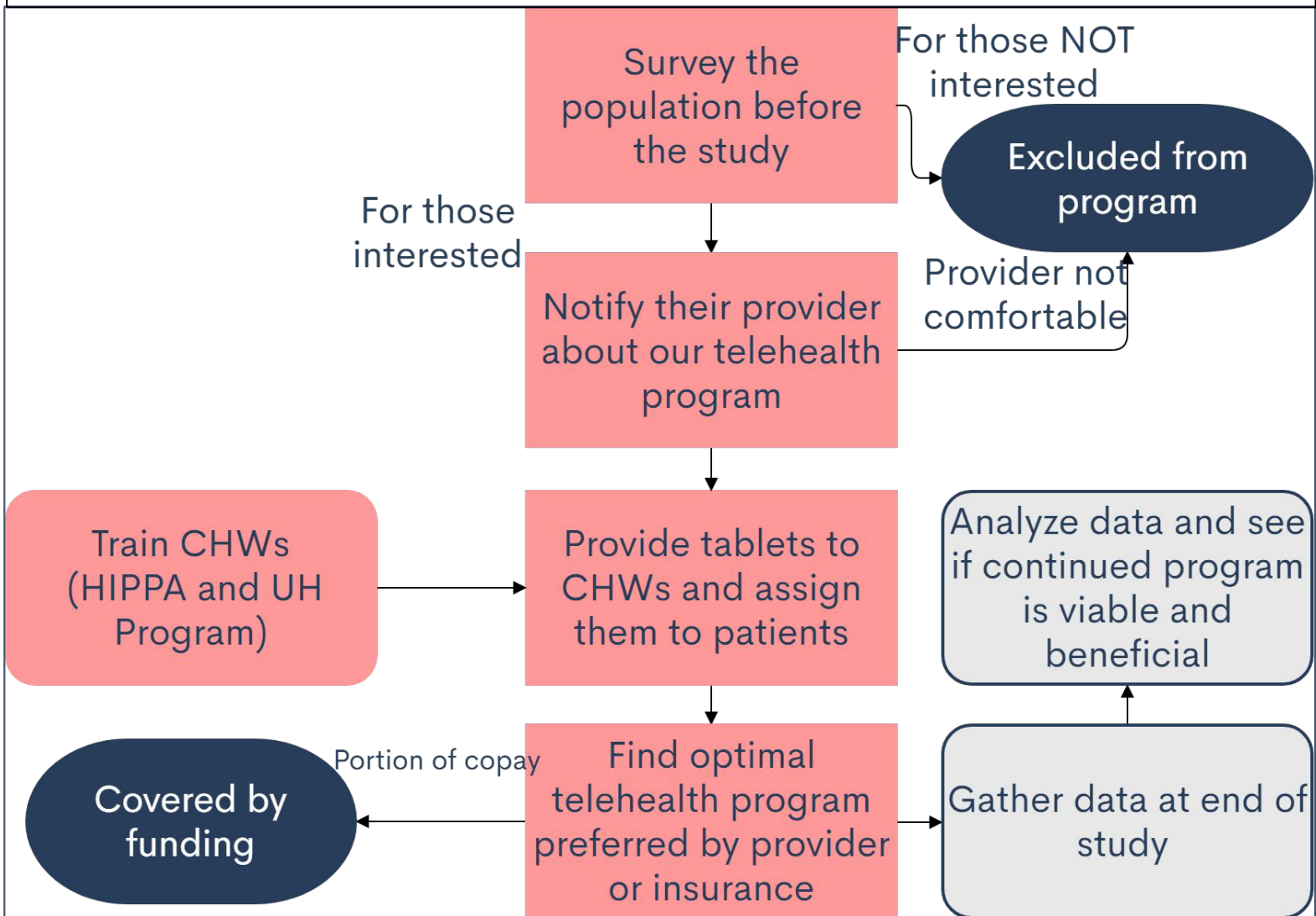
The Link

- Community health workers (CHWs) are drawn directly from the population they serve, thus bridging sociocultural gaps and alleviating disparities.
- The University of Houston already has a robust CHW certification program and network that works with the Third Ward.
- For this study, CHWs of Third Ward would maintain their community's supply of tablets and help residents with televisits as needed, thus leveraging the Third Ward's strong community ties.

UNIVERSITY of HOUSTON

#Trust CHW

COMMUNITY HEALTH WORKERS INITIATIVE



Outcomes

- **A successful telehealth infrastructure should:**
 - Increase telehealth visits
 - Increase rates of reported chronic illness
 - Encourage communication between healthcare providers and patients
 - Accommodate special circumstances
- **How will success be evaluated?**
 - Collect data on the median number of primary care provider (PCP) visits before study
 - Follow up on the median frequency of PCP visits after telehealth is introduced
 - Collect standard surveys to evaluate patient and physician satisfaction with telehealth visits

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