

## UCCOM and Crossroad Health Center Service-Learning Project

### I: Mission of Crossroad Health Center and the Impact of COVID

Crossroad Health Center (CHC) is a community medical center that was founded in the Over the Rhine Community (OTR) in 1992 and has since expanded to serve the greater Cincinnati region. It is a Federally Qualified Health Center providing low-cost primary care to ~11,000 adult and pediatric low income, often uninsured patients. This care includes health screenings, family planning, chronic disease maintenance, and mental health care. CHC's mission is to provide compassionate, comprehensive care to better both individual patient health and to have a positive impact on the wellness of the community.<sup>1</sup>

The COVID-19 pandemic is an unprecedented time for medical providers and patients alike, and its impact was felt at CHC. Providers were unable to see patients in-person, negatively impacting the health outcomes of OTR community members that rely on the center for crucial services best administered via direct physician contact (vs. telehealth) such as physicals, OBGYN care, and some psychiatric/mental health services. Additionally, CHC functions as a focal point for community gatherings and social activities; without these, residents were unable to interact with one another, further negatively impacting mental health and weakening overall community ties.

Moreover, COVID has been shown to disproportionately affect communities of color and of low socioeconomic status,<sup>2</sup> which describes much of CHC's patient population. According to the Cincinnati.gov website, as of August 2020, the two zip codes primarily served by CHC have seen 2700 cases, 63.5% of which were in non-white residents.<sup>3</sup> All those affected needed access to healthcare providers to manage acute complications of COVID and ongoing post-prandial symptoms, but with CHC at a decreased functional capacity, residents have been forced to turn to other less affordable and less accessible healthcare outlets. This is all occurring in the setting of a generalized mistrust of the medical system due to its chronic lack of support and/or outright mistreatment of marginalized and/or minority patient populations. Moreover, vaccine hesitancy due to a combination of this mistrust, a lack of access to up-to-date information, and a spread of misinformation among OTR residents has contributed to ongoing community battles with COVID.

When looking at the COVID-19 pandemic's effect on the OTR community, particularly early on, many of the public spaces and facilities that are used for health maintenance have been unavailable to the clients served by CHC. This includes recreational facilities, gyms, community centers, and other resources that many members likely used to maintain some level of exercise. This, coupled with already existing inequities with access to fresh and healthy food sources has further contributed to the health disparities seen in this community. As well, other avenues of personal care have been impacted. This includes difficulty engaging in activities associated with mental health and wellness due to certain restrictions associated with the pandemic. Social distancing and COVID requirements shut down many important support systems such as the Freestore Foodbank, CHC, local churches etc. From our conversations with OTR residents, these community centers are the backbone of the community, and residents rely on them for much needed access to food, healthcare,

and social support networks. This has had a direct impact on the mental health of many residents, making them feel isolated by preventing interaction with their community.

Unfortunately, COVID-19 has also dramatically affected the financial ability of CHC's patients to access critical healthcare services--with layoffs in and shutdowns bringing the service industry to a halt, there were far fewer resources to be spent on healthcare. Households also found themselves with additional new costs due to the pandemic, buying masks, cleaning supplies, and increasing household stockpiles when possible in the face of massive supply shortages. Public transit, often the main form of transportation for CHC patients, has become a vilified form of disease transmission, and patients already struggled to afford other transportation options. This all compounded to reduce both the patient's ability to get to and afford care, hindering CHC's ability to serve the community.

Given CHC's community focus and person-driven mission, interacting through virtual formats presented difficulties in properly connecting with the OTR community that CHC serves. Without being able to interact with CHC patients in-person, it was difficult to accurately assess their strengths, needs, and unique character. Our group completed interviews with members of CHC and the OTR community to try to do so; however, virtually conducting such interviews prevented our LC from gaining crucial context regarding the OTR community and daily life during the COVID-19 pandemic. Furthermore, not being able to interact in-person with CHC impaired the implementation and follow-up on our project. A reliance on increased virtual communication created an undue burden on the part of CHC staff and on our group to ensure the project's completion and has hindered adequate collection of follow-up metrics and project impact. Considering this, our project's digital media nutritional and wellness resources hopefully will enable CHC to continuously positively impacting their patient population.

## II: Advocating for the Needs of the Community

The Over the Rhine (OTR) community has and is undergoing revitalization/gentrification that has resulted in residents and businesses being displaced. The affected community members have begun to be pushed out of their neighborhoods and can no longer afford to live or operate in OTR. While the community has grown economically, many of the original residents have not benefited from that growth due to poor socioeconomic mobility, leaving many residents struggling financially and unable to find affordable housing. Additionally, community members lack access to accessible and affordable healthcare and food options. This is coupled with a hesitancy to seek out available community resources in fear of discrimination, and the effects of all of this are evident at CHC with many OTR community members presenting with chronic conditions including diabetes, hypertension, and high cholesterol. The COVID-19 pandemic has disproportionately affected the OTR community due to these underlying chronic health conditions. Moreover, as families have lost sources of income and cannot afford food, healthcare and/or other necessities, CHC providers have noticed worsened diets, exacerbated chronic health conditions, and declining mental health, all contributing to a reduction in the wellness of the OTR community.

One of the important first steps in being an effective patient advocate is being informed and understanding the needs that a specific patient or patient population may have. Once these needs are recognized, advocates can work collaboratively with other

organizations in the community to form a more collective system to help meet these needs. Additionally, there may not be enough existing resources to meet these needs, so medical providers can also promote change on a policy level that expands access not only to affordable and equitable healthcare, but also to healthy foods, affordable housing, transportation, and education.

Our project had a focus on nutritional wellness, and we found that to directly address the patient population's battles with food insecurity, resources must address the various factors that contribute to the problem. Notably, CHC patients face limitations in access to nutrition due to lack of transportation and few affordable grocery options in the area. It may be valuable for the CHC to partner with local OTR organizations such as the Freestore Foodbank to have onsite instructions for accessing free food products. Furthermore, it may be helpful to have resources for access to low-cost transportation options, including public transport, with routes that run to foodbanks and grocery stores in the OTR area. Other transportation resources should target routes to and from local healthcare sites including CHC and local pharmacies. A few Cincinnati-based advocacy groups that could directly address some of these needs via a policy-based collaborative effort with CHC are the Affordable Housing Advocates, the Cincinnati Youth Collaborative, the Better Bus Coalition, and the Greater Cincinnati Regional Food Policy Council.

A final consideration to make is before allocating additional resources to combatting the medical and socioeconomic burdens the OTR community faces, it's important to recognize the limitations that new initiatives can face. While creating new targeted programs and cross-organization collaborations may provide relief in the short-term, there is a risk of being discontinued long-term due to budgetary concerns or political policy changes. Along with these higher-level initiatives, we believe that a more direct route to benefitting OTR residents is supporting local established community partners, like CHC, which have been ingrained in the community. The most direct means of benefitting these groups is to create sustainable, easily accessible, and inclusive multimedia educational resources for individuals and families. Furthermore, much of the educational content that can be provided to the community, such as information on how poor diet options can lead to worse financial and health outcomes or how to find healthier food options, does not have the risk of becoming deprecated over time. Thus, a two-pronged approach of supporting city-wide multi-organization collaborations to address community needs and providing direct support for OTR-based community partners to improve the health and educational status of those they serve is the ideal strategy for the OTR community.

1. *Crossroad Health Center*. 2020. Retrieved April 22<sup>nd</sup>, 2021 from <http://www.crossroadhc.org/>

2. <https://www.cincinnati-oh.gov/health/covid-19/cincinnati-covid-19-case-tracker/>
3. Fortuna LR, Tolou-Shams M, Robles-Ramamurthy, Porche MV. Inequity and the Disproportionate Impact of COVID-19 on Communities of Color in the United States: The Need for a Trauma-Informed Social Justice Response. *Psychological Trauma Theory Research Practice and Policy*. 2020;12(5):443-445