



## **ACCESS TO HEALTHCARE / MENTAL HEALTHCARE**

**by**

### **Healthcare Immersion Team 2020**

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### **Introduction**

With the Affordable Care Act (2010) and Virginia's expansion of Medicaid (January 1, 2019), some may think challenges related to healthcare access in Virginia are a thing of the past. The reality is that Virginia's safety net--organizations providing care to the uninsured and medically underserved--are doing more than ever before (Virginia Healthcare Foundation Annual Report, 2019).

Virginia's health safety net includes free clinics and charitable clinics; community health centers; and other key safety net providers such as health departments. In just free clinics alone, 45,380 uninsured patients were treated in FY19.

### **Scope of Immersion: Journey**

We learned most of the uninsured have at least one worker in the family and that people from marginalized communities are at a higher risk of being uninsured than non-Hispanic Whites. We were compelled to learn more. Why are they uninsured? Where do they go for healthcare? What can be done to expand their access to healthcare?

### **Research**

Our first interview was Julie Bilodeau, CEO with CrossOver Healthcare Ministry, a safety net clinic providing healthcare to uninsured and medically underserved patients. The majority of their patients are immigrants and many are resettled refugees.

One of Julie's quotes was eerily prophetic, as we have come to learn in our current coronavirus (COVID-19) pandemic: "You want [the uninsured] to have good healthcare, from a public health perspective. They shop with you, go to church with you...we all breathe the same air."

Our second interview was with Debbie Oswalt, executive director of the Virginia Healthcare Foundation. The Virginia Healthcare Foundation is a state-wide, public/private partnership helping uninsured Virginians and those who live in underserved communities receive medical, dental and mental health care.

The third interview was with Dr. Gabriella Caldwell-Miller with Hanover Behavioral Health Services. She sometimes refers clients to free clinics such as CrossOver.

A fourth interview with Dr. Cleo Booker with the Virginia Department of Medical Assistance Services (DMAS) provided a perspective from service providers.

## **Findings**

### **Needs/Problems/Issues**

1. The majority of CrossOver's low-income uninsured patients are immigrants.
2. There are policies that prohibit/discourage people from signing up for Medicaid.
3. Basic dental care is not covered under Medicaid.
4. At the end of 2019, there were still 40,000 uninsured in Greater Richmond area.
5. Even those with insurance may be "functioning uninsured"; unable to afford deductibles.
6. There are huge shortages in Behavioral Health professional field.
7. Those with serious mental illness live approximately 25 fewer years than the average population.
8. Science is showing us brain scans of those who have lived in poverty all their life reveal the same type of trauma experienced by war veterans.
9. It is important to treat the whole person: both physically and mentally.
10. CrossOver has seen a decline in volunteers.

We began exploring ways to increase the capacity of the free clinics to serve clients, such as tapping into ready-made groups of medical professionals, use of technology, and raising awareness.

### **Key Learning Points**

Our research highlights the healthcare access dilemma Virginia faces, but COVID-19 seems to have accentuated our key findings.

- For many, employment is tied to health insurance and this means thousands of people will lose their coverage.
- The pandemic shows the inefficiency and inequity of our system.
- COVID-19 has exposed and exacerbated shortages in the healthcare profession.
- The most vulnerable populations have already suffered the brunt of COVID-19, but we are all affected.
- The impact of the pandemic is both psychological and physical.

Policymakers must not only figure out how to sustain safety net clinics during the current crisis, but provide support well after to ensure a more stable delivery of service.

## **Recommendations and/or Calls to Action**

- Op Ed piece in the *Richmond Times-Dispatch* related to recruitment
- Letters to elected officials
- Survey of retired medical professionals
- Survey of current CrossOver/other clinic volunteers
- Identification of common challenges and benchmark for best practices to address these challenges to be shared with case study organizations as a “toolkit”
- Public relations campaign to raise awareness of need for volunteers

## **Interviews**

- Julie Bilodeau, *CEO, CrossOver Healthcare Ministry*
- Debbie Oswalt, *Executive Director, Virginia Healthcare Foundation*
- Dr. Gabriella Caldwell-Miller, *Hanover Behavioral Health Services*
- Dr. Cleo Booker, *Virginia Department of Medical Assistance Services (DMAS)*

## **Additional Sources**

- Kaiser Family Foundation
- Virginia Healthcare Foundation
- [The Half Sheet: Blog of the Commonwealth Institute](#)