

Health disparities lecture

Numerous issues to discuss- mental health, uninsured and underinsured, access to nutritional food, medical gaslighting and discrimination, education and literacy and understanding, rural community access to care, disability status, veterans health,

Thank you for allowing me to speak with you today about healthcare disparity issues here in the United States. I am Dr. Amelia Kenyon. I am a registered nurse with an extensive background in education and training, and I am very happy to be here with all of you this evening.

Tonight I want to touch on a few items in regard to what we call “healthcare disparities.” The CDC defines these as “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.” These disparities are cause for many of the health issues we see today, and I want to touch on several of them with you tonight.

One of the first disparities that we often see is those that are either not insured at all, or those that are underinsured, and that includes those that are on Medicaid. Medicaid is our equivalent to low-income insurance for those who need additional help and care such as a 45 year old Down’s syndrome person.

The uninsured are those individuals who lack any form of health insurance coverage. They often face substantial barriers to accessing medical care, including preventive services and treatments for illnesses or injuries. On the other hand, the underinsured are those who have some form of health insurance but still face financial burdens due to high deductibles, copayments, and other out-of-pocket expenses. Despite having coverage, these individuals may struggle to afford necessary medical care, leading to delays in treatment or even forgoing it altogether.

So, why does this issue persist in the United States? There are several contributing factors:

Cost of Health Insurance: The rising cost of health insurance premiums has made coverage unaffordable for many individuals and families, especially those with lower incomes. As a result, they are forced to go without insurance or opt for plans with limited coverage, leaving them vulnerable to high medical expenses. Private pay insurance for a family of four can cost as much as \$2000 per month out of pocket. Most people do not have this type of money available to pay for this.

Employment-Based Coverage: Historically, many Americans have relied on employer-sponsored health insurance for coverage. However, with the changing landscape of employment and the rise of the gig economy, not everyone has access to employer-provided benefits, leaving a significant portion of the workforce uninsured or underinsured.

Coverage Gaps: Certain populations, such as young adults aging out of their parents' insurance plans, immigrants, and individuals transitioning between jobs, often experience gaps in

coverage, increasing their likelihood of being uninsured or underinsured during these transitions.

Medicaid Expansion: While the Affordable Care Act (ACA) aimed to expand Medicaid coverage to low-income adults, not all states have chosen to expand their Medicaid programs, leaving many individuals in the so-called "coverage gap" - earning too much to qualify for Medicaid but too little to afford private insurance.

Even with insurance, many patients face high costs when they find out that their medical claim was denied for opaque reasons; some have found that their claim was denied because an AI computer did the denial and not an actual human being. Companies such as United Healthcare defend the use of AI, as they claim that their providers are overwhelmed and do not have the time to look at every single file. Some lawsuits have had testimony from nurses and doctors who admit that they only looked at a file for 30 seconds before denying a claim. These denials create more work for the patient and the provider as they have to continually call to have another examination and providers may have to request a peer to peer review in order to get their patient's required needs met. This is extremely costly and wasteful.

The other problem with Medicaid is that many providers have started to refuse to take any Medicaid patients. The reasons for this are state-level reimbursement rates and costs of red tape affect provider willingness to accept Medicaid patients. In other words, the providers lose money when they accept Medicaid patients, and so many are now just refusing to take them altogether. Some lawmakers have proposed creating laws that require providers to accept Medicaid, but many providers say they will go to a cash only model if this is required of them.

The consequences of being uninsured or underinsured are significant and far-reaching. Not only does it result in poorer health outcomes for individuals, but it also places a strain on our healthcare system as a whole. Preventive care often takes a backseat, leading to more serious health conditions that could have been avoided with timely intervention. Moreover, when uninsured individuals do seek medical care, they often rely on emergency rooms, which drives up healthcare costs for everyone.

Addressing the issue of underinsured and uninsured individuals requires a multifaceted approach. This includes policies aimed at making health insurance more affordable, expanding access to coverage, and investing in preventive care and public health initiatives. Additionally, efforts to address social determinants of health, such as poverty, education, and access to healthy food and safe housing, are essential in reducing disparities in healthcare access and outcomes. Another option that is coming to the forefront is the creation of "Membership Medicine" where individuals pay a reasonable monthly fee and are able to see a provider regularly, have regular tests, and can even purchase medications at an affordable price directly from the provider. This model is starting to take off in the United States, and there are even several organizations that are using this model here in West Michigan.

Our next issue to examine is the medical treatment of women, and this goes for women of any size, shape, or color. Numerous studies have shown that women are often mistreated by providers. And this includes maltreatment by both male and female providers.

Today we look at things such as foot binding, or genital mutilation as barbaric. Something that we arrest people for who do these things in the Western world. However, there are still doctors today who believe that colposcopies for instance (ie the scraping of the cervix to check for cancer cells) is “painless.” Yet many women report unbearable pain with this procedure. The American Cancer Society on it’s website today still says this: “According to the American Cancer Society, a colposcopy is no more painful than other exams that use a speculum. A person may experience a few days of light pain that may be similar to period pain. They may also feel a tingling sensation during the procedure due to the liquid that enters the cervix.” Yet many women on social media report pain so bad that they pass out. And there is no pain relief offered nor are they offered to be anesthetized before the procedure either. Some women have reported that they have had a better experience with a female OBGYN for these procedures, but many still have the same experience. Similar experiences are also reported for IUD insertion and removal.

Studies also show that Black women are three times more likely to die from a pregnancy-related cause than White women. Multiple factors contribute to these disparities, such as variation in quality healthcare, underlying chronic conditions, structural racism, and implicit bias. Black women are labeled as hysterical and dramatic when they report issues. Many also do not have full access to maternity care during their pregnancy and this can also cause poor outcomes.

Women are also much more likely than men to report to their providers with vague symptoms of fatigue, stress, anxiety, and their lab readings are all “normal,” and doctors may not know how to treat them. This leads to many women medically gaslit. Medical gaslighting is where a provider will dismiss the concerns of the women and tell her “it’s all in your head,” and basically write the woman off. They refuse to do additional tests and send the woman on her way. This has been extremely harmful, as, for example, women have reported with a racing heart and chest pain to be diagnosed with “anxiety” only to later be told they were in fact, having a heart attack. Medical gaslighting is real and happens frequently. Many doctors don’t want to admit that they are unable to find something wrong and make a referral. Sometimes specialists are able to find something that a regular provider is not. This narcissistic behavior from providers is extremely concerning, and women should be able to trust their healthcare providers when they are sharing concerns.

Women may feel pressured into medical interventions or procedures without fully understanding the risks, benefits, or being offered alternatives. This lack of informed consent can lead to feelings of violation and loss of autonomy over their own bodies. It also leads to further distrust of the medical profession by these women. Some may lose hope and commit suicide, in extreme cases.

Addressing the mistreatment of women in medical care requires a comprehensive and systemic approach. This includes:

Education and Training: Healthcare providers must receive training on gender-sensitive care, cultural competence, communication skills, and informed consent to ensure that all patients receive respectful and equitable treatment.

Policy Changes: Healthcare institutions and professional organizations should implement policies and guidelines to promote gender equity, diversity, and inclusion within their practices and address structural barriers to care.

Empowering Patients: Women should be encouraged to advocate for themselves, ask questions, and seek second opinions if they feel their concerns are not being addressed or respected by healthcare providers.

Community Engagement: Building trust and partnerships with diverse communities is essential in addressing healthcare disparities and ensuring that women's voices and experiences are heard and valued in shaping healthcare policies and practices.

Minority patients also often experience numerous health disparities. Despite advancements in medical science and efforts to promote health equity, racial and ethnic minorities continue to experience significant disparities in access to healthcare, quality of care, and health outcomes.

It's important to recognize that these disparities may not be intentional, but are often the lack of education and training by healthcare providers.

Historically speaking, there was much discrimination, segregation, and unequal access to resources have created systemic barriers that disproportionately affected minority communities. This included disparities in education, employment, housing, and access to quality healthcare services. The civil rights movements during the 60s helped to improve this significantly, but some remnants remain today, in particular in the Southern United States.

It is suggested that Implicit Bias may also play a role, but some experts believe this is not necessarily the case. Healthcare providers, like any person, may hold unconscious biases and stereotypes that influence their decision-making and interactions with patients. These biases can lead to disparities in treatment recommendations, diagnostic accuracy, and the quality of care provided to minority patients. Examples of some biases would be “all women are bad drivers” or “anyone who rides a motorcycle is in a gang and kills people” or whatever the bias may be. You even hold some of these yourselves! Yes biases may play a role, but the chances are, there is a serious lack in cultural training and awareness, and this is often where the problem may lie.

Lack of cultural training in medical and nursing programs is an issue across the board. Cultural language barriers, cultural differences, and mistrust of the healthcare system can hinder

effective communication and shared decision-making between minority patients and healthcare providers, leading to suboptimal care and outcomes. When healthcare providers are not properly trained on working with patients of different cultures and backgrounds, this can lead to serious issues. For example: a male provider walks into a Muslim woman's room and attempts to shake her hand when he introduces himself. What did he do wrong here? Why is this wrong in this woman's culture? Should she even have a male provider?

There is also language barriers with minority patients as well. Having and hiring translation services for accurate translation is a must-have of any healthcare organization. Without proper communication, there is no possible way to have good outcomes for any patient who does not or cannot speak the same language as you.

Socioeconomic Factors: Minority communities are more likely to experience poverty, food insecurity, lack of health insurance, and limited access to transportation, all of which contribute to disparities in health outcomes.

So, what do these disparities look like in practice?

Minority patients are more likely to face barriers in accessing healthcare services, including primary care, specialty care, and preventive services. This can result in delayed diagnosis and treatment of medical conditions, leading to poorer health outcomes.

Studies have consistently shown that minority patients receive lower-quality care compared to their white counterparts, even when controlling for factors such as insurance status and income. This includes disparities in the management of chronic diseases, surgical outcomes, and pain management.

Minority patients experience higher rates of chronic diseases, such as diabetes, hypertension, and certain cancers, as well as higher mortality rates from these conditions. Often this is due to lack of access to quality foods and nutrition, which we will discuss shortly. Additionally, minority women are more likely to experience pregnancy-related complications and maternal mortality.

Mistrust of the healthcare system due to historical injustices and negative experiences of discrimination can undermine minority patients' trust in healthcare providers and institutions, leading to lower rates of adherence to medical recommendations and decreased satisfaction with care. Minorities have been used countless times for unethical medical studies that have been done on them, and this has led to a horrific mistrust among minority patients and healthcare providers.

Addressing medical disparities among minority patients requires highly detailed approach.

Healthcare providers must receive training on cultural competence, humility, and sensitivity to diverse patient populations to ensure respectful and effective communication and care delivery. IMHO, this should be a required class in all medical and nursing schools today.

Healthcare institutions should implement policies and programs aimed at promoting health equity, including increasing diversity in the healthcare workforce, providing culturally and linguistically appropriate services, and addressing social determinants of health.

Engaging with minority communities in collaborative decision-making, health education, and outreach efforts can help build trust, improve health literacy, and address barriers to accessing care.

Policymakers must prioritize policies that address the root causes of health disparities, such as poverty, racism, and lack of access to healthcare, through investments in social welfare programs, equitable distribution of resources, and enforcement of anti-discrimination laws.

Major lack of access in rural communities: While advancements in medical technology and healthcare delivery have transformed many aspects of modern medicine, rural areas continue to face significant challenges in accessing timely and quality healthcare services.

Firstly, let's understand the scope of the problem:

Rural communities are often located far from urban centers where healthcare facilities and specialists are concentrated. This geographic isolation poses significant challenges for residents, particularly those with limited transportation options or mobility issues. If you're interested there are several documentaries out that discuss rural areas in the Appalachian mountain and Ozarks and other locations that go into great detail of many patients who need help and have to travel extensively to see doctors in makeshift medical clinics that may only come to their areas a few times a year. This may be the only chance or opportunity that some of these patients may have to see a doctor, without an extensive visit to an emergency room hundreds of miles away.

Rural areas frequently experience shortages of healthcare providers, including physicians, nurses, and specialists. Healthcare providers often choose to not work in rural areas. This scarcity can result in long wait times for appointments, limited availability of services, and gaps in healthcare delivery.

Many rural communities lack adequate healthcare infrastructure, including hospitals, clinics, and diagnostic facilities. In recent years many rural healthcare systems have had to close their doors due to lack of funding and support. This forces residents to travel long distances to access basic medical care or undergo diagnostic tests and treatments.

Rural communities often have lower median incomes and higher rates of uninsured individuals compared to urban areas. As a result, residents may struggle to afford healthcare services, medications, and health insurance premiums, further exacerbating barriers to access. When it costs someone \$150 to see a doctor and this is their food budget for the month, they will forego seeing a doctor. On top of that they also have high travel costs to see a doctor 2-3 hours and hundreds of miles away from where they are located.

So, what are the consequences of these challenges?

Due to limited access to healthcare services, residents of rural communities may experience delays in diagnosis and treatment of medical conditions. This can result in poorer health outcomes and higher rates of preventable complications.

Rural populations are more likely to experience higher rates of chronic diseases, such as diabetes, heart disease, and certain cancers, compared to their urban counterparts. These disparities are often exacerbated by barriers to access to preventive care and disease management services, as well as access to good quality food and nutritional services. There is even a section of the United States the CDC has dubbed the “Diabetic Belt” which stretches from the Appalachian Mountains down through Texas.

Rural communities often face challenges in accessing emergency medical services, particularly during critical situations such as accidents, trauma, or medical emergencies. Longer response times and limited availability of emergency care facilities can have life-threatening consequences.

The lack of access to healthcare in rural communities can have broader impacts on residents' overall well-being, including mental health, economic stability, and quality of life. Health-related concerns may also contribute to population decline and economic stagnation in rural areas.

Addressing the lack of access to healthcare in rural communities is going to require some serious changes.

One way to start doing this is by leveraging telemedicine technologies can help bridge the gap in access to healthcare services by providing virtual consultations, remote monitoring, and telemedicine-enabled specialty care to rural residents. Telehealth is still a new frontier, and some older patients may not trust it, however, so working with patients to help them with this new technology will be a key ingredient in ensuring success for these programs.

Investing in the development and expansion of healthcare infrastructure in rural areas, including hospitals, clinics, and primary care centers, can improve access to essential medical services. We will need funding for these. We must get lawmakers on board to realize the critical need of these shortages and that we must be able to have access to healthcare for all people in the US. Policymakers at the local, state, and federal levels should prioritize policies and funding initiatives that support access to healthcare in rural communities, including expanding Medicaid coverage, funding rural healthcare programs, and supporting telehealth reimbursement policies.

Initiatives aimed at recruiting and retaining healthcare professionals in rural areas, such as loan repayment programs, incentives for rural practice, and telemedicine training, can help address healthcare provider shortages. Student loan repayment programs have been a huge help in obtaining and helping with providers and nurses to relocate to rural areas to help with these needs. The problem is, is that when the contract is up, many of these providers choose to leave

for more urban areas and for higher pay. Increasing pay for these rural placements can help to retain healthcare professionals here.

In the United States, we struggle to provide adequate and appropriate mental health care. Despite growing awareness and advocacy efforts surrounding mental health, significant disparities persist in access to and quality of mental health care, leading to inequities in outcomes and well-being.

Let's delve into the landscape of mental health disparities in the United States:

Mental health disorders, including depression, anxiety, bipolar disorder, and schizophrenia, affect individuals of all ages, races, genders, and socioeconomic backgrounds. However, certain populations experience higher rates of mental illness due to various factors, including socioeconomic disadvantage, trauma, discrimination, and genetic predisposition. Mental illness is still a relatively unexplored field of medicine and healthcare. Many patients often will present with more than one diagnosis and this can be difficult to treat.

Mental health care remains a significant challenge for many Americans, particularly those from marginalized communities. Factors such as lack of insurance coverage, shortage of mental health providers, transportation barriers, and stigma surrounding mental illness can hinder individuals from seeking and receiving timely and appropriate care. Stigma keeps many people from seeking mental health care. Oftentimes, patients will self-medicate with drugs and alcohol to treat their mental illness leading to co-occurring disorders on top of the mental illness. Many must detox before they can receive mental health treatment because they have self-medicated for so long. This is especially true of the elderly who often self-medicate with alcohol.

Studies have consistently shown disparities in mental health care access and outcomes among racial and ethnic minority groups. African American, Hispanic, Native American, and Asian American individuals are less likely to receive mental health treatment compared to their white counterparts, despite experiencing similar or higher rates of mental illness. This disparity is exacerbated by cultural stigma, language barriers, discrimination, and mistrust of the healthcare system. It is still very taboo in some minority cultures to admit that you are “not quite right” and need help.

Socioeconomic factors play a significant role in mental health disparities. Individuals with lower income levels and limited access to resources are more likely to experience stress, trauma, and adverse life events, which can increase their risk of developing mental health disorders. Additionally, financial barriers, such as high out-of-pocket costs for mental health services and lack of insurance coverage, further exacerbate disparities in access to care.

While mental illness can affect individuals of all genders, certain gender-specific factors contribute to disparities in mental health care. Women are more likely to experience mood and anxiety disorders, while men are more likely to die by suicide. However, societal expectations of masculinity may discourage men from seeking help for mental health issues, leading to

underdiagnosis and undertreatment. Many men will also choose to forego seeking mental health treatment because the treatment for this is medication, and many of these medications can cause erectile dysfunction. Men have reported stopping treatment, because for them, having sex is more important than treating their mental illness.

So, why do these disparities persist, and what can be done to address them?

Combatting stigma surrounding mental illness is crucial to promoting help-seeking behaviors and increasing access to care. Education, awareness campaigns, and destigmatizing language can help challenge negative attitudes and perceptions surrounding mental health. It is incredibly important that providers are aware of stigmas and encourage patients to still seek help even if they are fearful of being ostracized in their community or home.

Integrating mental health services into primary care settings can improve access to mental health care, particularly for underserved populations. Collaborative care models that involve primary care providers, mental health specialists, and community resources can enhance coordination and effectiveness of care.

Going back to cultural awareness, it is incredibly important that healthcare providers must receive training on cultural competence and humility to effectively address the needs of diverse populations. Culturally tailored interventions, language assistance services, and community-based approaches can help bridge gaps in access to mental health care among minority groups.

Lawmakers should prioritize policies that expand mental health coverage, increase funding for mental health services, and address social determinants of mental health, such as poverty, homelessness, and access to affordable housing and employment opportunities.

Engaging communities in mental health promotion and advocacy efforts can empower individuals to seek help, reduce stigma, and advocate for policies that address mental health disparities. Peer support groups, community-based organizations, and grassroots initiatives play a crucial role in promoting mental health awareness and resilience.

There is also a need for more treatment options for those who have chosen to self-medicate. There are very few places for patients to go for detox treatment in a medical environment, and this further exacerbates the need for patients to be able to get appropriate mental healthcare treatment.

Education and literacy levels have a profound impact on individuals' health outcomes, shaping their ability to access healthcare services, understand health information, and make informed decisions about their well-being.

Let's delve into the complex relationship between education, literacy, and health disparities:

Numerous studies have shown a strong correlation between educational attainment and health outcomes. Individuals with higher levels of education tend to experience better overall health, lower rates of chronic diseases, and longer life expectancy compared to those with lower levels

of education. This relationship can be attributed to several factors, including greater access to healthcare, higher income levels, healthier lifestyle behaviors, and improved health literacy.

Health literacy refers to an individual's ability to understand and navigate health information, make informed decisions about their health, and effectively communicate with healthcare providers. Low health literacy is associated with poorer health outcomes, increased healthcare costs, and higher rates of preventable diseases. Individuals with limited health literacy may struggle to understand medication instructions, interpret medical forms, or navigate complex healthcare systems, leading to delays in seeking care and suboptimal treatment adherence. However, some people who are illiterate can put on a presentation that they are able to read and write. This can cause all kinds of problems in healthcare settings, which we'll get to in just a few minutes.

Education and literacy levels are closely intertwined with socioeconomic status, with individuals from lower-income households and marginalized communities being disproportionately affected by educational and literacy health disparities. Economic barriers, limited access to educational resources, and systemic inequalities contribute to disparities in educational attainment, perpetuating cycles of poverty and poor health outcomes. Many of these folks with lack of education and literacy are also severely disabled and are unable to make decisions for themselves. Oftentimes they may be neglected by family or guardians who are unsure as to how to help them or care for them. In some cases, medical providers themselves may neglect the patient because they do not realize the severity of their disability as well.

Racial and ethnic minority groups are disproportionately affected by educational and literacy health disparities. African American, Hispanic, Native American, and immigrant populations are more likely to experience lower levels of educational attainment and literacy compared to white individuals. These disparities are rooted in historical and systemic injustices, including segregation, discrimination, and unequal access to educational opportunities.

Addressing education and literacy health disparities is essential for advancing health equity and reducing health disparities. By promoting access to quality education, improving health literacy skills, and addressing social determinants of health, we can empower individuals and communities to make informed decisions about their health and advocate for equitable healthcare policies and services.

Let me share a brief story with you. A man who cannot read or write and has multiple health issues, goes to his daughter's house on Easter Sunday in 2019. He shows his daughter, who is a nurse, a small sore on his foot. He says he hasn't been to see his doctor and has been "treating it" with a fungus cream. His daughter looks at the foot and tells him "Pop, you are going to lose that foot." The next day, she calls to get him started on wound care. To make a very long story short, he has 8 surgeries in an attempt to keep his foot. He ultimately has the foot amputated and receives a prosthetic leg. During this time, he also has open heart surgery and just before he is to start full rehab in March of 2020, the entire world is shut down. He never has full rehab

after this. Keep in mind, that this man cannot read or write, and continues to not follow medical instructions. His daughter continues to get very frustrated with this, as there is little she can do. In February of 2023, he calls his daughter again and says “there’s a black spot on my stump.” She tells him to send a photograph via text, and when she receives it, it’s a stage 4 pressure injury. She immediately tells him to meet her at the hospital. While there, he admits that he has been keeping the prosthetic leg on for “days at a time” so that he doesn’t have to worry about falling or not being able to stand up to pee.” The daughter has heard enough. She speaks with a social worker who encourages her to call Adult Protective Services. The daughter does and legal processes are started. In the meantime, the father is in and out of the hospital for nearly a year while they try to heal the stump. Ultimately the father has another amputation, and the infected bone is cut out. The daughter, in the meantime, wins medical guardianship of her father finally and is able to get him treatment and proper medical care. We’ll come back to this in a few minutes.

So, what can be done to address education and literacy health disparities?

Investments in Education: Prioritizing investments in early childhood education, K-12 schooling, and higher education can help improve educational attainment and literacy levels, particularly among underserved communities. Equitable access to quality education is essential for breaking the cycle of poverty and promoting lifelong health and well-being.

Health Literacy Interventions: Implementing health literacy interventions, such as patient education programs, plain language materials, and multimedia resources, can help improve individuals' understanding of health information and empower them to actively participate in their healthcare decisions. Healthcare providers should also receive training on health literacy best practices to enhance communication with patients.

Community Engagement: Engaging communities in educational and literacy initiatives can foster a culture of lifelong learning and health promotion. Community-based organizations, libraries, schools, and healthcare facilities can collaborate to provide resources, workshops, and outreach programs that address the unique needs of diverse populations.

Policy Changes: Policymakers should prioritize policies that address social determinants of health, such as poverty, housing instability, and food insecurity, which impact educational attainment and health outcomes. Additionally, policies that support equitable access to healthcare, including Medicaid expansion, health insurance coverage, and affordable prescription medications, can help mitigate the effects of education and literacy health disparities.

And by the way: the daughter in that story a few minutes ago, was me. My father presents as someone who is able to read and write, but cannot do so. He is also a person who can fake his way well enough that people don’t understand something is wrong. It took four years of medical neglect by himself and providers before someone finally listened to me.

In wrapping this up, there are other health disparities that I simply do not have the time for.

Examples of this include the LGBTQ community. They face a number of problems and challenges in the healthcare field including finding providers who are trained in caring for this community. This is a topic that med schools and nursing schools are only just beginning to touch on. When I went to nursing school, this wasn't even a topic of consideration. It was only briefly touched on in medical books.

Veterans are also another group that faces great health disparities. They face a host of challenges. Sometimes they can't even get appointments for years out with the VA and they can't attend regular clinics like the rest of us, so long as they use the veterans facilities. These are people who served in our armed forces, and many of them wait and are given subpar care and treatment.

Nutritional access is another health disparity. It is proven in the US that poor people have a host of health issues related to obesity. Cheap food is often not even what most people would consider real food and it causes numerous health issues and problems. It is also worth noting that Europe has banned the import of many of our foods because of their lack of nutritional content.

And finally our disabled community struggles greatly. Especially those that are under a public guardianship or those that are a ward of the state. They struggle not only to attain quality healthcare, but they also struggle with the management of their day to day lives. If they do not have a good guardian or ward, they can be left behind in the system and forgotten about. This is a struggle, and there are pushes to change guardianship requirements in Michigan and have better reporting systems for these folks.

SO that concludes my discussion on health disparities and at this time, I would like to open things up for discussion or questions.