7. Please share good practices and examples of public health interventions resulting in adequate access (inside and outside the health sector), support knowledge production or implementation of programs that successfully address inequalities in particular the impact of racism and related racial discrimination, as well as other factors such as poverty, or discrimination based on sex, gender identity, expression, sexual orientation, disability and migration status

Although access to healthcare is a defined economic good in the United States, segregation in health policies in early government policies around equality rooted in dominant narratives of shutting down health interventions for under-resourced groups (1), has resulted in stark disparities in healthcare access. Unfortunately these variations heavily affect Black, Brown, and Indigenous communities as documented in studies that have found correlations between socially identified race and locations of hospital closings for example (2), with these closures increasing over time. (3) Healthcare access whether defined from the availability of services or insurance coverage is plagued with structural racism. For example the Affordable Care Act although resulted in a large number of uninsured individuals gaining access to insurance coverage also reinforced existing inequities (4) as a result of the government's hands-off approach that led to states deciding whether to adopt Medicaid expansion or not. (5) Thus there are 2.2 million adults falling into the coverage gap: income is above Medicaid eligibility, but too low for Marketplace premium tax credits (6) with half of the population being Black or Latine people. (7)

Mobile healthcare clinics are community-based delivery models of care addressing safety-net gaps in healthcare access. (8) Imagine a brick and mortar facility where one seeks care in a moving van. They are essentially customized vehicles with medical equipment and staff and there are 2,000 of them providing healthcare services to about 7 million at risk individuals annually. (9) They play a critical role in increasing healthcare access, enforcing disease prevention, and supporting chronic disease management all at reduced costs. (10) Examples of how mobile healthcare clinics have addressed disparities in healthcare access include the Harvard Medical School's Family Van providing chronic disease management for under-resourced communities, (11) and a North Carolina clinic providing care at minimal costs and partnering with stationary clinics for continuum of care for farmworkers. (9)

In order to explore costs of providing care via the mobile healthcare clinic model in addition to what is known about them providing adequate access to address inequalities in health perpetuated by racism and related discrimination, a study explored the costs of operating mobile healthcare clinics in the United States (specifically in Texas, Florida, North Carolina, and Georgia which have not expanded Medicaid coverage). (12) After analyzing costs from the provider perspective and adjusting for inflation to 2018 U. S.

dollars, the highest of cost of $243 was analyzed in the mobile clinics compared to the median annual costs for federally qualified health centers of $573. (12) This evidence highlights a community-responsive approach of delivering lower cost healthcare access to address the pervasive safety-net gaps that continue to exist in healthcare access. The mobile clinic model provides equitable access to populations at risk, at apparent low cost by addressing both geographic and economic barriers that tend to affect Black and Latine racial groups disproportionately in the United States.

1. Dawes, D.E., (2020). *The Political Determinants of Health*. Johns Hopkins University Press.
2. Sager A, Socolar D. Closing hospitals in New York State won't save money but will harm access to care [Internet]. Boston (MA): Boston University School of Public Health; 2006 Nov 20 [cited 2021 Dec 10]. Available from: https://www.bu.edu/sph/files/2015/05/Sager-Hospital-Closings-Short-Report-20Nov06.pdf Google Scholar
3. 181 Rural Hospital Closures since January 2005. Rural Hospital Closures Cecil G. Sheps Center for Health Services Research. Accessed: 05/23/2022. Available from: https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/)
4. Yearby, R., Clark, B., & Figueroa, J. F. (2022). Structural Racism in Historical and Modern US Health Care Policy: Study examines structural racism in historical and modern US health care policy. *Health Affairs*, *41*(2), 187-194.
5. Kaiser Family Foundation. (2019). Status of state Medicaid Expansion Decisions Accessed: 05/23/2022. Available from: https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/
6. Garfield, R., Damico, A., & Orgera, K. (2020). The coverage gap: Uninsured poor adults in states that do not expand Medicaid. Peterson KFF-Health System Tracker. Disponível em:. Acesso em, 29, 1-11. Accessed: 05/23/2022. Available from: https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/
7. Lukens, G., & Sharer, B. (2021). Closing Medicaid Coverage Gap Would Help Diverse Group and Narrow Racial Disparities. Center on Budget and Policy Priorities, June, 14. Accessed: 05/23/2022. Available from: https://www.cbpp.org/research/health/closing-medicaid-coverage-gap-would-help-diverse-group-and-narrow-racial
8. Attipoe-Dorcoo, S., Delgado, R., Gupta, A., Bennet, J., Oriol, N. E., & Jain, S. H. (2020). Mobile health clinic model in the COVID-19 pandemic: lessons learned and opportunities for policy changes and innovation. International Journal for Equity in Health, 19(1), 1-5
9. Attipoe-Dorcoo S et al. (2018). An Overview of Costs, Utilization, Geographical Distribution & Influence of Mobile Clinics in Rural Healthcare Delivery in the

United States. (Doctoral dissertation, The University of Texas School of Public Health)
10. Hill, C. F., Powers, B. W., Jain, S. H., Bennet, J., Vavasis, A., & Oriol, N. E. (2014). Mobile health clinics in the era of reform. The American journal of managed care, 20(3), 261-264.
11. Attipoe-Dorcoo, Sharon (2020). Mobile Clinics: A Powerful Resource for Addressing Health Disparities. Accessed: 05/23/2022. Available from: http://info.primarycare.hms.harvard.edu/blog/mobile-clinics-health-disparities. Accessed: November 11, 2020
12. Attipoe-Dorcoo, S., Delgado, R., Lai, D., Gupta, A., & Linder, S. (2020). Analysis of Annual Costs of Mobile Clinics in the Southern United States. Journal of primary care & community health, 11, 2150132720980623. https://doi.org/10.1177/2150132720980623

Bio

Sharon Attipoe-Dorcoo, Ph.D., MPH, Principal of TERSHA LLC, is first and foremost grounded in her cultural identity as a Ghanaian-American and embraces her other intersectional facets of being a wife and mom in her work. She is a former board member of AcademyHealth, a member of the Education Council, author of a children's book, poet, and consultant. As a community scholar-activist, she found her path from engineering into public health and her work involves engaging national mobile clinic programs. The vision for her work is rooted in culturally responsive and equitable tools for co-designing research and evaluation initiatives with communities. As a speaker, and facilitator Dr. Attipoe-Dorcoo has also presented at several conferences, published several articles, chairs and serves as an advisor for a number of entities, and facilitated a number of trainings.

Email: sharon.dorcoo@tershallc.com

Author of the children's book; Koli and Bosco "the Dog": Rescue from the Fire: https://youtu.be/f6XhV0sjnlM

Facebook: KoliBosco

Twitter: @KoliBosco

Instagram: koli.bosco

LinkedIn: https://www.linkedin.com/in/sharonattipoe-dorcoo