

Episode 67: Delivering Trusted & Patient-Centered Public Health Information is Essential to the Promotion of Wellness in Latinx Communities.

Featuring Dr. Elena Rios

Dr. Elena Rios has dedicated her career to improving the health of Latinx communities. In 1994, she co-founded the National Hispanic Medical Association based in Washington DC which represents approximately 50,000 Hispanic physicians across the United States. As President and CEO of this organization, she has advised the White House, HHS, and other governmental agencies as well as private and public sector organizations on the various issues of health policy as it pertains to the Hispanic community. In this podcast she discusses health disparities and their related social determinants and some of the specific ways COVID-19 is impacting the Hispanic community. Dr. Rios is concerned about the harsh economic climate during this pandemic that has affected many Hispanics who work in small businesses and may have lost their insurance, and who may also be missing medical appointments due to lockdown. She discusses the barriers that separate Hispanic and Latinx patients from health services, such as lack of outreach tailored to language and cultural needs, and reluctance to engage with government entities that some people may distrust. Dr. Rios calls for better funding of culturally appropriate educational information from CDC, and their dissemination via trusted sources. With Dr. Minerva Campos. Posted on October 7, 2020. Resources mentioned during this podcast can be found at:

www.hispanichealth.info

Dr. Campos: Welcome to the Health Disparities Podcast, a program, of the Movement is Life Caucus, where we have conversations about health disparities with people working to eliminate them. I'm Dr. Minnie Campos. I represent the National Hispanic Medical Association as a member of the Movement is Life Caucus. These two organizations, which I'm so honored to be a part of, have joined in the collaborative effort to bring an end to the health and healthcare disparities that exist in our country today. During this podcast, we are going to delve into the issues of healthcare disparities as it relates

to the Latinx Community and COVID-19, and we'll be particularly focused on the role that communication of medical information within a community ultimately plays in the health outcome of its members.

Today. I have the distinct pleasure of speaking with the president and CEO of the National Hispanic Medical Association, Dr. Elena Rios. I'm going to tell you a little bit about her because she's an amazing woman. She is a Californian born and raised in Los Angeles. She received her undergraduate degree at Stanford University and her Doctor of Medicine Degree from UCLA. She then went on to complete her residency in internal medicine at Santa Clara Valley Medical Center in San Jose, California and White Memorial Medical Center in East Los Angeles, California. She has built an outstanding career in health policy research and administration, as well as medical school recruitment. And has held numerous appointments in both fields within UCLA, State of California and the Federal Government where she participated in a series of government led research initiatives within the White House and the Department of Health and Human Services. In 1994, Dr. Rios co-founded the National Hispanic Medical Association based here in Washington DC., and in 1998 was named its President and CEO. She has received numerous awards throughout her career, including being named as 100 most influential Hispanics in the nation by Hispanic business magazine. Then, in that same year, also received the American Public Health Association, Latino caucus, Distinguished Career Award. Welcome Dr. Rios, an amazing career. For our audience who's not familiar with NHMA. Could you tell us a little bit about the organization and the kind of activities that support its mission?

Dr. Rios: Minerva, thank you for having me. And I'm very proud to have said that I'm one of the founders. There was actually a group of us who came to the White House in 1993 to provide input to the White House on healthcare

reform. And in, so doing, we met, the African American doctors and the Asian non-profits and the Native American non-profits. And we actually met the Hispanic nurses and Hispanic dentists. We're all organizations involved in healthcare reform in 1993 and we thought, well, gee, why shouldn't we have our own, ability to say we represent an organization? And so, we soon learned that, by having an attorney and a consultant and putting together a small board of directors and by-laws that we could create our own organization. And we did. So, the National Hispanic Medical Association was born in December of 1993 at the White House. And then we quickly decided that in our by-laws, our main mission would be to empower other Hispanic physicians to work with all of our partners, whether public and private, to improve the health of Hispanics and other underserved. We also decided that in order to do that, we would probably have three major efforts. One was to be an advocate and to provide input to Congress in the White House and HHS and other national level organizations for policies and programs that would, have the ability to improve the health of Hispanics. And the second thing is we wanted to develop leaders, and so leadership development and mentoring have been, really the fabric of our organization. Having leaders at the mid-career doctor level at the resident level and mentoring for the medical students and now even pre-meds. And the third thing was really, just to have a network and to have a communication system. So, now, we have a website, a newsletter that goes out monthly, and we also have sharing of information across our membership, where the people are in their careers, as well as a communication system among our local chapters. We now have 16 local chapters, as well as the national level. We still keep a national conference and visits to Congress as part of the national conference.

Dr. Campos: That's amazing. And it's true that it has grown significantly since I joined way back when, and it's exciting to see the chapters and the interest that

young physicians, all over the country have for the organization and are finding their voice, within their local communities, which is really one of the goals that you had from the very beginning.

Dr. Rios on this podcast, as you know, we spend a lot of time discussing health disparities and the social determinants of health that drive those disparities, which of the health disparities are you most concerned about when you think about the Latinx community and which social determinants should we be thinking about as it relates to our community?

Dr. Rios: Well, I think that overall, Latinos have chronic diseases that show up earlier, due to a lack of access to information, lack of access to care. So, I'll just name one, and that's probably diabetes and obesity, but diabetes, especially is a chronic disease that our families have dealt with Rd. a number of family members, through generations. As social determinants of health, in our communities, I think it's having access to fresh fruits and vegetables and good food. So, we call that having food insecurity, where we live in poor communities. In general, this is a big generality for Latinos or people that are in rural communities and, ignored by the large supermarkets, for example, where you don't have the access to the best food and nutrition.

Dr. Campos: As we live through this pandemic. Are there some disparities that you think are worsening among our community?

Dr. Rios: There are two different approaches I think, to the COVID epidemic in terms of disparities. One is where you live, and living in crowded housing, multi-generational families with young people going out and coming back and infecting the elders in the household faster because they're all living together. Or the lack of social distancing, because you have so many people living together. So that's one aspect that's predominant among

Hispanics. The other aspect I think, is being part of what is known as the essential workforce and having to work, not being able to stay home and work from a computer, but actually, going to the supermarkets to work or being farmworkers that have to go to the farms to work. The poultry industry, the meat industry, and the hospital industry, where we see a lot of the, I'll say the lower level workforce in the healthcare system are Latinos. In the nursing homes, the janitors, the cleaning crews, nurses' aides. We have a lot of Latinos within healthcare.

Dr. Campos: In your experiences up to this point with the pandemic, have you personally seen or been concerned about anything in particular? I'm thinking right now about access and has that worsened during this pandemic have the levels of insurance worsened over time, within our own community. So, making this even more difficult for people to get the healthcare and information that they need.

Dr. Rios: Definitely as small businesses where the majority of Latinos work, they have been impacted. So, they have closed their doors, especially the restaurants, all the hotels, the different types of industries where Latinos work. Which means Latinos have lost their insurance, which is primarily connected to employer-based insurance.

The other way to look at it is, Latinos are told to stay home. So, they don't necessarily go to a clinic or don't go to the local public health department clinics, or their doctors. So, they're not getting the information. Most of our information about health is through the healthcare system. And if you're not savvy to where you can, look up [cdc.gov](https://www.cdc.gov) and find out information about COVID, they're not going to have the access to information.

Dr. Campos: There are approximately 60 million Hispanics, as you know, in this country and data reported by the CDC has shown that Hispanics with COVID-19

are four times more likely than non-Hispanic whites to be hospitalized with this infection. And we also know, as you stated before, depending on where you live in some areas, there may be are two times as likely to die from the illness. In trying to understand the multiple reasons behind this outcome, you have spoken about the lack of medical education, reaching many of our communities as part of the problem. Something we don't hear so much about, but you have identified as something that's crucially important, to our community.

Dr. Rios: There is a real lack of health information, how to be healthy, just basic nutrition, cooking, changing our recipes, and then how to understand symptoms that are basic to COVID-19 for example, and also, how to wear a mask and social distancing. These are all basic preventive health information that are not getting out to our community because they're not inside the clinics or the hospitals, because they think they have to stay home.

I see it more now that we've gone through the five, six months in the United States now. You'll see some information about wearing a mask before you enter a supermarket, let's say. But the supermarkets, the churches, places where our Latino families go don't necessarily explain what's going on in the world of COVID. And I think that basic information is something that a health communications campaign led by the CDC, led by our public health departments hasn't really been funded. We have seen the funding go to the healthcare workers to have better PPE and to have more testing information, but when it comes to actually educating the communities that are the most vulnerable, that is something that needs to happen. We need better information reach to our communities.

Dr. Campos: It's a complicated issue, isn't it? And we know that there are ways in our community, even though we're not a homogenous community, we're very

different. There are elements in our culture, however, that are the same. And I think it would be nice for our audience to hear how you think our communities receive health information? How do our families play a role in this?

Dr. Rios: I think it really is our family passing down information that has worked from our grandmothers to our mothers. And, I say that because so many times it's the fathers in our communities, in our families that had to leave the family to go to work, they're the breadwinners. The traditional role of the mothers has been to understand how to keep everybody safe, be the protector. And also, how to understand what works, I'll say healthier food to the extent that they know about healthy food. But also, just, going to the doctor, going to the dentist. When you talk about accessing health care, it's usually the mother's role to make sure that her children, her husband, or her significant other is really going to access what's needed in terms of, I'll just say, preventive care, like vaccinations for the babies, etc.

So, I think that our families have had some very strong cultural roots, in terms of knowing about teas and herbs and boiling water and making sure that, you throw out food that's no good, that kind of thing, but when it comes to learning about something new, which is a new virus, it's a little different. That information needs to become part of our families, not just individuals, but our families. So that again, the, cycle of life that we will pass on that information to the next generation.

Dr. Campos: That's, that's exactly right. I know that NHMA has, taken on a coronavirus call to action. Tell us a little bit about that program within NHMA and how it's affected, the members and what kind of feedback they've gotten from the communities that they've spoken to.

Dr. Rios: The National Hispanic Medical Association again, is just so interested in having a presence among Latino communities that we have had a call to action for our members who are mainly doctors or associate members who believe in the mission to improve health. We also have residents and we also have medical students and they all talk to patients within their own space. Whether they're in the academic world, in a teaching hospital, or if they're working in clinics or out in the community. What we've told everyone, our call to action is to please go to our Hispanichealth.info portal, where we have information about COVID, and especially articles and information that's related to, our Hispanic populations or other poor populations. And right now, one of the important messages is to have more Hispanics join or enroll in clinical trials because the COVID vaccine development is through clinical trials, and we're not going to know how safe the vaccine is because it can impact different people, different ways, different people can have a little different reaction to a shot, to an immunization. And, we'd like to see more Hispanics, be part of this national effort to enroll. And there are two different, clinical trial websites. One is Coronaviruspreventionnetwork.org. And that is a website run by the National Institutes of Health, on the vaccine clinical trials that they are supporting. And the other one is [COVIDvaccinestudy1](http://COVIDvaccinestudy1.com), that's the number one, dot-com. And that website is from the company called Pfizer, that we work with who has their own vaccine clinical trial.

Dr. Campos: Have you worked with the television media, for instance Univision or Telemundo, have they called upon us to speak to their audiences?

Dr. Rios: Oh yes. Definitely. We have doctors in different cities like Omaha, Nebraska, Los Angeles, New York City, some of the Texas cities, that have been called on to be on not only TV, Univision being a major network in Spanish, Telemundo also has called us. And there's been some radio interviews that have happened in different markets. One big thing that I'm

really happy to be a part of is the National Hispanic Publications Association has asked me to moderate a session and to interview Dr. Fauci in their national conference, that's going to come up at the end of the month.

Dr. Campos: I think the difficulty in health information reaching our community, has a lot to do too with trust. Who are the people that our community trusts? What is your experience with that?

Dr. Rios: It's so important. And especially in our communities with people that come from Latin American countries where they don't trust the programs run by a government, even though healthcare is not totally run by the government, public Health departments are seen as government agencies, clinics are funded by the government. So, here we think of things as a safety net to help our communities, but when you have immigrant populations coming from other countries where they don't trust their government, they see healthcare in the safety net world, in the poor communities as something not to trust. So, it becomes very important to have doctors and nurses who look like them, who can talk to them. And I think Latinos favor having conversations about their family and what they're doing before they open up and talk to a doctor or a nurse.

The other thing I think that's important is that we do have many mixed families, which means mixed status. Some of our young families, or even, or grandparents are undocumented. They're not yet citizens, even after living here many, many years. And so, they're very, very afraid of having information, be sent to the IMS because of deportation.

Dr. Campos: We are also used to pushing for, and it's vitally important to have all kinds of communication, written communication translated into Spanish, and that certainly is important. That's one of the main ways that we can

communicate with our families. But do you think this is enough? It's just getting a Spanish flyer given to you. Is that enough to convince you in our community to follow the instructions on the pamphlet? Or is the messenger probably more important?

Dr. Rios: Of course. Yes. And that goes to your major point here about trust. A piece of paper isn't, unless you have a branded campaign with a Latino name. It'll help the Latino family, with messages on the paper. People aren't going to pay attention to it. They will pay attention to something if their doctor gives it to them and says how important this is to your family or to your community. The churches talk about the importance of being healthy so that you can help your family, continue doing whatever they're doing, going to school, working. But I think that trusted messenger is very, very important, not just the information.

Dr. Campos: So, then that segues into something that I want to really pick your brain on, and that has to do with what actions can we take as healthcare professionals, healthcare systems, government officials in reaching these vulnerable Latinx communities with this best practice communication that we all want them to receive. What kinds of things should our listeners walk away with in terms of possible actions they may take within their own institutions or within their own practices?

Dr. Rios: I think the best type of action for individuals that are in our healthcare arenas is to respect Latino patients that walk in the door and invite them back and invite them to bring their families. And word of mouth is very, very, important being open to the importance of health and healthy lifestyle. It's not just going to a doctor or going to a hospital, especially with COVID. People have to be brave to do that right now. So, they have to be thanked for a company and to share information that they learn inside. If they're getting, tested, for example, they should encourage more people to

come in and get tested. So, I think that it's all about having a dialogue and treating your patient or the person that you're talking to about health or healthcare activities to treat them like a partner. We talk about the patient provider partnership and doctors have a bad tendency to talk down to Latinos. And Latinos being humble and Latinos also being afraid of authority will never open up and ask questions because they're kind of in awe or shocked. And I think that the doctors in our communities need to realize that they need to be more familiar, to have a more familiar conversation and have the Latino patient open up about how their family is. And then they can talk about the importance of understanding the disease symptoms and what to look for in COVID, for example, fever, shortness of breath, when it's an emergency type of situation to be sure and call your doctor or call your clinic.

Dr. Campos: You've talked a lot about the trusted messenger and the success that community health care workers have had in our communities.

Dr. Rios: Community health workers are part of the public health system in other countries in Latin American countries, for example. And I think the United States finally realized the importance of having people from a community, work as volunteers, or in some cases are being paid now to help be an echo chamber of good healthy habits. For example, with COVID, I think community health workers can get the message out to people in the community about where to get tested. Community health workers can also help drive people to get tested.

I have to say that testing is very important with the COVID-19 pandemic, because we're all trying to work towards the same goal of decreasing the number of people that are infected. And if you have symptoms, especially fever and a cough and feeling fatigued, but you also have shortness of breath or you lose your sense of taste or smell, and others are having

diarrhea and other GI symptoms. Just feeling knots in their stomach and not feeling normal. Given that COVID-19 is a virus that is all around us, right now, in the country in different places, you may see more hotspots than others, but if you have those types of, of symptoms, it is important to get tested. And every county public health department is announcing free testing where you can drive, if you're in a car you can drive and get tested, or you can walk to get tested, take a bus, or what have you. Tests are simple. One part, one test that's simple is the swabs being put in your nose to have a little piece of mucus, be taken. Another type of test is just where you spit into a cup and it's your saliva. And I'll just say that those tests are simple, but they do magic in terms of letting you know if you're positive that you want to be sure and quarantine yourself and stay away from all your other family members, they say up to 14 days because you could infect others. If you didn't take the test, you wouldn't know if you're positive or not. The whole goal of testing is to have people know that they are positive, so that they will not infect others, and that's how we're going to have a healthier society. And in the case of the Latino community, a healthier neighborhood, healthier family household, so, that people can still go to work or go to school because they're not being infected. And that's the important message about why we do want people to get tested right now for the COVID-19.

Dr. Campos: You and I talked about a study that was done in Pennsylvania that was a CDC Grant that was really supposed to go into Latino communities in Pennsylvania. Surprisingly, there are predominantly Latino cities, I didn't realize that, to teach them about prevention for chronic disease. When the pandemic hit, they converted their whole infrastructure to go in there and do the same, except this time, not so much chronic disease, but to, in fact, teach about COVID and the best practices, in terms of making sure that we don't infect each other. Then secondly, part of their program was to do tele-health, or talk to them on the telephone. And they use those

technologies actually to communicate information to the patients and gave them an opportunity. The patients themselves to ask questions that they had about COVID. So, it was very successful, in fact, I put it on our little list of things to talk about using, existing infrastructures and technologies to leverage, community efforts.

Dr. Rios: So, I think you're right, in terms of understanding the importance of tele-health right now, with COVID-19 and having the opportunity for more doctors and nurses from doctor's offices. Or from clinics to communicate to their patients through telephone, for example, or through computers, and having this, tele-health experience where the patients are actually talking to a live person, able to provide feedback to a live person on how they feel. So, telehealth is just amazing, it has been an amazing tool. Its use has been expanded exponentially during this time of people having to stay home and not being able to go to the doctors to have more social distancing. The problem is that many, in our poor communities, don't have access to the high level, internet, to be able to have, telemedicine consultations, but we do have trusted voices and people talking through podcasts, you can listen to.

I think that that's the way of the future. We're talking about having more trusted communications because you're listening to a live person or listening to another Latino healthcare worker who may not be a doctor, but who may be a nurse. Could be giving messages to their patients and learning how to provide, be a healer, be a teacher. That's what being a doctor is all about, and medical students need to learn that too. And I do think that patients really feel more respected when they have people talk to them, instead of just sending a brochure in the mail and it goes into the file called trash faster than anywhere else. People get so much what they call junk mail, but when you listen to messages from

somebody who's very interested in sharing information, who's concerned, you can tell.

I think that it's very important for Latinos to have more Latinos talking to them about health. And especially now with COVID-19 talking to them about the importance of testing or talking to them about the importance of watching out for symptoms, and calling the doctor, if there's a very bad symptom, like shortness of breath, for example, where people can die, if they don't get treated.

Dr. Campos: One of the things I'd like to talk to a little bit about has to do with sort of the upstream issues that exist in our communities. And, that is when we have such critical resources that we need to work across boundaries. So, for instance, people facing evictions, many people risk not having homes in the near future and because of that, compounding their poor health and potential for ill-health, with serious financial struggles. What can we do?

Dr. Rios: Vote.

Dr. Campos: Vote? I agree with that.

Dr. Rios: I think as healthcare professionals who understand the connections between COVID-19 as a pandemic and the economic downturn that our society is living through, and things are only going to get worse as we see more people sick and more businesses closing, and that cycle where businesses are going to decide, well, should we, or shouldn't we, and let's just make a decision. It's so uncertain in terms of when, businesses will get back to pre-COVID-19 levels of function that a lot of small businesses, especially restaurants are just closing. And that means our communities are losing their jobs. So, I do think that health professionals need to understand the importance of looking at the candidates for any level I'm

talking to. We're going to have a big election in November, every four years, we get to elect a president, a vice president, but we also elect congressmen and senators. These are all representatives of perspectives. We need to vote for those who believe in having more public health prevention and more public health prevention campaigns, and education into our communities, as well as funding to help our communities survive. And that means having more unemployment funding, family leave funding, childcare funding, funding for our schools to have better computers and equipment. So more of our children from Latino families can actually learn through online teaching with better computers. There are so many different programs. And I think that to look at what the candidates stand for their agendas, their platforms are so important. And that's what I mean by actually being, a citizen that practices their right to vote. This COVID pandemic has brought to light. The most vulnerable communities in our country should have senators and congressmen in a president and vice-president who can make changes necessary for our communities to thrive, not just survive, but to actually thrive.

Dr. Campos: Dr. Rios, you have given us so much to think about. Thank you so much for joining us. And we hope to see you again, so we can really explore more of the issues that we know exist in our communities and give you a chance to talk about them and educate us about them. We have been talking about the challenges and importance of getting accurate, culturally appropriate and up-to-date information to our vulnerable Latinx communities. And we've been talking with Dr. Elena Rios, who is the president and CEO of NHMA.

We want to thank you again for being with us, and we want to thank you also for listening and hope that you join us in the future. Subscribe to our podcast. We bring incredibly talented people to the fore, and we learn a lot from them. Thank you.

(End of recording)