Dr. O'Connor: You're listening to the health disparities podcast. Today we bring you an urgent discussion focused on Covid-19 and we're going to discuss how underprivileged communities are at higher risk in this horrible pandemic. I am your moderator, Dr. Mary O'Connor, chair of Movement is Life, a multi-stakeholder coalition committed to eliminating health disparities and the sponsor of the Health Disparities Podcast. I'm joined by three experts, Dr. Ramon Jimenez, the president of the American Association of Latino Orthopedic Surgeons, Dr. Millicent Gorham is the executive director of the National Black Nurses Association and, finally, Dr. Yashika Watkins is professor of Public Health Policy at Chicago State University. I'm really delighted to have these three experts join me for this very important conversation.

So, I'm going to start with just a few comments of background. I think everyone listening to this podcast understands that we are in an unprecedented global health crisis. Never, in our lifetimes, have we experienced a pandemic on such a scale and every aspect of our lives are impacted. What we're going to talk about today is how this pandemic is affecting different groups of people, because, the reality is, not everyone is equally impacted. I'm going to start with the panels' thoughts on underprivileged communities and I will define underprivileged communities as communities of low income, whether they're rural or urban, whether they're African American, Latino or Caucasian. The first question I have

is, are communities of lower income at higher risk of more Covid-19 infections than higher income communities? Specifically, are individuals of color more susceptible to the virus? Dr. Jimenez let's start with you.

Dr. Jimenez: Thank you, Dr. O'Connor. It's a great opportunity and I hop e that people will learn something that will help them cope with this terrible pandemic that's going on. First of all, the simple answer to your question if communities of lower income are of higher risk of more Covid-19 infections than higher income communities, the answer is yes and for several reasons. It may not only be secondary to individuals of color because I do not believe the virus knows color, does not know race, does not know ethnicities. Actually, we'll come to find out, it doesn't really know higher income or lower income. The virus is persistent, it's silent and it is there. Now, the incidence is higher in these populations, not because they are of color, but, more than likely, it is because of the experience of decreased abilities to socially distant, often because they suffer from comorbidities.

Dr. O'Connor: So, Dr. Jimenez, first, let me just clarify. The virus knows no color of one's skin. So, regardless of your gender, race or ethnic background, anyone can get sick with this virus. I think we know that, correct?

Dr. Jimenez: Yes.

Dr. O'Connor: But you believe that there are differences for underprivileged communities relative to this pandemic.

Dr. Jimenez: Yes.

Dr. O'Connor: I know you're getting ready to tell us more about that, but I just wanted to highlight those points for our audience.

Dr. Jimenez: First of all, comorbidities exist in such communities and let me tell you what I mean by a comorbidity. Those are diagnosis or diseases that are suffered by certain populations because of genetics, because of environment, because of lack of healthcare access. One of those comorbidities is diabetes and diabetes is of higher prevalence or it's found higher in individuals of color. It is well known that the incidence of diabetes, specifically, diabetes Type II or mature onset diabetes is found in higher degrees in African Americans but even higher in Hispanic Americans. A lot of that has to do with diet because you don't find this, let's take the Mexican community. You do not find, if you go back to the indigenous Mexican in Mexico, they do not have higher incidents of diabetes but, here, when they migrate to the United States and take on different habits of eating, because of different reasons, in other words, it could be that you can't afford to go to buy good produce or there may not

be good grocery stores available where you live, and therefore, you don't have the opportunity or you don't have the financial means. One of my colleagues, who is an internist in Cleveland, talks about the fact that in her neighborhood, around her office, she finds many fast food places and all of these fast food places are not real nutritious and not really, good and do foster an increased prevalence towards those factors that will lead towards diabetes. So, the second comorbidity that I would like to point out is that of obesity and that can be secondary to lack of movement, becoming more sedentary and eating the wrong foods, if you would. The result is that you become obese and that carries with it a lot of compromises. I think that obesity and diabetes are really married to each other. It's almost you don't find one without the other or eventually. I think that it is something that we have to be aware of and try to combat, if we're going to make any progress because it is well known that Covid-19, this virus, attacks and affects patients who have the diagnosis of diabetes.

Dr. O'Connor: Dr. Jimenez, thank you. Dr. Watkins, from the public health perspective, how important is this discussion regarding underprivileged communities in terms of how we're going to address this pandemic and even future pandemics.

Dr. Watkins: Chronic disease management is important to novel coronavirus. We know, as Dr. Jimenez just said, people with Type II Diabetes and also

people with cardiovascular disease, it can be conditions such as high blood pressure put you at increased risk for severe illness. We see these diseases in high proportions in minority communities. So, from a public health standpoint, it's very important that we really educate the public about this notion of social distancing, proper disease management, disease management is so critical and self-care activities. Making sure that you're eating a health diet, exercising, keeping your sugars down, taking your medications, for example, for high blood pressure. All of these self-care activities are really, going to be critical to a person being able to withstand something as novel coronavirus. As Dr. Jimenez says there is no color. Anyone is susceptible to it. It's even more important for people with chronic illnesses and the like, in terms of other comorbidities, really, really take a serious perspective on trying to make sure that they are managing their condition as best as possible, and also, reducing the spread to others. So, again, going back to that social distancing. If you have friends who, for example, in older communities, I'm sure you have friends that are also in your same cohort and your same contemporaries. So, you want to reduce the spread of the disease to them. If you're sick stay home and really, get people to understand this is serious. This is something that we shouldn't take lightly and really, the way to weather the storm is to be as healthy as you can be, engaging in those healthy activities and, if you haven't, started doing that realizing that it is time to

make a behavior change and try and get yourself as healthy, as possible, in case you are impacted by the disease.

Dr. O'Connor: So, I think what I'm hearing is for those individuals who are diabetic, right now, yes, you are at higher risk, but you can lower that risk if you keep your diabetes under good control. Correct?

Dr. Watkins: Exactly, exactly, exactly.

Dr. O'Connor: And the same with high blood pressure, right because we have a lot of people, particularly, individuals of color with high blood pressure, who may not focus, as well as they could or as well as their doctors want them to, on controlling their blood pressure. So, if they control their blood pressure better, they would be lowering their risk.

Dr. Watkins: Exactly. In academia, we often talk about this notion the stages of change or transtheoretical model and, again, if you have not made a behavior change, you should start contemplating the need to make a behavior change to withstand novel coronavirus and other viruses. So, this is just about the immediate authority, right now, is novel coronavirus but long-term, we need to be thinking about just getting healthy, in general. If you aren't healthy, you're not going to be able to fight infectious diseases like the novel coronavirus. It's important to think about these stages of

change. Where are you in the stages of change? Are you a precontemplator? Have you been thinking about it? Maybe you need to move to being a contemplator, and from a contemplator to actually taking some action. Realizing the importance of taking action and how getting healthy is so key to being able to manage infectious disease. This is not only for patients, but also for providers, helping their patients in those stages of change, helping them make a behavior change. And for those that have already made a behavior change, helping those patients continue to be in the maintenance stage of maintaining that behavior change.

Dr. O'Connor: So, Dr. Watkins, I think there'd be listeners out there who already have diabetes or hypertension or maybe they're not so healthy and they might be saying, "Well, it's too late for me. I'm already not in the best of health and the pandemic is here. Why should I make the effort to change, now? It's too late." How would you respond to that individual?

Dr. Watkins: I would tell that person it's not too late. It's actually never too late. You can take action today. Now is the time. Take action today, and you need to take action because lives are at stake. Your life is at stake. Your sister, your cousin, your mother's life is at stake. So, it's not too late. If you need help with making a behavior change, then, certainly, talk to your primary care physician about ways you can get support in making a behavior

change. You have all types of healthcare professionals at your disposal. So, make the change, now, so that you are in a better position if you are exposed to novel coronavirus and are able to fight it.

Dr. O'Connor: Dr. Jimenez, I would just like your thoughts on that question.

Dr. Jimenez: I practice in the community in California where I live and that is about 65% to 70% Hispanic/Latino. It also is an affluent community on the westside, if you would and on the eastside, where the agriculture is, it is more heavily concentrated Hispanic/Latino. When I see my patients, even though I'm an orthopedic surgeon, I try to ask them in their history about diabetes and they will tell me, yes, they have diabetes. It's usually Type II diabetes, and they do tell me they're on the regular medication such as Metformin or something like that. When I ask them the question, do you know what a hemoglobin A1C is 80% to 90% do not know. I'm delighted when one knows and says, oh yes, the last time I checked it was 6.8.

Dr. O'Connor: Dr. Jimenez, just educate all of our listeners on what a hemoglobin A1C is, please.

Dr. Jimenez: I will. At 6.8, I'm very excited and congratulate them because I point out to them, the hemoglobin A1C test that is usually done by your primary care physician is done at about every three months because it measures the

amount of glucose in the red blood cells over the six, eight, twelve-week period and it's not just like a onetime test you take in the morning like a fast blood sugar like you're probably advised to do in which it only measures what's going on in your blood at that hour because it can change right after you eat. It can spike up. So, this is more of a level and a true indication on how well controlled your diabetes is and it's something you should expect, ask for from your primary care provider and I'm sure if you ask for it, it will be done.

Dr. O'Connor: I want to turn our conversation for a moment, towards other factors that could put low income individuals at risk of infections and bad outcomes with Covid-19. Dr. Gorham, I'd really love your thoughts and comments on these other, I would say, kind of communal or structural factors that could be impacting our more vulnerable communities.

Dr. Gorham: Thank you very much, Dr. O'Connor. I appreciate being on this call. One of the major things that I like to talk about is close housing. In a lot more poorer communities, we find that they're in large apartment buildings like those that you may see in Chicago and New York. People are very close with each other. They're living very close with each other. They're in these tall buildings with long elevators and taking long elevator rides and they're not going to be six feet apart from each other. So, I think that that's one issue that we need to really begin to look at is how do we deal

with the housing situation within our communities? Along with that is to make sure that they continue to get all of us, not only poor people, but everybody, continue to get access to preventive care. As the doctors indicated earlier in terms of vaccinations, the coronavirus is but one virus. We all need to be vaccinated for, particularly adults, particularly children, who can be more at risk because they're more vulnerable, more fragile, making sure that they get their flu shots, making sure that they get their pneumonia shots. That's one of the things that the coronavirus translates into is pneumonia. Very tragic for those that may also have asthma and asthma also comes into play when we're talking about, again, dense populations and dense housing, as well as, in relationship to environmental changes that we need to be dealing with in this country. When you kind of pull all of those together and look at it from the standpoint of housing, the environment, what those portend for the coronavirus and what those portend for changing the infrastructures in our community to make them much more stable will go a long way to helping out with the coronavirus and other kinds of pandemics, I hope, we will never have to get to.

Let me just say one thing about it. This coronavirus doesn't have any color attached to it or poor people or rich people attached to it, but it brought something home to me as I was listening to Dr. Fauci in my bed on the Friday before the International Day for Women. It was a Friday

morning and he was talking about people over 60 are much more at risk and they shouldn't be taking long plane rides or traveling very far. If they have an underlying chronic disease like hypertension or diabetes, that they're more at risk and they need to make sure that they're doing more handwashing and staying six feet away from other people. I'm in my bed and I was in my bed and I was going, "Um-hmm, um-hmm, um-hmm, um-hmm. Wait a minute, he's talking about me." So, it made me stop, as I was thinking about going to a professional basketball game with thousands of people that Sunday night for the International Day of the Woman and it made me stop and think about, this is no joke. We've got to be very careful about all of those risk factors, whether you're poor, whether you're middle income or whether you're rich that all of us can be susceptible, but we need to make sure that we take care of the most vulnerable populations. I am on the board of the United Medical Center in far southeast Washington DC. It is in Anacostia. It's in Ward 7 and 8. It's the only hospital in those wards and taking care of very vulnerable populations. The first two coronavirus patients in Washington DC were diagnosed at that hospital. I'm thinking about the populations, the residents that lived there, the citizens that live in those communities who need to have those critical clinics and hospital services and we just need to make sure that the public health infrastructure is available to take care of them before they get to the point of really, needing to be in that hospital.

Dr. O'Connor: So, let's talk about how medicine, right now, is trying to adjust to this pandemic. I can share at my own institution at Yale, we have stopped all elective surgeries. We have very few patients that we're seeing in the clinic, now, for face-to-face visits. Only really, urgent patients. We are trying to provide as much care as we can through telehealth. Getting patients connected through a portal in the electronic medical record, so that I can do a video visit with them. Certainly, not the same ability for me to make a diagnosis because I cannot do a physical exam, but better than nothing in the face of the pandemic. I'm interested in the panel's thoughts and I'll just ask each of you to comment about how effective you see this transition to using telehealth as a resource in the pandemic for how effective you think that can be for lower income communities? So, Dr. Jimenez let me start with you.

Dr. Jimenez: In short, telemedicine can be very effective. The physical examination is very important, but a lot of what we gain towards a diagnosis from a patient is what the patient relates to me or how the patient expresses how they have symptoms, how it came on, where it affects them, now, and how do they feel, now. And so, I believe that telemedicine really has a place. Also, it is a safeguard for the patient and it's a safeguard for the healthcare provider in a sense. I believe that as much as 50%, 60%, 70% of patient visits face-to-face, can be eliminated with a Facetime or other video type of conferences or video call. Just a phone call might do, also.

In the Latino community, they are very tied to their phones and they use text messaging and they use video. One of the drawbacks, sometimes it may require wi-fi and wi-fi is not always found in their homes, but if they have a phone, they can connect that way being able to communicate. In short, I think it's a boon.

Dr. O'Connor: Dr. Watkins, appreciate your comments on this.

Dr. Watkins: Telehealth and telemedicine in public health has been something that has become recognized as a standard of care and is gaining increases prevalence as a standard of care. It's used a lot in public health for two reasons. For allowing underserved communities to have improved access to care and but, particularly, we haven't talked yet, but when we talk about rural areas, rural populations, they have increased access, as well, through telehealth. As Dr. Jimenez has already mentioned in the Hispanic population, there's a high frequency of mobile cellphone use. These things are a lot in the African American population. There have been a lot of public health studies done with using mobile health or M-Health for short, where people have used text messages as a way, for example, of sending reminders about moving for physical activity intervention studies that has been widely tested and widely used. Going back to the discussion of rural health, telehealth and telemedicine are really, important, particularly, in rural populations because the data shows that

only one-third of rural households, excuse me, almost one-third of rural households do not have internet in the home. That's for a variety of reasons. When people think about rural economy, what we should think about is there is a high percentage of rural workers that are employed in the service sector and with those types of jobs, you tend to have lower wages. So, that translates to, obviously, disparities in education and how access to food, for example. So, telehealth and telemedicine are really useful tools in public health because you can get a wider spread. It's more far reaching and in public health, one of the three big ways that we're trying to improve health is through access, cost and quality and telehealth and telemedicine does improve access to health.

Dr. O'Connor: A lot of our focus, initially, with this pandemic is on our big cities and hospitals in big cities running out of beds or ventilators, but we also need to recognize that we've seen record closures of rural hospitals. We have millions of Americans, actually, that live in counties where they don't even have an ICU.

Dr. Jimenez: In some of the rural hospitals, and some of the bigger hospitals in the city who have regional or rural hospitals are closing the rural hospitals in order to concentrate the healthcare personnel, healthcare equipment in the bigger hospital in the city and I'm sure that this is having or will have a direct effect in this epidemic with those communities in the rural areas.

Dr. O'Connor: Dr. Gorham, your thoughts, please.

Dr. Gorham: I just wanted to jump in, thank you very much. I had a conversation with one of our nurses that's down in Miami Garden. She's a retired nurse, but she's been volunteering at a rescue mission clinic and what they decided to do was to go to telehealth/telemedicine and one of the reasons is because, again, we're talking about a rescue mission with homeless men, women and children. They wanted to protect the provider, as well as protect the patients and not have so many patients in a clinic, all at one time. So, they decided to put together a telehealth program that she was just setting up this week to make sure that she and her colleagues, she has a physician assistant that's working with her who is a volunteer in one site and she has a paid physician assistant in another site. So, that's how they're going to be providing healthcare at that particular rescue mission.

The other issue is around people with compromised immune systems and there have been healthcare systems who've had appointments with patients with compromised immune systems and, basically, just told them, "Don't even come over here. I can take care of you through telehealth. Let's do this either by telephone or let's just do this by computer and we can look at each other and talk to each other and figure out what's going

on and do it that way." They really did not want the patients coming to the healthcare facilities.

Dr. O'Connor: Well, I think I'll agree with one of the comments that was made earlier that the application of telehealth is here to stay and probably one good thing from this pandemic is that it has really accelerated our adoption of this. I think that's a positive. I do, however, have some concerns about lack of access to hospitals for individuals that live in rural America. We know that we've seen record numbers of hospital closures in rural America. We've seen inner city hospitals that serve, traditionally, the underinsured close, as well, from financial pressures like Hahnemann or University Hospital in Philadelphia, but we're seeing a lot of hospitals in rural America close. We're seeing whole counties in this country that have no access to an intensive care unit bed. And so, while telehealth is a way of delivering some healthcare, I'm concerned for those individuals that when they get really, sick whether that's all of a sudden they develop shortness of breath with Covid-19 or whether they need urgent access because maybe they're having a stroke or a heart attack, that telehealth is not going to address their needs in that moment, and the compromise of our infrastructure in terms of facilities can negatively impact their outcomes. Dr. Jimenez could you comment on that?

Dr. Jimenez: Well, everything you say is true, Dr. O'Connor, and it is frightening to sit as a physician and to see that these rural hospitals are closing. I can just imagine, just in my own setting, we have pretty sophisticated hospitals. Not very big, but they're here within ten miles of the two adjacent cities, but 35 miles down the road, there is a small hospital that has, I believe, 50 beds and usually, only about 20 are filled and they have one intensive care unit bed or two, at the most. And so, they've come to rely on helicopters, if you would, and they'll have a helicopter station there and a helicopter will come in and evacuate a patient if they're having something acute like a heart attack, so they can get some cardiovascular intervention. But I'm sure that there's an increased risk of loss of life or an adverse outcome because of the fact of the rural hospitals not being supported. Another note, I learned just yesterday, I believe that larger hospitals in the city, who happen to have a smaller regional hospital miles away, be it 20 or 30 miles away, are closing the smaller hospitals in order to bring healthcare personnel, healthcare equipment into the bigger hospital, the mother hospital, if you would in downtown city and thereby stranding, leaving those patients with even less of an opportunity to get immediate healthcare for other emergencies.

Dr. O'Connor: Dr. Jimenez, the healthcare systems are closing the smaller hospitals to condense resources to the hub because they're worried about

exposure of their healthcare providers? Why, exactly, are they closing these smaller, outlying hospitals?

Dr. Jimenez: Well, in general, I'm not speaking, in general, what I'm talking about, now, is because of the increased need for healthcare personnel and healthcare equipment to fight the Covid-19 virus. If you're talking about outside of the Covid-19, then, they're closing those hospitals, I hate to say, for bottom line reasons. This is not good because it just portends to more healthcare disparities.

Dr. O'Connor: Right, not good, and then, even worse, in a pandemic because if your closest hospital is a smaller hospital, that hospital could be at risk of those workers, basically, those healthcare providers being directed to the hub, which further decreases your personal access for urgent services if you or your loved one needs them.

Dr. Gorham: Dr. O'Connor, it's not just the hospitals that are closing. It's my understanding, from talking with some of my nurses that they're not getting the supplies that they need, particularly, to federally qualified health centers. Because they're not getting the supplies that they need, whatever those supplies, all the supplies that would help them in normal times, the coronavirus is, of course, increasing the need for those supplies that they're going to have to close down some of the FQHC's until that

supply chain supplies them with the appropriate amount of supplies that they need to take care of patients.

Dr. O'Connor: Dr. Gorham that is also a frightening scenario. We are low, as we all know, and I'm sure everyone listening to this podcast has heard about how critically low we as hospitals and healthcare systems is on PPE, personal protective equipment, meaning the right kind of masks that a doctor or nurse or healthcare provider needs to wear to help protect that healthcare provider from getting the infection from a patient. The more healthcare providers that we lose, that have to leave the job because of illness the more stressed the system. These are all very serious issues. I want to go back and explore, a little bit more, the telehealth concept and transition that we're making relative to trust in the medical system. Dr. Gorham, I'm going to ask you to take this question, first, and then, others, of course, can chime in but we know that there has been, historically, a certain level of mistrust in the African American community relative to the medical system. Do you have any concerns about telehealth either being a positive bridge to promoting more trust or perhaps being a greater barrier for patients to overcome in terms of having trust in this system?

Dr. Gorham: That's a great question. I think that, overall, that African American people want to be touched. They want hands on. They want someone to talk to. Sometimes, they're taking their loved ones, younger people, older people

with them to be seen by a healthcare provider and they want to make sure they have advocates there for them to translate and ask the right kind of questions, but, at the end of the day, they still want someone to lean over, put that stethoscope on them. They want someone to hold their hand and look them in the eye and tell them that here are all your options. I'm not sure whether or not telehealth will do that. Now, that being said on one side, there are more and more younger people, people who are more middle-aged, who are beginning to look at it as a way that I don't have to take the time off from work. I don't have to take time to travel very far. I can do this in my office. I can do this in my home. I can get to the doctor and have a quick conversation with the doctor. I don't have to wait in an office. I don't have to be around other sick people. They may look at this as a bonus and a benefit to them to get excellent healthcare in a short amount of time.

Dr. O'Connor: Dr. Jimenez, do you see any trust issues with telemedicine with the Latina community?

Dr. Jimenez: No, I don't. I think that as has been said before, they are quite used to social media. They're used to using What's App in particular, which is like Facetime and they do it quite frequently. I find that if the healthcare provider shows empathy, and you don't have to be present face-to-face to show empathy. If they can see you and you ask the right empathic

questions, they will, immediately, buy-in to what you're doing and trust you. The Hispanic/Latino population usually comes from countries that they're doctors there, healthcare providers, practice medicine in a patriarchal manner. They do not practice and come to shared decisions. In other words, they tell a patient what's going to be done and what is best for them and the patient, out of respect, carries it out. When you walk in and are empathic with the patient and engage the patient, they buy into the fact that they can contribute and you listen to them, I think that you can come to an excellent outcome.

Dr. O'Connor: That's very encouraging. I want to change the focus, for a moment, to effective engagement with our various communities in terms of healthcare messaging. We all know and have heard how essential it is that we practice social distancing, and then, we see news reports of college students partying on the beach in Florida or people going out to bars on a weekend. Then, of course, cities and towns and states responding with closing the beaches or banning restaurants and bars to only takeout. So, it seems to me that, somehow, we have missed an effective communication with at least some segment of the population. Maybe that's mostly younger people, younger adults. I don't think this is limited to one race or ethnicity, but I would appreciate everyone's thoughts because we can't effectively control a pandemic when we can't get people to abide by the need for social distancing. How could we do better and

are there specific messages to certain populations or groups of people that we need to change to be more effective.

Dr. Gorham: I think we need to send the message to everyone and send it to them in different ways. I've had conversations with the Millennials. Not the Gen Z's but the Millennials, who have been trying to get their Baby Boomer, we're talking about me, now, parents to stay home and not go out to have social events with their family members. Family members, friends, girlfriends. One friend told me about two sets of Baby Boomers who decided, oh, what the heck, before all the restaurants were closed that they were going to go out for dinner. Another friend talked about she tried to get her mom to cancel her theater tickets and her mom was like, "You know, I'm going out. I'm dealing with this. I'm going to enjoy my life. I'm not going to let this cause me any fear," and the daughter tried very hard to talk her mom out of it and the only thing that stopped her mom was, again, the city closed down all the theaters. The message has to be done in different kinds of ways for different kinds of people. I had a friend who sent over an email, Facebook message the other night about her neighbors. She was going to call the police on her neighbors because, at 11:00 o'clock, a whole bunch of cars drove up to the house and they started partying. So, it's what part of this message that you're not getting? Part of that message is when you see some of the musicians, celebrities and singers and they're having these songs about the coronavirus and

they're dancing and it really said to me anyway, we're going to talk about this, but we can still party at the same time, and you can't do both. This virus is just too deadly, and it needs to be taken seriously. The Chicago Public School system sent a letter to all of the parents. I saw the letter that was sent out and telling them about why they're closing the school system down and how long it may be down, not dealing with, not only spring break, but also dealing with the coronavirus situation. It's also how you transmit that message to your kids. Your kids are still wanting to have playdates. They still want to go out to the park, but you have to be able to tell them, no, this is not a party time. This is not vacation time. Your friend across the street, your neighborhood friend across the street that you've been playing with for years cannot come over and spend the night over here. So, it's all in how you translate that message. At my church we closed down. I attend one of the largest churches in Maryland. All of these pastors got together and said, "We're closing down. We're not taking chances with our parishioners. We're just going to have to go livestream." So, now, we're livestreaming worship service. We're livestreaming prayer meeting. The only thing they can't livestream, which I've been trying to get them to do is a Happy Hour on Friday starting with gospel music and I can just go out on my porch and sing until I'm done. So, every community needs to be able to get that message in different ways and tell them in different ways how serious this virus is and that it's legal and that it's not anything to play around with. We have to be serious

about that six-foot rule. I told my nieces they were going to have some company over and one of my nieces objected. I said, “Well, then, you’re going to have to have the ten-feet rule.” If you want to stay healthy, you’re going to have to obey the rules. That’s the new normal.

Dr. O’Connor: That is the new normal. Dr. Watkins, your comments or thoughts on this. How could we be more effective at messaging these public health policies that essentially disrupt our lives and impose change on us, how can we be more effective in getting people to comply?

Dr. Watkins: I think with the younger generation and particularly the Gen Z, as Dr. Gorham mentioned, I think they need to see people that look like them that are suffering from the virus. The narrative, at least in the beginning was that the Baby Boomers were being hospitalized and experiencing morbidity and even mortality from the virus, but there’ve been a lot of reports, some out of Europe and some from Asia, as well, that talked about how young people have been hospitalized, as a result of having the virus. There was one report on MSNBC, where a spring breaker was interviewed in Florida on one of the beaches, he says, “Well, if I get coronavirus, I’ll just deal with it and in the meantime, I’m going to continue partying. Again, I think it reminds me of the campaigns back in the ‘80’s and ‘90’s, the drug campaigns, when they were trying to get people to not use drugs and they would crack the egg and put it in a hot frying pan and

say, “This is your brain on drugs.” I think young people need to see someone like them suffering from it to realize this can happen to me. That person is just like me. That can happen to me. For older generations, I was talking to someone recently, a Baby Boomer, and this person said to me, and I haven’t heard this in a longtime, but they said, “Oh, we’re just going to pray this away.” I thought that was interesting. I’ve heard that. I remember when I was doing my dissertation in the doctoral program, I heard that a lot about Type II diabetes. I would talk to participants about being a part of the research study, and they said, “Oh, I’ll be in your study, but I’m going to be praying this Type II diabetes away, and when it’s gone, I won’t any longer need to be in any diabetes study.” So, it brought me back to that time and this idea of in some church communities, it’s, “Yes, we’ll stop our service. We’re do livestreams, but we need to be praying this virus away.” It has to be a collaborative effort. Yes, you can pray and ask God for healing and for treatment, but, at the same time, when I say collaborative and we think about religious coping styles, it’s a personal responsibility. So, you’re working with God. You’re taking personal responsibility that you have a personal and social responsibility to take this seriously and engage in social distancing, handwashing, sanitizing, standing away from vulnerable populations. There has been a five-year-old that’s tested positive here in the New York City area for coronavirus. So, not only does it not have a face in terms of race and ethnicity but in

terms of age. Anyone is susceptible to this and no matter who gets it, it's serious. So, the messaging has to differ based off the age group.

Dr. O'Connor: Thank you. I think those are really important points. I'm compelled to comment that I do think that those of us that believe in a higher power, it is a good thing for us to ask for more divine help. I believe all healing comes from the divine healer, but we have to do our part to be responsible with practicing the measures that we know help keep us safe. Praying away Covid-19 is not, in my opinion, going to be effective and I know that's what you're saying Dr. Watkins, as well. Dr. Jimenez, what are your thoughts on this relative to the Hispanic community?

Dr. Jimenez: Let me tell you a little story and that has to do with an individual named Dr. Jimenez Jimenez.

Dr. O'Connor: As in you, Dr. Jimenez?

Dr. Jimenez: As in my grandfather.

Dr. O'Connor: Oh, your grandfather, excellent.

Dr. Jimenez: My grandfather was 41 years old, 100 years ago, 1920, 1921. He was living and working. He had some acreage and he was working the fields.

This was at 9,000 feet in the mountains of Jalisco, Mexico. He came up with a dry cough and he, two days later, was in bed and then died. This was from the equine encephalitis epidemic of 1918-20. This was in a village of 150 people, 9,000 feet up in the mountains, 34 out of 150 people died and there was a mass burial that my father remembers being six years old. And so, I think that younger people, most populations, have to be scared into this and this is why I think more emphasis, more publication of history because we have lived this before. The United States has gone through this before. Without social distancing, in some communities in the United States, during that time, historians have stated that more than the estimated 675,000 Americans who died out of the 20 million who died worldwide, more would have died without social distancing that they practiced in 1918 and 1920, here in the United States. It's very important. Another, not story, but it was in the New York Times today or yesterday about a community in your state, Dr. O'Connor, Westport community and there was a party, and this was an affluent community. There was a party for a 40-year-old birthday party for an individual and friends from all over came, being of affluence, and one stopped by who happened to be traveling through from South Africa. The individual happened to be in South Africa, and he was traveling home. So, he was at that party and I think the party was about two or three weeks ago, and on his way home to South Africa, he got ill and he ended up testing positive for Covid-19 and I believe they stated that 20 out of the 50 or 60 people that were at this

party have also tested positive. So, the virus does not know like we said does not know color, does not socioeconomic status, it doesn't. It's just there. This is why I believe that we really have to be vigilant, careful and scare the hell out of some people.

Dr. O'Connor: I want to draw this to a close and really thank all of the panelists. I think the comments have been very helpful and, hopefully, our listeners have enjoyed this and learned some important information from the podcast. I want to reiterate just some name points that have been raised. This virus can be deadly and all of us need to take the public health measures very seriously and embrace social distancing. We know that the virus is colorblind. It's income blind. Anyone can become infected. We also know that diabetes is much more prevalent in our communities of color, namely African Americans and Hispanic/Latino communities. Asking those individuals to be particularly vigilant in protecting themselves, I think is really, important. I just want to ask everyone for a couple of closing comments, and we'll wrap it up. So, Dr. Jimenez, we'll start with you.

Dr. Jimenez: Well, to wrap up, I really think that this is a battle that we are all in together and we have to look at it that we are together in this and not point fingers at other people that they ought to do this, they ought to do that or so. So, act as if we're all in this together. I heard the phrase the other day that I

really think is appropriate for social distancing and all that is to, “Act as if you are Covid-19 positive.” So, if you did that and you really care about your family, friends, older individuals, younger individuals, then, you will act appropriately, and you will be doing appropriate social distancing.

Dr. O’Connor: Dr. Gorham, closing comment?

Dr. Gorham: My closing comment is that the frontline workers, the nurses, the physicians, the physician assistants, all of the health workers, first responders, the police officers, the firefighters, all of them need to be commended. I’m asking that everyone stay healthy, stay safe, stay blessed, but, also, be reminded that our infrastructure is one that needs to be strengthened, both in the urban centers, as well as, in the rural centers, and that we need everybody’s help in making sure that we have a better healthcare system in this country.

Dr. O’Connor: Amen, sister, amen. Dr. Watkins, last comment.

Dr. Watkins: No, my parting comments are I think of what we talked about earlier, this idea of common humanity, being respectful of each other and respect looks different to different people, but in terms of the novel coronavirus, as Dr. Jimenez said, not pointing figures. Not being xenophobic, blaming Asians for this virus, calling it Chinese Virus, but realizing that globally,

we're all suffering from this and we have to help each other. This is our time to shine as humans and help each other and really respect each other in terms of being healthy, being responsible and giving people the space, they need.

Dr. Gorham: Six feet!

Dr. O'Connor: Yes, we all need six feet. That's the space that we need. Panelists, I want to thank you so much for the generosity of your time and expertise, and to our listeners, thank you for joining this health disparities podcast and, on behalf of all of us at Movement Is Life, be safe out there. Movement Is Life is committed to sharing with you more important information in this pandemic. We understand that Covid-19 is not impacting all of us equally, but, yet, we're all vulnerable. So, we look forward to you joining us for future podcasts, where we bring you important information and conversations to help us in this global dialog. Thank you, everyone. Good-bye.

(End of recording)