Hispanic panel: The social influences of health, translating “medicalish,” and understanding intersectionality.

People live and work in social communities, where a huge amount of information that drives decision making around health is disseminated person to person by community voices. Our panel of Hispanic health leaders discuss how achieving health equity requires healthcare providers to utilize social influence as a way to improve population health.

Dr. Adela Valdez describes the concept of community intersectionality, a framework that allows us to better understand the intersecting social and demographic drivers for our communities in order to better meet their needs. Dr. Ramon Jimenez discusses how learning about the intersectionality concept has enabled him to unpack some of his personal experiences and history to better understand his own journey as a Hispanic orthopedic surgeon. Dr. Ilan Shapiro explores the limitations of speaking “medicalish” and the importance of creating culturally appropriate conversations about health within our communities, using tools and language that make health information accessible to everyone, using social and other media. Dr. De Alba Rosales discusses how achieving health equity will require broader approaches that address social, economic, and environmental factors that influence health. This episode is co-hosted by Claudia Zamora, National Hispanic Medical Association, and Dr. Ramon Jimenez, American Association of Latino Orthopedic Surgeons.

Claudia: Welcome to this special episode of the Health Disparities Podcast. Recorded live and in person at the annual Movement Is Life Caucus in Washington, DC and also special because we have a very Hispanic and DEI focus for this group discussion featuring our group of Hispanic health equity leaders from across the United States.

I am Claudia Zamora, founder and CEO of Zamora Consulting Group, member of the Movement Is Life Steering Committee and board member of the National Hispanic Medical Association. It is my pleasure to host the podcast for the first time. I am joined by my co-host for this discussion, orthopedic surgeon, Dr. Ramon Jimenez. Also, a member of the Movement Is Life Steering Committee, Dr. Ilan Shapiro, who is the Chief Health Correspondent and Medical Affairs Officer at Alta Med in Los Angeles, California. Our next panelist is Dr. Armando Diablo. He's a faculty member in the Department of Family Medicine and an Assistant Dean of Diversity, Equity and Inclusion at the University of Nebraska Medical Center College of Medicine. And our third and final speaker in the workshop is Dr. Adela Valdez, Associate Dean of Diversity and Inclusion, Associate Dean of Continuing Medical Education, Professor of Family and Community Medicine, School of Medicine at the University of Texas Rio Grande Valley.

So, before we get into the discussion, let me share with our listeners a quick outline of our amazing workshop that we are discussing on this episode titled, Social Influences of Health, Opening Doors, Opening Minds, Impacting Lives: Strategies to Improve Wellbeing. We wanted to explore in depth the social drivers of health in diverse communities. Address the dimensions of community intersectionality, the importance of breaking communication barriers in healthcare by translating medical-ish to a more understandable language for patients of all ages. And lastly, identify strategies to address the unique needs of communities, in particular underserved communities. Let me ask my co-host, Dr. Jimenez, one thing before we hear from the rest of our panel. When we say social influencers of health, are we talking about social determinants, healthcare providers? What do we mean by social influencers of health?

Dr. Ramon Jimenez: To put it simply, what I think is meant by the influencers of health or that a patient gets or that a person receives from other persons around them, from the environment around them, from the opportunities around them in order to get the best health. For instance, recently I've been involved with an Operation Change venue at the Kroc Center in San Diego, California. And at that Kroc Center, I was there for a town hall and 15 women showed up as part of their group, which is called Kitchenistas. Kitchenistas, and these women are representative of the Latino, Hispanic families in which the matriarch or the mothers of the family are really the quotes, doctors, close quotes. They seek the medical care, they obtain the medical care, they seek the medicines, they go to the pharmacy. They may have pharmacy left over from or drugs left over, medications from others and they will then impart some of this treatment to their family members, if you would. There are also, and they're a big influencer as I see it. Another tremendous influencer I have seen is or are promatoras and I think that the word most probably identifies them as promatoras because a lot of them are, most of them, the majority of them are women. And it is these individuals who kind of empower the patient. They have access to the patient, they can go to the family, knock on the doors. They are not white coat healthcare providers. They are their neighbor, or it could be somebody's just not necessarily a, it could be an extended family friend, a relative or something like that. But these promatoras say, come here. Here's where you, how you get to the, to the nearest hospital. Here's what you go to ask for. Here's how you approach this clinic, etcetera. So, it’s kind of really is a real influencer in having these individuals, these disadvantaged, marginalized populations attain healthcare.

Claudia: Dr. De Alba Rosales, would you please give us a glimpse of your presentation during our workshop today?

Dr. De Alba Rosales: Absolutely. Well, I had the privilege to share the stage with advancing colleagues who are doing a lot of community work. And basically, I started my presentation by sharing some efforts that we are doing in Nebraska. So, I am located in Omaha, Nebraska, in the Midwest, for those who are not familiar with where Omaha, Nebraska is, right in the heart of the country, right at the heart of the country. So there, we have a big rural community, and also, we have a significant recent arrival population, particularly Hispanic or Latino. So, my presentation, I initiated my presentation by sharing how we were impacted by COVID 19, which was very similar to what happened at the national level, but specifically, we were extremely impacted by COVID 19, having, like, for example, 60% of the total population, a certain time in 2020, during the summer of 2020, 60% of the population infected with COVID 19 were Latinos or Hispanics. And we also had one of the highest rates of deaths in terms of racial and any minor racial and any groups, we had one of the highest death rates of the state. So with this being said, actually we started, we needed to focus efforts on Hispanic/Latinos and had to really tailor interventions that in this case we implemented culturally adapt and linguistically adapted factors or elements into those interventions in order to have a higher impact and revert that negative impact, excuse me, to revert the negative impact and eventually protect more Hispanic and Latino lives in Nebraska. So that is an example I shared with the audience, because eventually we created some cultural interventions to addressing COVID 19, such as a mariachi vaccine clinic, which it was basically a community vaccine clinic, a mobile vaccine clinic where the Latino/Hispanic community resides in Omaha and we basically brought, for example, a couple of bands to play right on the main street while we were having available vaccines for the community. But also, we brought together a group of physicians right on that side to have also a space where the community members who wouldn't like to have a vaccine, but maybe they wanted to ask a question, they had that option to interact with a physician right, in that event. So, and in this case, we were Hispanic/Latino physicians who volunteered in the mariachi vaccine clinic. We also had another one for Via de Los Muertos, where we interacted with kids and family similarly a safe space for the Latino community. And eventually, we lastly, recently had a soccer vaccine clinic where we brought a soccer legend from Mexico and who helped us to bring the attention of the fathers of Latino families and the fathers brought their kids to get vaccinated. And we, at the end of the day, had a family

fest under the theme of soccer with a legend who was participating in some games with the audience. So those are examples of how we actually implemented cultural adaptation into this intervention based on what, based on the area and understanding that in order to address health challenges or health problems, we need to think in those factors that surround or directly and indirectly impact our health. It's not that we need to also not only focus on the biological aspect or individual aspect but also identifying those family aspects, community aspects and even cultural aspects that directly impact the health. So, these interventions were taken into consideration, cultural elements in order to have a higher impact in and protect the health of our communities.

Dr. Ramon Jimenez: Could I ask you, doctor, who, who supported these activities, which I think are just wonderful, the expenses of them?

Dr. De Alba Rosales: Absolutely. Well, definitely this was a collective effort. It was definitely, I have to say that the institution where I work, we were one of the collaborators, but also, we collaborated with the Department of Health, and we collaborated with the National Hispanic Medical Association, together with other local organizations, hospitals, and clinics. It was actually a community event where actually the major, local clinics and hospitals in the city came together. And also, the local health department, national organizations such as NHMA, and I probably am missing one or two other national organizations who participated. And in terms of the soccer player, when we had the vaccine, the soccer vaccine clinic, I have to also recognize and knowledge and applaud the initiative of this soccer legend, Mr. Luis Hernandez, who he is also known as El Matador, Luis Hernandez because he actually was proactive in coming to Omaha that he's right now on his way to Qatar because the FIFA World Cup is happening. He works for FIFA now, and he has an incredible busy agenda, but he made a space to participate in these kind of events. And he didn't do it for fame or financial purposes. He actually volunteered his time to be there with us. So, wonderful community effort.

Claudia: What would you say are the social drivers of health in diverse communities?

Dr. De Alba Rosales: Yeah, absolutely. Well, just to put it in simple words, I will say factors. These are factors that influence or impact our health. And they can be directly, or they can be indirectly. Directly, basically, when, you know, we can actually scientifically prove that those factors impact a health outcome but that is basically, in general words where an indirect factor is not necessarily have to be, cannot be proven by science or scientific knowledge, but we know that it's a factor that influences our

health. For example, you know, we know that we can measure by culturalism, for example, we can measure a certain cultural aspect, but sometimes these are not necessarily proven beliefs that cannot be tangible but equally impact the health of our community. So, these are in general words what the social drivers of health are. And when we also talk about these factors in the community, it's very important how we define community. I think even one of the initial steps when we talk about this topic is that we need to define the community that we will serve because otherwise we will be scattered, and we are recognizing and during these conferences, those marginalized or underserved communities that are part of our society in the nation, and that is a way how we can define health. So, in order to tailor interventions, it's always good to identify the community that we want to have the major impact on.

Claudia: Dr. Valdez, can you please give us some of the highlights of your presentation?

Dr. Adela Valdez: Certainly. You know, last year was the first time that I've been in Movement for Life meeting, and I really came about the knowledge of this through a medical student. And it really surprised me that I didn't know about it from my organization, from other memberships. And then, you know, when I came here, I got to know a lot of individuals. I was very much impressed with their knowledge, with their experience, with their diversity, with their passion and what they were doing in the organization. So much so that, you know, I remember continuing this conversation with some of the people here in the room, including you, Claudia, and I was very honored to come in and be asked to participate in today's panel, my topic was dealing with community intersectionality and I felt that the intersectionality of community, sometimes it's not something that is discussed very much, but a very important part of social influence and social determinants of health. And why is that? Because community intersectionality, actually, intersectionality is really the common ways and complex ways that people's identities, community identities can be used to marginalize the individual. And it can be pretty complex in the sense that all of us have so many life experience and so many parts of our lives that can be discriminated against by in different times or different eras. And so, you know, looking at that, I also like that these communities have a lot of resilience. That our members here in MIL looking at them, they come from all walks of life, and they've succeeded against many areas of diversity in which there were barriers and there was discrimination. So, in looking at them, I knew that they had grit, that they had the passion, and certainly they have the knowledge of what it takes to move an organization not only

forward, but our community forward. And these are the leaders that can make an impact for Movement in Life and for our patients. So, that being said, you know, I first defined intersectionality and what it meant and the fact that, you know, that it really is about multiple levels of discrimination. Then, I actually introduced several wheels, that actually delineate the different complexities and definitions of that intersectionality. That includes military service, that includes where you live, are you a native speaker or not. And you know, these accumulate and can really impact communities when you're having identity of communities. For example, I'm from South Texas, and 95% of the individuals in my two areas that I live in are Hispanic and of Mexican descent. So, and yet, here they are, and here they survive, and here they thrive. And what makes that happen? And that individuality of that community is something that the doctors in that community understand and know. And when we have those experts, then come to this meeting from all over the nation, you have a very rare occurrence of having all those individuals that have worked in those communities, that understand the communities and can actually identify the strengths more than the weaknesses, because they can identify it in themselves. So, part of the exercise was really identifying those areas within each individual and then sharing those experiences. I think that was really fun and educational all at the same time to understand that individual from at least a snippet of their life story. I think then we talked about MIL and any suggestions they might have so that we could move this community forward in helping those that are most in need.

Dr. Ramon Jimenez: Thank you. I just want to comment. Your talk was excellent, and for me, I am somewhat not prone to big words like intersectionality, because to me it's another word that's been introduced. Does it really apply to me or not? But, you educated me, and I really think that that is important because when I looked at the graph that you did present, the pie chart that's expanded here for sure, with all the different factors, which I'll mention in a second, but I looked at it, I said, now do I fill this out and look at it at my age now, at my stage in life now, or as I went through or started? And so, I was able to obviously apply more and more of those factors such as marital status, military experience, job classification, native born, religious belief, thinking styles parental status. All this comes into play, and it really is a mix, which to me would be, I understand that better than intersectionality, but it is a mix that mixed up what I am now.

Claudia: Who you are. Yeah. It helps you think of the identities of who you are and who you've been, where you started and where you are now. And they all have strengths and weaknesses, but mostly, in my opinion, strengths.

Have you been able to, to do what you have done in your career and had that level of influence, yeah, I think it's just tremendous and a great example. And we forget sometimes in our humbleness to sometimes, you know, applaud ourselves for what we've done and for influencing. And that's kind of what I wanted to do today is highlight, you know, individually have people really look at all the attributes they have all the skills and despite what anybody else says, these are strengths. If somebody says, I'm bilingual and that's not good, or I'm female and that's not good, I either, well, let me show you how I am, and this is how I apply it in my community and in my healthcare practice and education. So, I think there needs to be more discussions of this out there so people can value what they do, especially now when it's so difficult to find that spark back. And like I said, when I came last year, I found that spark and I felt like, wow, you know, I got reignited again when I saw the caliber of people here, what they do, and how humble they are, you know? So, that's one reason why I thought that exercise was going to be important.

Dr. Ramon Jimenez: Well, if I can go further, Claudia on this personally, I live in now in Monterey Salinas part of California. And so, when I drive by the fields, acres and acres of vegetables and fruit, strawberries, etcetera, and see these people out there who are working under the stifling heat, bent over, row upon row of needing to pick fruit, get into the end of the row and turn around, and you got to go back again another mile picking fruit. It just makes me think that their intersectionality, their mix of all the factors at their level, my God, are they behind the eight ball. They are really marginalized. They are really disadvantaged. I was privileged enough to about four weeks ago at Santa Clara University, they produced a video. This individual, Alex Ontiveros produced this video called, "*Campesinos: America's Unsung Heroes*". And it had to do with Napa Valley, Santa Clara Valley, Salinas Valley, where I'm at, where he went out there and he filmed the campesinos as they get up in the little camps, you know, and then, go to the field to work, and some work are picking grapes at night, and it's supposed to be better for the grapes to pick them at night or so, but they were going down these fields with floodlights in order to illuminate what they're doing, but to see their work, all I can say is there, but for the grace of God go I, because, you know, my parents made decisions or what have you, that these factors that made up my mix or intersectionality were geared in a different way. So, thank you.

Dr. Adela Valdez: Yes. And, and I can, I can say having been one of those people that bend their backs, picking cotton and picking, you know, carrots and okra and you name it. I quickly understood the inequities that were in

there, the mistreatment, you know, received even from the truck drivers. But yet then, and even then, I wanted to be the best cotton picker, you know? And, you know, I sympathize, I feel the pain, and I think that's what it takes. It takes people who have lived that experience to be able to really connect, I think, and feel what they're feeling and communicate in a way that understands what they're going through. And so, you know, communities, even those communities are very strong in faith, and much of that is what keeps them going. What we need to do, I think, in that case, obviously, is, as you said, recognize, you know, where they are and continue the movements and advocacy that have helped them in the past. You know, sometimes we forget how privileged we are, but we should not forget the power we have and how we can impact people's lives.

Dr. Ramon Jimenez: And familia is a big, big, big thing.

Dr. Adela Valdez: Familia. Yes, it's huge.

Claudia: Dr. Shapiro can you please give us a recap of your presentation for the social influencers?

Dr. Ilan Shapiro: We divided the conversation into three steps for the conversation, the first part was to understand what things we have out there that we have been using. What campaigns have been working. And Dr. Diablo gave an amazing conversation of how in Nebraska things were happening, and actually what worked. After that, we were having a beautiful conversation with Dr. Valdez, where we needed to do self-reflection, understanding where we are coming from, and understanding intersectionality of the things that we were doing. And the third thing was how can we bring those tools that we already have and leverage media to put the conversation out there? During my conversation, I had the pleasure to share what things actually worked for us in LA County and Orange County, and the things that we could actually improve. And one of the things that we wanted to make sure that everybody understood was that Hispanics are not the same group. It's multiple groups with different feelings, and we need to tailor the message depending on where we are to the conversations that our communities need. And one of the things that you made me smile when you asked me this during the conversation here at the Movement Is Life, what do I mean with medical-ish? I say the phrase that I want to translate medical-ish to an actionable language. Medical-ish is that feeling when we have conversations with doctors and we have no idea what they're talking about, and we hear a lot of terminology, but we do not know if that terminology is good or bad, we do not know if that's, you know, something that we need to be worried of or something that will actually go away by itself, then that's why it's so

important for us as healthcare providers and healthcare providers could be people that are involved in making management ideas for a healthcare system, or someone that is actually creating products orthopedic products for our community. We need to make sure that we are bringing that information for our communities and families that have two or three jobs. They are trying to make sure that everybody's safe, and most importantly, to give them the opportunity to ask questions, to have that conversation. And that's kind of part of the things that we were doing. And the last thing was actually to create a plan on important things and topics that they need to do and amplify. It could be from arthritis, it could be from diabetes, it could be from obesity. It could be from many things that we have out there in the community, but making sure that we were ready to deploy a plan. Understanding that we have still traditional media like Univision, Telemundo or you know, other US networks like CNN Univision, sorry NBC Latino. That is actually a new thing coming. And ABC, NBC, MSNBC, Fox, that, you know, our communities are hearing that part and also leverage the new generations with social media.

Claudia: Okay. So, perhaps, now, we can have a more open discussion about strategies for improving wellbeing for our communities and suggest some actionable next steps in 2023 for our listeners to build on the take home messages from the workshop. Let's go around the table and others can chime in as we go.

Dr. Adela Valdez: Well, I'll jump in. I think if I were to say something for the audience is that if you're listening to this, you have power and privilege, and you have survived many, many, I think, a discrimination for most of you. And so, I would say use that to heal inequities, to comfort and to assist and to strategize, you know, for the good of your community.

Dr. De Alba Rosales: I will say that in terms of working with diverse communities, try to identify what their needs are instead of not assume what their needs are, work with them, listen, collaborate, build things together with the community. Those culturally tailored interventions are not just made by one person. It's a team effort. And team effort also includes community members. So not only those who work in the clinics, hospitals, or healthcare sectors, but also across other sectors. So, it's a universe that we need to, the more people we have on the table, the most diverse people we have on the table or team we have the closer to excellence we will be. So, diversity drives excellence, and community members are the ones who know best our communities. So, that will be the take home message and maybe my, the actionable item, I will say get to know your community leaders and work with them.

Dr. Ramon Jimenez: I don't want to sound boorish when I say it, but talk is cheap, action is important. And so, just based on that quote, how do we advise our patients on how to negotiate the healthcare system? How do, and by that, I mean, how do we access it? How do we do that? Do we tell them to look for promatoras? Look for somebody mentioned today beauticians, barbershop, people who may know others, go to your pharmacy. I mean, pharmacists now are into, they like to be able to consult patients. They do make their income or revenue off of medications, and an educated patient is going to ask their own doctor once, or a clinic or what have you, the healthcare provider to prescribe this or that. I really think it's important. On the other hand, for healthcare providers, it cannot always be racial and ethnic concordant, we're not enough. You know, there's not enough Latinos for orthopedic surgeons. The sad fact is that there's maybe at best 400 orthopedic surgeons that are Hispanic, Latino identified out of 32,000. I mean, it's a very low percentage, and it's kind of a flat rate. And I've been at this for 25 years or so. But when I go around giving my talks on diversity and treating and communicating with patients, I try to give them the example of how I had my practice. And I am fluent in Spanish and in English. And so that's the direct advantage I had. But if I was not, if I was a Caucasian physician who did not speak Spanish, I know of an example of another orthopedic surgeon friend who had an office in Salinas. And so, his staff, 90% of his staff was bilingual and bicultural. He makes the offhand comment, he says, yeah, my staff referred to me as Whitey, but he tried to learn to speak some Spanish. He tried to communicate. And so, when the patients came there and the receptionist greeted him in Spanish, or her in Spanish, asked about their kids, showed empathy and engagement, and set all those key points, they felt at home. All this physician had to do was to treat them as human beings, and it didn't matter about the color. So, the patients are very open, they're very forgiving, especially on how you relate to them.

Dr. Ilan Shapiro: Thanks for sharing that comment, doctor, because it allows us to bring a concept that we haven't discussed it, but I mean, we have talked about it, but we haven't named it. Like in academia, we say it's something that is cultural humility. And another concept that is similar, sometimes overlaps is cultural sensitivity. So, I think as healthcare providers, it's important that we keep this into consideration because we need to, if we do not belong to the community that we are serving, like in the case of this physician who wasn't self-identified as Hispanic or Latino, but he was able to since learn or educate himself or empower himself to help the Latino community, he, that is an excellent example of what we can do as

providers with other communities. We need to be humble. We need to know our limitations, but also, we need to be open and receptive to learn about other cultures, particularly if we are providing service in a community that is from a community that we don't self-identified as, with a similar background, racial, ethnic background, another concept I will say is that at another level that I want to bring the conversation to, it's how we as providers, if we are not from that community, how we can influence health policies, health policies, and because we have a lot of colleagues who don't necessarily are Latino or Hispanics, but they want to help Latino or Hispanics, or they want to change the culture of the institution to help Latino or Hispanics, I will say that one of the most powerful tools that I have identified, and I try to also learn from, is through research. Research will bring you numbers, will bring you facts. And those are very powerful when you have to advocate for communities who are, if you are from another community, you want to advocate for underprivileged or underserved communities, and you bring numbers to the table, particularly those, to those decision makers or to those who build the policies, that is very, very efficient. And that is something that you don't necessarily have to speak the language. You can actually be from a community that can be considered privileged and use your privilege to transform that privilege into something meaningful and impactful to bring other people together. So, that is another concept that I wanted to share, because I think it's also important that we talk with our colleagues or with other members of society who wants to advocate for the entire community, or maybe those communities who doesn't necessarily relate or identify with.

Dr. Adela Valdez: I would agree with that allyship, because I think there's power in numbers and power in people who have cultural humility. If anything's shown over as far as research, in training, in dealing with diversity and diversity obstacles, culture humility has been proven to make a difference. And so, I would echo what you mentioned about the importance of that and the impact it has, not only on the patients where it really needs to happen, but also on the individual. I think they have more gratitude and ability then, to better enjoy their practice and do it in a way, I think that, again, benefits the patient because they're enjoying it. The rewards are incredible. If you can just stop and listen and see the other individual and their story, I think the most important aspect of this is that you need to treat everybody with dignity, every human being, and hear their story. That's why, you know, today, I mentioned stories because I think stories are powerful.

Dr. Ramon Jimenez: They really are Augustus White who you may personally know or not, but you know, he has been our leader here at Movement Is Life. He has given talks all over the nation, and I've heard him many, many millions of times address an audience, always starts his audience of his talk with my fellow humans, not ladies and gentlemen, not whatever. It's always my fellow humans. And his book, "*Seeing Patients*", which was published about eight, nine years ago now, conveys that idea of cultural humility, the idea of dignity, which is very important with patients. So, thank you for that input.

Claudia: Why do you think we need more Hispanics in medicine? And, before one of your answer, you know, in my work as planning and getting new medical schools accredited, when I started in 2007 with those type of projects, I believe we only had 5% Hispanics in medicine. Now we're talking 2022. As of 2030, Hispanics are going to be the largest majority/ minority group in the US, but, yet I think we're only at 7%. So, it seems like we have a long way to go. So, why do you think we need more Hispanic doctors?

Dr. De Alba Rosales: Well, there are different ways that we can answer this question. One, if we go very technical, we do not match the percentage of the representation of the national, with the national demographics. According to the census, Hispanics represent about 18%, 16% of the total population of the country. And so, you already mentioned how small we are in terms of representation in the medical society, and even more critical, the numbers come when you look in two different specialties. So that is something that can be a technical question. From another perspective or another direction, I will say, because diversity drives excellence, and if we want to be a leader worldwide, we need to think as how we can drive, bring excellence and be leaders, not only nationally, but globally. And that is with diversity, because again, it goes back to we are all humans. And the more diverse we are, the more ideas we have, the more elements or components we have to impact our health. Not necessarily medical knowledge, but also those factors that directly impact the health of our patients, of our communities, and the more diverse ideas we have because, again, I want to even open it not only to racial and any minority groups, I also want to speak in terms of diversity for those who have the different ideologies, religions and other wonders that might exist, you know, within our society, the more diverse we are, the more prepared we can be as healthcare providers, and the more humans we can engage with our patients and provide quality care. That is from another direction how I could answer this question.

Dr. Adela Valdez: And I very much echo that as well. I definitely emphasize the fact that we don't have the representation that is needed not only in the medical profession, but as you said, in the diverse healthcare industry as we are still not well represented. There has to be a special focus in not only the nation, but in businesses, and in medical schools, to think about, you know, holistic admissions so that it can make an impact in the school that I'm in, the University of Texas, Rio Grande Valley School of Medicine, we have 45% Hispanic, we have about 60% from that area. And that was a very defined mission that we had from the very beginning about serving our own community. Yes, building global health practitioners that can go anywhere, but part of that is learning how to serve your community as well. We wanted to mirror what we were serving. And that's us. But if you look at it on a higher national level, and especially speaking to kind of the percentages that Claudia was talking about, the low percentages of physicians and practitioners as compared to the population very much what you said about how understanding the patient, having that culture, humility, having had those experiences and having that ethnic diversity then present within the milieu of caretakers, improves everybody else, not just the patient, but most importantly improves healthcare outcomes in that diverse population. I think patients are much easier to comply, to follow through in their visits, to address, you know, the issues more directly with somebody they trust. So, I think that's really important. I think there's definitely a lot more healthcare providers out there, including the promatoras that have done an incredible job. I have a lot of respect for them. And I think we all need to work in tandem with each other to make this thing happen.

Dr. Ramon Jimenez: And you both mentioned the word, and that's because we need it. We do need to have that happen. And the reality is that we are on a slippery slope and not making a lot of traction and gaining in numbers. But I think that it's so very important too, we do know that racial concordance and ethic concordance, patient and provider is very important. And for the reasons that Adela just stated, the patient's trust, communicate and follow through and are adherent to your treatment plan, your suggestions. So, I, and I can tell you that and I'm founder and past president of the American Association of Latino Orthopedic Surgeons, it's still, even though we did it 10 years ago, it's still a fledgling, almost frail organization. And that's because the numbers just aren't there. So, what I did about three years ago was I expanded our objective, if you would, and we expanded to include in the membership physicians, orthopedic surgeons that serve the exploding Latino population, which is going to be

25% by 2040. So, and they are not, I mean, they're in Nebraska, they're in Minnesota, they're in New York, obviously, Florida, Texas, California, Arizona, etcetera, but they are all over. And so, therefore, there are orthopedic surgeons who do see them in their practice. And so, these providers need to, and healthcare providers, not primary care providers, also need to open their arms and who are not Latino, Hispanic, need to open their arms and welcome these fellow human being patients. Thank you.

Claudia: So, as you can see, the workshop and the dis this discussion set out to help participants identify strategies to address the unique health needs of diverse communities, taking into account social drivers, intersectionality, the importance of speaking your patient's language, but most importantly, the having a diverse healthcare workforce. So, thank you again to our wonderful guests for joining us today. We hope that we have opened your mind and expanded your skills as healthcare influencers. And as a quick reminder to our listeners, you can access videos of the plenary sessions, including the panel discussions and talks by visiting our website at www.movementislifecaucus.com. And if you enjoyed the episode today, please delay your friends and colleagues know about the Healthcare Disparities Podcast, which is available on all leading podcast platforms. And thank you to the listeners of the Health Disparities Podcast. It has been a pleasure to host this episode. We'll look forward for you to join us again. Until next time, this is Claudia Zamora saying goodbye from all of us.