

## **New York City & Philadelphia NHMA Chapters**

COVID-19 Impact on Latinos & Reflections from the Frontlines

October 14, 2020

7:00 PM – 8:15 PM EDT

[www.NHMAmd.org](http://www.NHMAmd.org)



@NHMAmd



@NHMAmd.org

# Welcome

**Elena Rios, MD, MSPH, FACP**

*President & CEO*

National Hispanic Medical Association

Washington, DC

- Encourage your patients to enroll and inform others about the clinical trials for COVID-19 Vaccines
  - [www.CoronaVirusPreventionNetwork.org](http://www.CoronaVirusPreventionNetwork.org)
  - [www.COVIDVACCINESTUDY1.com](http://www.COVIDVACCINESTUDY1.com)
- 2020 Virtual Health Leaders and Scholars Awards Ceremony
  - <http://bit.ly/NHHFCeremony2020>
- 2021 NHMA National Hispanic Health Conference
  - <http://bit.ly/NHMAConference2021>

# Overview

**Diana Torres-Burgos, MD, MPH**

*Hispanic Health Advisor*

NHHF

*Chair*

NHMA NYC Chapter

**Ana Maria Lopez, MD, MPH, MACP**

*Professor and Vice Chair*

Medical Oncology Sidney Kimmel Cancer Center

*Chair*

NHMA Philadelphia Chapter

## Housekeeping

- Presentations to be followed by 10-15 minute discussion
- Microphones will be muted
- Type questions in chat box
- Recording available next week at [www.NHMAmd.org](http://www.NHMAmd.org)

Instructions to receive CME will be included in thank you email.

Webinar recording & CME will be available for 1 year at

[www.NHMAmd.org/webinars](http://www.NHMAmd.org/webinars)

# Learner Notification

National Hispanic Medical Association  
NYC/Philadelphia – COVID-19 Impact on Latinos & Reflections from the Frontline  
Date of CE Release: October 14, 2020  
Date of CE Expiration: October 14, 2021  
Location: Online

## Acknowledgement of Financial Commercial Support

No financial commercial support was received for this educational activity.

## Support

No in-kind commercial support was received for this educational activity.

## Satisfactory Completion

Learners must listen to each self-directed audio recording while following along with the visual slides/read the articles, complete an evaluation form to receive a certificate of completion. You must participate in the entire activity as partial credit is not available. If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.



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INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by Amedco LLC and National Hispanic Medical Association. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

## Physicians

Amedco LLC designates this enduring material for a maximum of 1.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## Objectives - After Attending This Program You Should Be Able To

1. Describe racial and ethnic disparities in COVID19 in NYC during the peak of the city's pandemic.
2. Describe the challenges faced by Hispanic/Latino populations during the COVID19 pandemic.
3. Discuss health equity and the challenges in providing obstetric care to vulnerable populations with a focus on Hispanic migrant populations.

## Disclosure of Conflict of Interest

The following table of disclosure information is provided to learners and contains the relevant financial relationships that each individual in a position to control the content disclosed to Amedco. All of these relationships were treated as a conflict of interest, and have been resolved. (C7 SCS 6.1--6.2, 6.5)

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Raul	Perea-Henze	NA
Elena	Rios	NA
Sergio	Sandoval- Tovar	NA
Diana	Torres-Burgos	NA

# Impacts on Latinos: Covid-19



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DIANA TORRES-BURGOS, MD, MPH

ANA MARIA LOPEZ, MD, MPH, MACP

NHMA NEW YORK CITY & PHILADELPHIA CHAPTERS POLICY FORUM  
WEBINAR

OCTOBER 14, 2020

## Penn study shows disproportionately high COVID-19 infection rates in Black, Hispanic women

By [Sahiba Baveja](#) 08/02/20 6:36pm

Penn study shows disproportionately high COVID-19 infection rates in Black, Hispanic women



**4**  **NEW YORK**

**CORONAVIRUS**

### Hispanic Community in NYC 'Disproportionately' Impacted by COVID-19: Officials

Overall, data suggests that minorities, particularly the African American and Latino communities, are disproportionately affected by the virus

By Jennifer Vazquez • Published April 8, 2020 • Updated on May 6, 2020 at 2:47 pm



Real Possibilities

## Blacks, Hispanics Hit Harder by the Coronavirus, Early U.S. Data Show

Chronic health conditions and social factors are to blame, experts say  
by Rachel Nania, [AARP](#), Updated May 8, 2020



## Majority of York County health center's COVID-19 cases from Latino population

Family First Health is seeing a lot of COVID-19 cases in its latino community, and it says more detailed data on ethnicity could help lower those numbers

Author: **Samantha Galvez**  
Published: **10:53 PM EDT July 25, 2020**  
Updated: **10:53 PM EDT July 25, 2020**



<https://www.fox43.com/article/news/local/majority-of-york-county-health-centers-covid-19-cases-from-latino-population/521-bac8bac4-5838-43aa-8107-bc0a938a492c>

## The New York Times

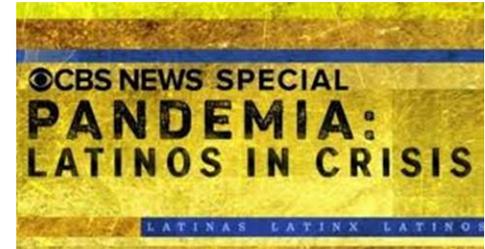
### Virus Is Twice as Deadly for Black and Latino People Than Whites in N.Y.C.



By Jeffery C. Mays and Andy Newman

• Published April 8, 2020 Updated June 26, 2020

<https://www.nytimes.com/2020/04/08/nyregion/coronavirus-race-deaths.html>



<https://www.cbsnews.com/video/cbs-news-special-pandemia-latinos-in-crisis-coronavirus-impact/>

"Pandemia: Latinos in Crisis" explores impact of coronavirus on community

In "Pandemia: Latinos in Crisis," CBS News spoke with several celebrities and activists along with U.S. Immigration and Customs Enforcement detainees and undocumented immigrant farm workers about the ongoing impact of the coronavirus on the Latino community. CBS News contributor and "Pandemia" host Maria Elena Salinas joined CBSN to discuss. The special will stream on CBSN on Sunday, July 19, at 9 p.m. ET/PT.  
JUL 17, 2020

# US Cases by Race/Ethnicity:

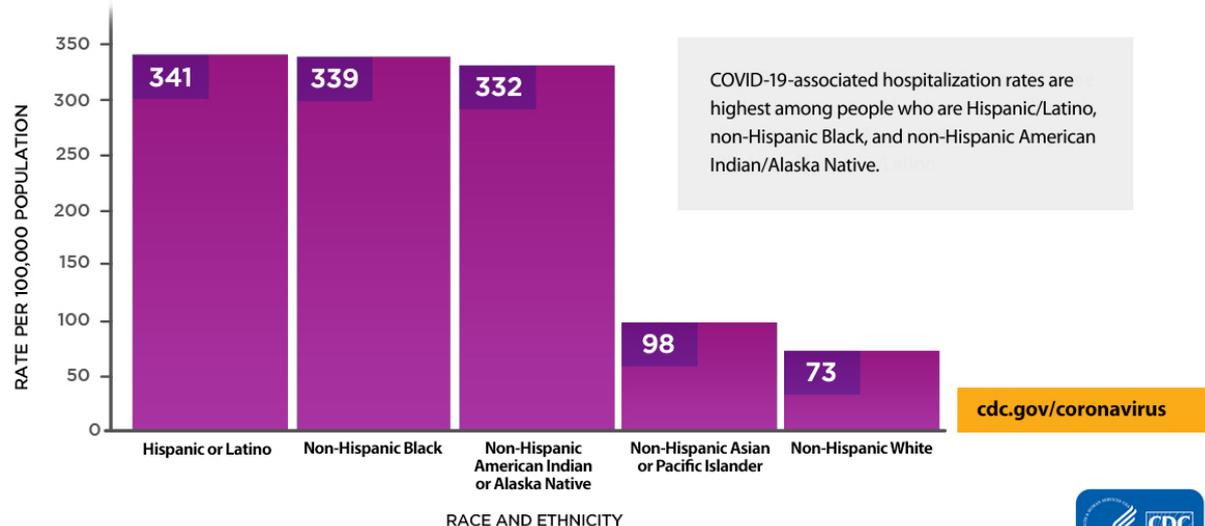
Data from 5,735,507 cases. Race/Ethnicity was available for 3,000,412 (52%) cases. (Oct. 11. 2020)

Race/Ethnicity	Percentage	Count
Hispanic/Latino	28.4	853,438
American Indian / Alaska Native, Non-Hispanic	1.2	35,426
Asian, Non-Hispanic	3.3	99,134
Black, Non-Hispanic	17.7	530,477
Native Hawaiian / Other Pacific Islander, Non-Hispanic	0.4	12,866
White, Non-Hispanic	44.4	1,331,686
Multiple/Other, Non-Hispanic	4.6	137,385

# US Hospitalizations by Race/Ethnicity

## Age-adjusted COVID-19-associated hospitalization rates by race and ethnicity

COVID-NET, MARCH 1 - SEPTEMBER 5, 2020



Rates are statistically adjusted to account for differences in age distributions within race/ethnicity strata in the COVID-NET catchment area. Rates are based on available race and ethnicity data which is now complete in 94.2% of cases from COVID-NET sites. COVID-19-associated hospitalization rates for American Indian and Alaska Natives may be impacted by recent outbreaks among specific communities within this population and the small numbers of American Indian and Alaska Natives cases included in COVID-NET.



CS320260

# US Deaths by Race/Ethnicity

Data from 153,690 deaths. Race/Ethnicity was available for 126,472 (82%) deaths. (Oct. 11, 2020)

Race/Ethnicity	Percentage	Count
Hispanic/Latino	16.4	20,748
American Indian / Alaska Native, Non-Hispanic	0.8	1,018
Asian, Non-Hispanic	4.9	6,163
Black, Non-Hispanic	20.7	26,174
Native Hawaiian / Other Pacific Islander, Non-Hispanic	0.2	280
White, Non-Hispanic	52.9	66,864
Multiple/Other, Non-Hispanic	4.1	5,225

# U.S. COVID-19 Deaths and Latinos

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The current Latino population in US is 18.3%. The CDC reports that 16.6% of U.S. COVID-19 deaths are among Latinos.

**BUT**

When looking at comparable geographic locations with large populations of Latinos, the Latino COVID - 19 death rate is much higher on average 26. 8%.

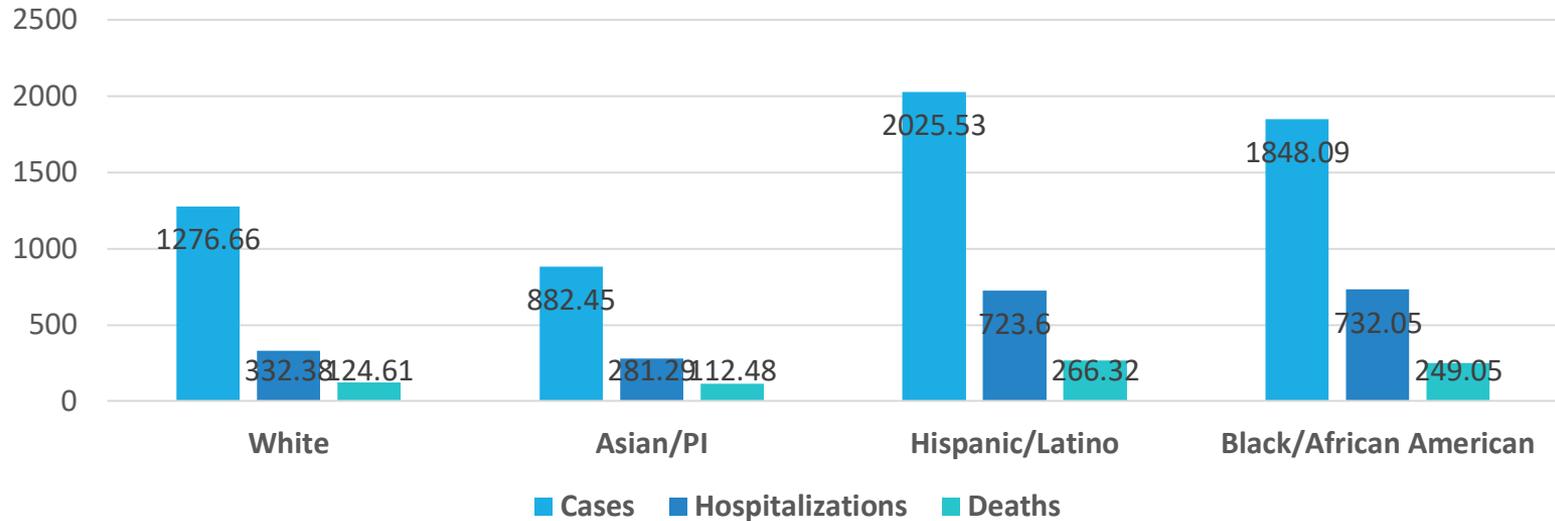
**AND**

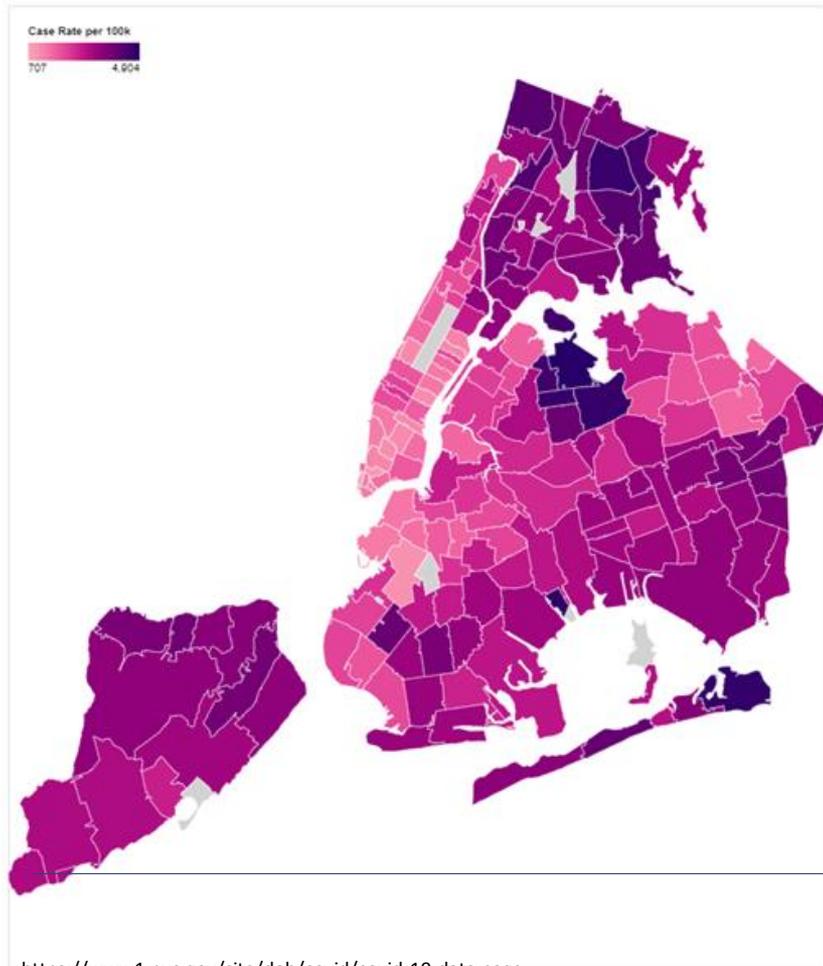
Uneven reporting across states and counties leads to incomplete Covid 19 Death data. In April 2020, only 22 states reporting racial/ethnicity data. Most states now report racial/ethnicity data for Covid cases or mortalities, and 38 states report distribution of cases by race/ethnicity compared to the state's population distribution revealing disproportionately impacted populations.



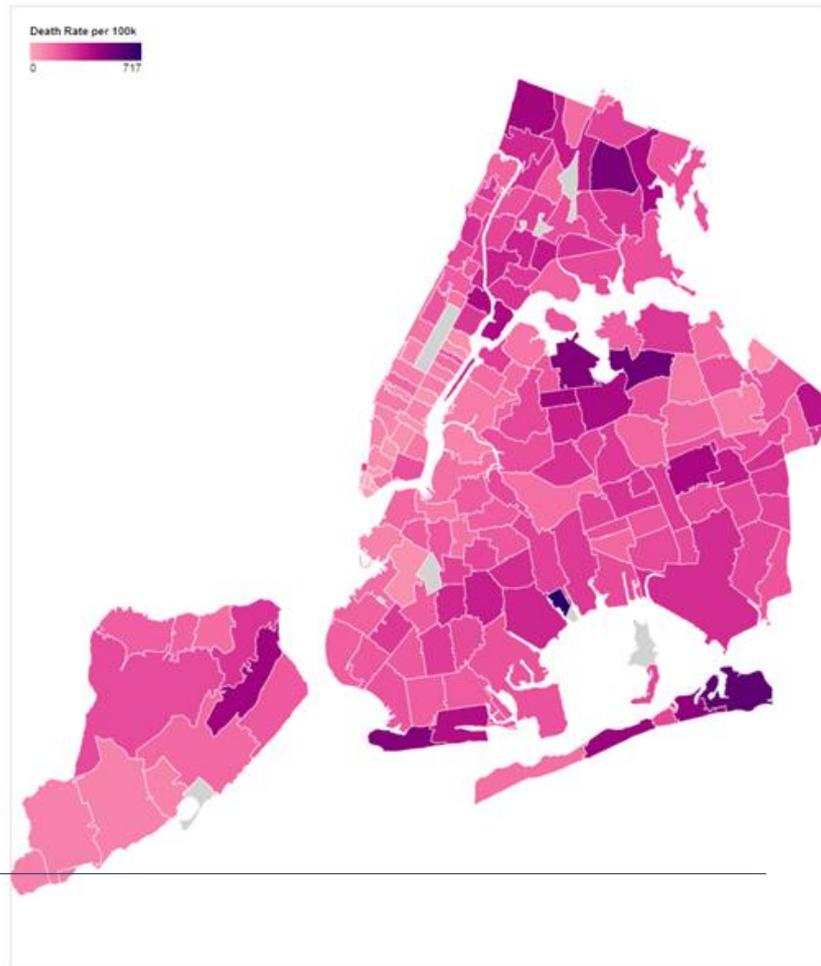
# NYC Case, Hospitalization and Death Rates by Race/Ethnicity

NYC Case, Hospitalization and Death Rates per 100K persons  
(Age-adjusted)





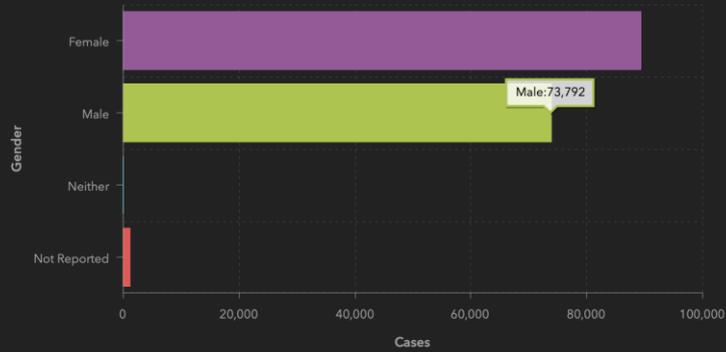
<https://www1.nyc.gov/site/doh/covid/covid-19-data.page>



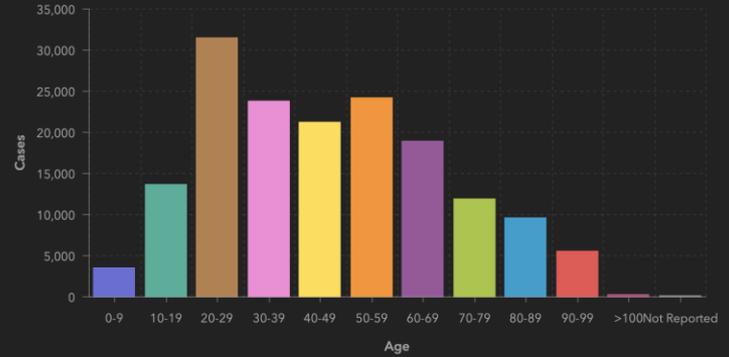
NYC Covid Cases and Deaths rates per 100K

# Pennsylvania COVID-19 Dashboard

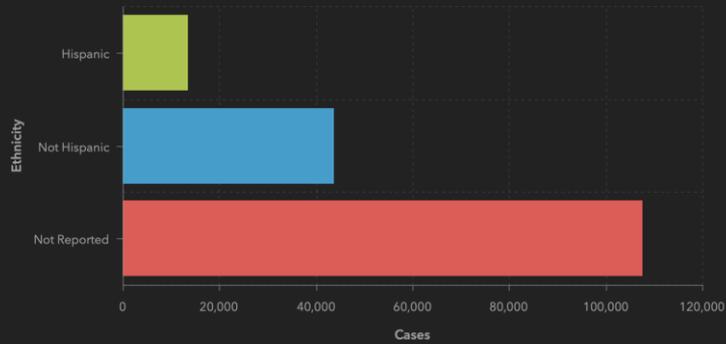
### Cases by Gender



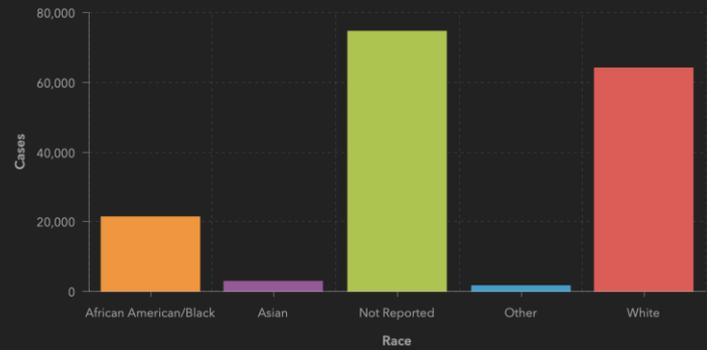
### Age Distribution by Cases



### Cases by Ethnicity



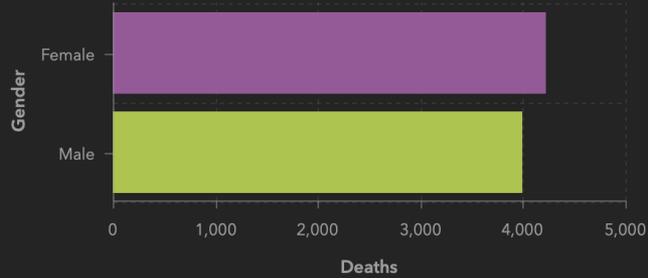
### Cases by Race



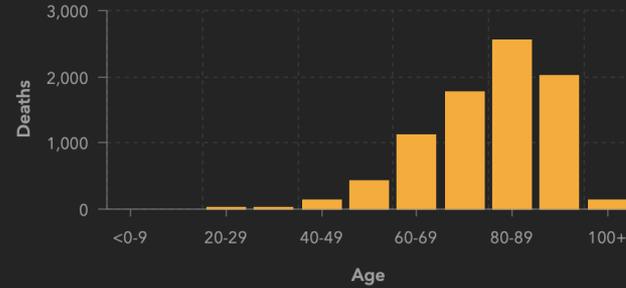
\*Case Counts include confirmed and probable cases. All data from PA-NEDSS

# Pennsylvania COVID-19 Dashboard

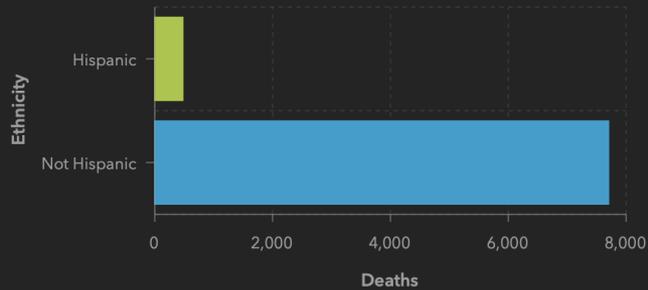
## Deaths by Gender



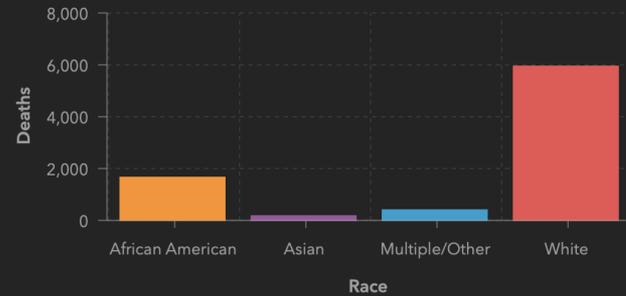
## Age Distribution of Deaths



## Deaths by Ethnicity



## Deaths by Race



All data from EDRS.

Pennsylvania Cases

County Data

Zip Code Case Data

Hospital Preparedness

Cases Demographic

Deaths Demographic

# PA COVID Data

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End of April 2020: Governor's mandate to record race/ethnicity

- 69% of race data not reported
- Almost no data on ethnicity

About half the states, not reporting at all

# Where we have the data?

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- York City, PA
  - Population: Latinos -33.3% of the population
  - Confirmed diagnoses of COVID-19: 71.6% Latinos

# Essential workers: where do Latinos work?

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- 27.3% construction
- 23.1% agriculture, forestry, fishing, hunting
- 22.3% leisure and hospitality

• Ref: US Bureau of Labor Statistics

# Why Latinos are at greater risk and disproportionately impacted by COVID19?

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**Employment**



**Socio -Economic  
inequities**



**Health Vulnerabilities**



**Immigrants**

# Why are Latinos disproportionately impacted by COVID19?



## Employment

Essential workers and service jobs- higher risk of exposure (hospitals, transit systems, food preparation, sanitation)

Jobs where can't socially distance

Agricultural industry

Meatpacking industry

Service industries – loss of jobs due to shutdowns (restaurants, hotels )



## Socio -Economic inequities

Low wages

Less savings

Higher poverty rates

Food insecurity

Multi-generational homes

Lack of insurance



## Health Vulnerabilities

Social determinants

Loss/lack of health insurance

Less healthcare access

Lack of trust in health system

High incidence of Chronic diseases- Diabetes, Heart Disease, Obesity



## Immigrants

Fear of accessing care

No unemployment aid

No stimulus check

*Less likely to be tested*  
*More likely to have severe illness*

# Risks & Opportunities/Responses

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## RISKS

Lack of data

Elders

Undocumented immigrants/refugees

Essential workers: service workers

Pregnant women

Chronic illnesses: DM, HTN, stress, obesity

Distrust of health care system: cultural and language barriers

Socioeconomic factors: low paying jobs without access to sick pay or health insurance

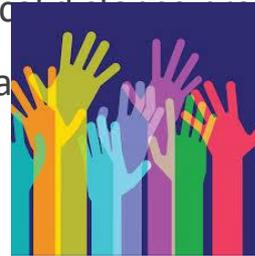
## OPPORTUNITIES/RESPONSES

Diverse healthcare workforce

Patient education in Spanish

Some businesses are largely Latino:  
opportunity for focused outreach to the  
workers and for reform for employer: PPE  
access and physical distancing protocols

Community Collaboration and Advocacy!





# COVID-19 Disparities: Exploring the Issues

**Susana Morales, MD**

*Director, Diversity Center of Excellence*

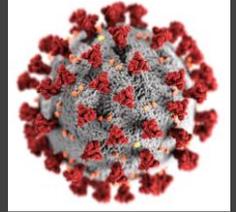
Cornell Center for Health Equity

Weill Cornell Medicine

# Characteristics of COVID 19 organism, disease

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- Novel organism so no prior partial immunity (unlike flu), more lethal than the flu
- Respiratory and fomite spread—**aerosolizes not just droplets**
- Asymptomatic infections or infectious interval
- Lack of adequate treatment or vaccine
- Symptoms often similar to other respiratory illnesses-> misdiagnosis, delays in diagnosis
- Risk of clotting disorders, cardiac , neurologic complications
- Some patients have GI or musculoskeletal symptoms only

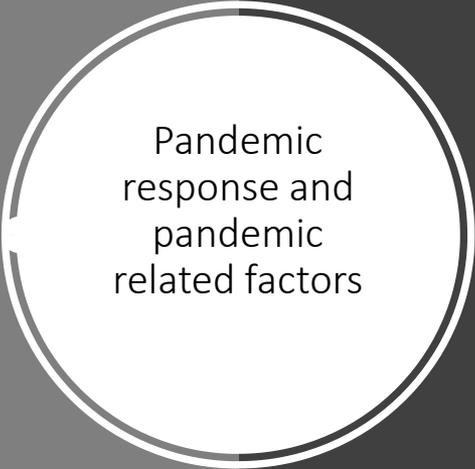


# Characteristics of host

- **Biological**
  - Susceptibility to infection
  - Susceptibility to severity of illness and death – underlying illness, age
- **Behavioral**
  - Lack of social distancing—in part due to misinformation, poor public health messaging
  - Delay in seeking care
  - Lack of access to primary care
  - fears of hospital
  - fear of cost
  - fear of authorities (undocumented persons)
  - suspicion of authorities (religious minorities for example)

# Risk of exposure

- Population density—disease concentrated in large cities
- Household crowding, multigenerational homes more in Bx Qns Bklyn
- essential and service workers often POC
- Public transportation
- Inability to shelter at home
- Lack of paid sick leave
- Mass gatherings



Pandemic  
response and  
pandemic  
related factors

- Failed federal response
- Inconsistent state responses
- Lack of testing capacity
- slow tests (several days for result)
- testing not targeted to highest risk areas
- Delays in lockdown, school closures, restaurant closings, etc
- Lack of contact tracing
- Lack of PPE
- Delay in recommending face covering



# Health care delivery factors

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- Historic undersupply and underequipment of safety net institutions
- Disparate quality of care
- **Bias**
- EMS patterns—patients brought to already overwhelmed institutions
- Lack of access to primary health care
- Lack of bed capacity—admission and EMS threshold changed during peak
- Nursing homes—mostly privately owned, poor infection control, understaffed, no testing, many POC staff
- Home health workers—victims and vectors

# Poor quality health information

- Digital divide
- Lack of linguistic and cultural competence
- Misinformation and lies including from highest levels of government

# Recommendations going forward

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- National mask mandate
- Aggressive public education
- Aggressive coordinated testing throughout the country including production and distribution
- Contact tracing aggressive and coordinated throughout the country
- Avoidance of overly early reopening
- National plan for PPE, surges, ventilators
- Aggressive work in nursing homes
- Comprehensive care for survivors
- Trauma informed care



# The Challenge of Providing Obstetric Care to Undocumented Migrants

**Jack Ludmir, MD**

*EVP for Equity*

*Associate Provost Community Engagement*

*Exec Director Philadelphia Collaborative for Health Equity*

*Professor Obstetrics and Gynecology and Population Health*

Thomas Jefferson University & Jefferson Health  
Philadelphia

An estimated 4 million US born  
“citizen children” have  
undocumented parents. Most live in  
mixed status families

Pew Hispanic Center

Nearly 7% of US citizens born  
each year have at least one  
undocumented parent.

<https://journalofethics.ama-assn.org/article/why-physicians-should-advocate-undocumented-immigrants-unimpeded-access-prenatal-care/2019-01>



HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

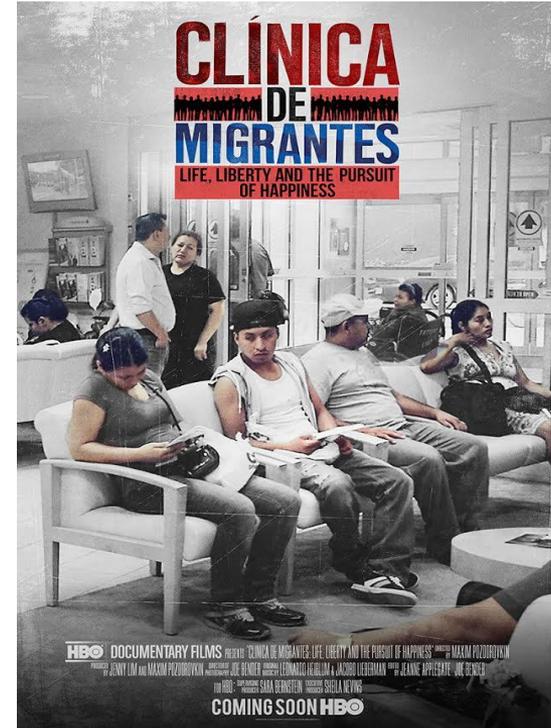
# Prenatal Care for Undocumented



- The American College of Obstetricians and Gynecologists has long supported a basic health care package for all women living in the USA without concern for country of origin or documentation. (CO 627 March 2015)
- Access to prenatal care for women who are undocumented immigrants varies widely across the United States due to differences in state policies and differing state level interpretations of federal policies that fund health services for pregnant women.
- In Pennsylvania undocumented pregnant women do not qualify for MA to cover routine prenatal care.
- Started Puentes de Salud, Latina Community Health Services and Jefferson Latina Clinic. Working with community and building trust (promotoras)
- In the last 14 years we have been responsible for close to 2000 pregnancies, including a significant number of high risk patients: Diabetes, hypertension, thyroid, multiples, anomalies...

# 2018-20: Pregnant Women

- Mainly from Central America: Honduras
- Scared and frightened
- Vast majority escaping violence
- Significant number of teenagers
- Concerns about showing up for prenatal care
- Deportation concerns: splitting up families



# COVID-19 at time of Labor: Hispanics

## 1) New York City:

Characteristic	Racial-Ethnic Group*				
	Non-Hispanic White (n=13)	Hispanic (n=73)	Non-Hispanic Black (n=10)	Other (n=4) <sup>†</sup>	All (N=100)
Total patients delivered (% positive for SARS-CoV-2 infection)	138 (9.4)	<b>403 (18.1)<sup>‡</sup></b>	79 (12.7)	53 (7.5)	673 (14.9)

( Emeruwa et al, Obstet Gynecol 2020)

## 2) Boston:

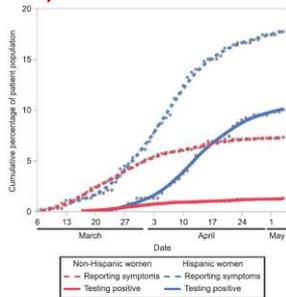


Fig. 1. Cumulative percentage of women reporting symptoms and testing positive for coronavirus disease 2019 (COVID-19) infection among the pregnant patient population. Red and blue

Hispanic women, 8% of the obstetrical population but represent over 60% of pregnant women admitted to the hospital with symptoms (Goldfarb et al, Obstet Gynecol 2020)

## 3) Philadelphia:

Prevalence of COVID-19 in pregnant women in labor: Universal testing at Jefferson (preliminary data not published):  
103 Positives: 35.9% Hispanics (60% undocumented)

# 2020: COVID-19 Challenges and Solutions

- How to provide prenatal care when limited face to face interaction?
  - NO access to telemedicine
  - NO transportation
  - NO work
  - NO school
- We provide 24/7 phone access through volunteer patient navigators (Trust!)
- Constant education
- Blood pressure cuffs at home
- Distribution of food and diapers with community based organizations





# Covid 19 Pandemic and its Mental Health Impact In the Latino Population

**Pamela Montano Arteaga, MD**

*Director of the Latino Bicultural Clinic*

Gouverneur Health/NYC Health + Hospitals

*Assistant Clinical Professor of Psychiatry*

NYU School of Medicine

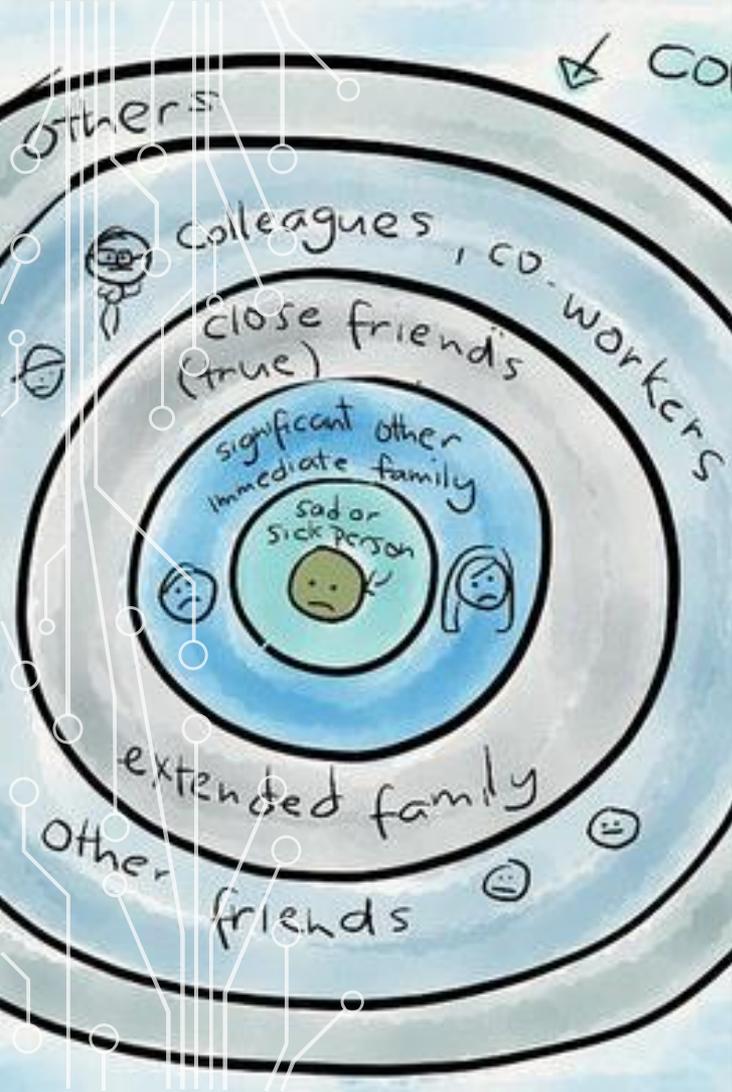
Chairwoman-CYP NHMA

# SOCIAL DETERMINANTS OF (MENTAL) HEALTH (SDOH) AND THE LATINX EXPERIENCE - PRE-COVID



Source: Modified from the Office of Disease Prevention and Health Promotion, 2017





## MENTAL HEALTH IMPACT OF THE COVID19 PANDEMIA

- Fear of getting sick themselves and/or their loved ones
- Grief (Family, Friends, Work and Community in general)
- Separation from friends and family, especially those who are sick or in the hospital, and potential inability to communicate with health care workers because of language barriers
- Seeing their population to be disproportionately impacted
- Health anxiety

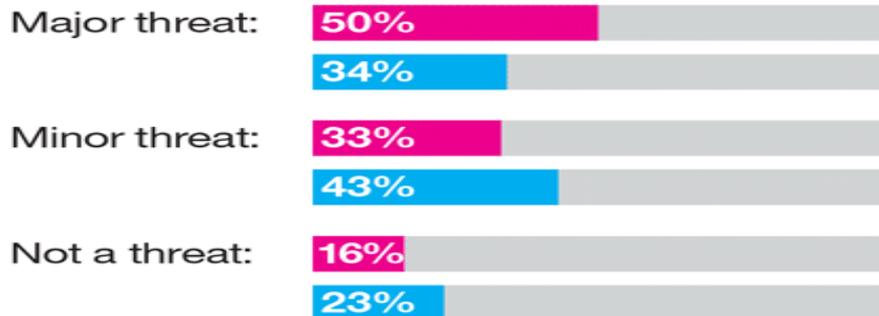


## Recent surveys highlight that Hispanics and Latinos are more concerned than other U.S. residents about how the virus will affect them

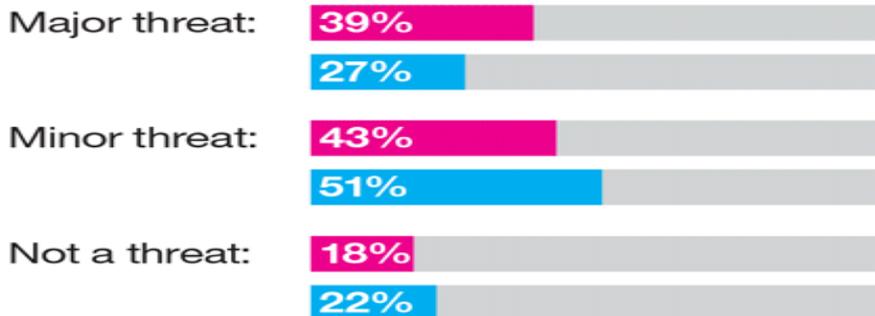
Percentage of adults who say the coronavirus outbreak is a threat to ...

■ Hispanic ■ U.S overall

### ... their personal financial situation

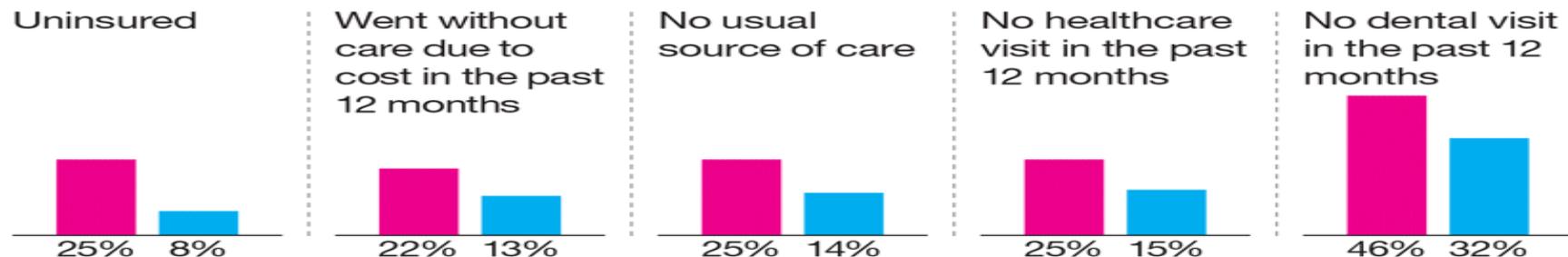


### ... their personal health



### Among nonelderly adults, Hispanics face greater barriers to accessing care than whites

■ Hispanic ■ White



Sources: Pew Research Center, Somos Healthcare-Latino Decisions survey of 1,200 Latinos, Kaiser Family Foundation Resource Center

# ISOLATION/QUARANTINE

## Isolation/Loneliness and separation of families

- They cannot congregate themselves (Churches, senior centers, psychotherapy groups, , community events) → Importance source of social support. (Personalism)
- Lack of technology education and access > Elderly and monolingual population. TELE-MENTAL HEALTH: Difficult transition, lack of privacy, + no commute
- Change in family dynamics (negative impact, e.g > domestic violence)
- Resources in Spanish.



# Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days

Select Indicator

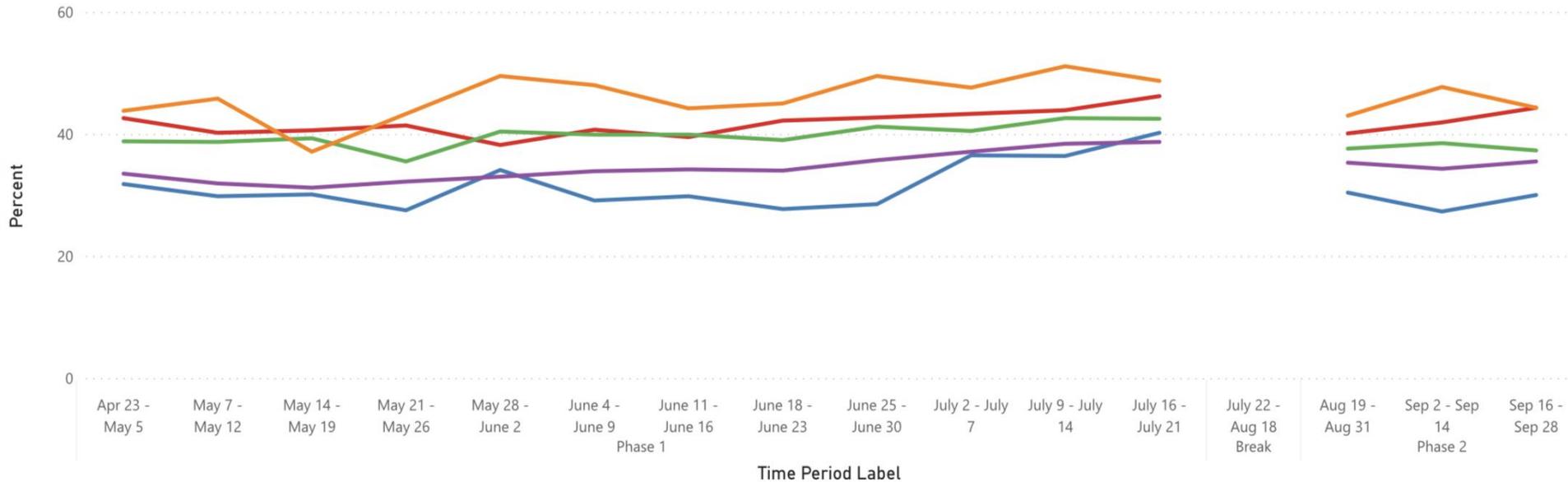
Select Group

Symptoms of Anxiety Disorder or Depressive Disorder

By Race/Hispanic ethnicity

## Symptoms of Anxiety Disorder or Depressive Disorder

Subgroup ● Hispanic or Latino ● Non-Hispanic Asian, single race ● Non-Hispanic black, single race ● Non-Hispanic white, single race ● Non-Hispanic, other races and multiple races

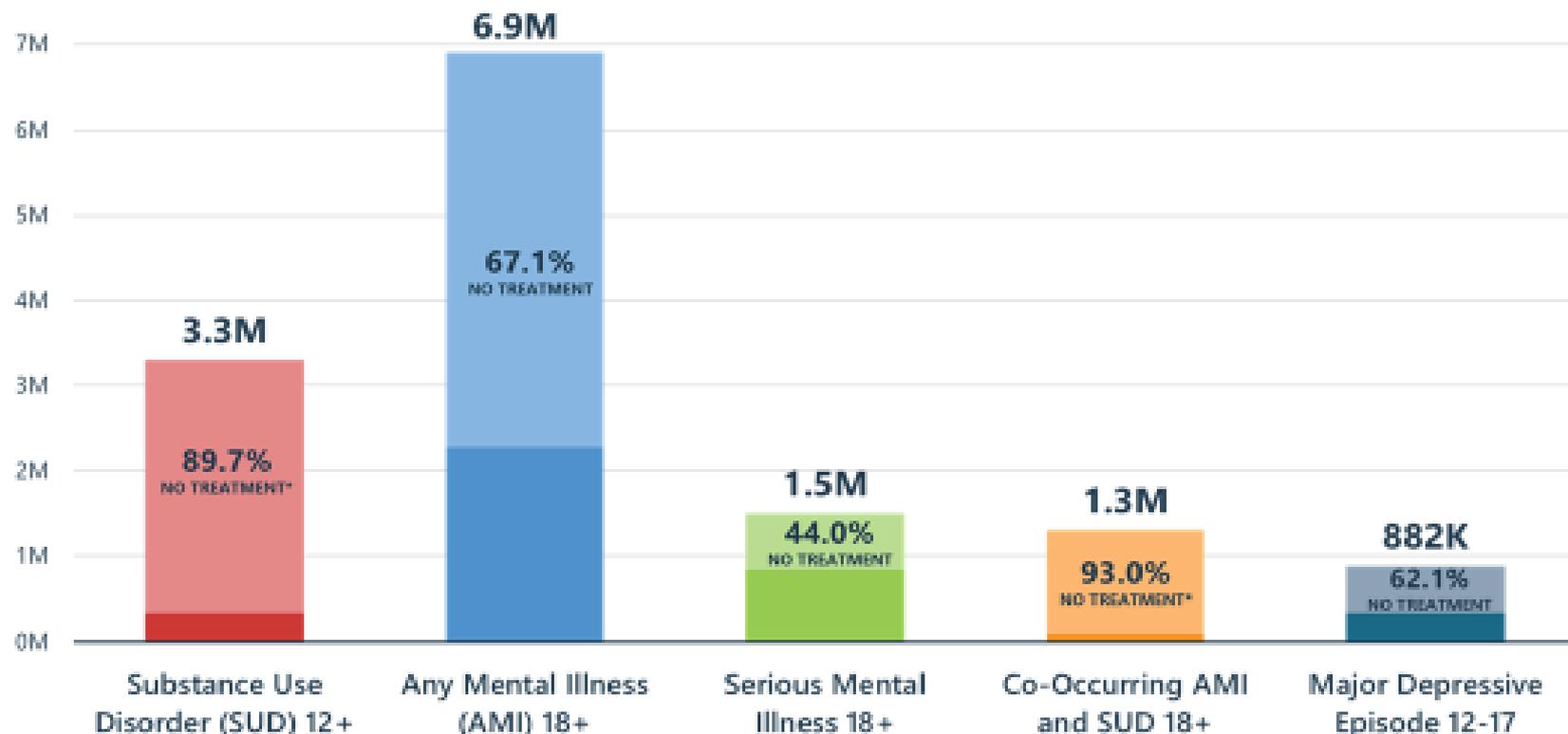


**NOTE:** All estimates shown meet the NCHS standards of reliability. See Technical Notes below for more information about the content and design of the survey.

**SOURCE:** U.S. Census Bureau, Household Pulse Survey, 2020

# Despite Consequences and Disease Burden, Treatment Gaps among Hispanics Remain Vast

PAST YEAR, 2018 NSDUH, Hispanic 12+

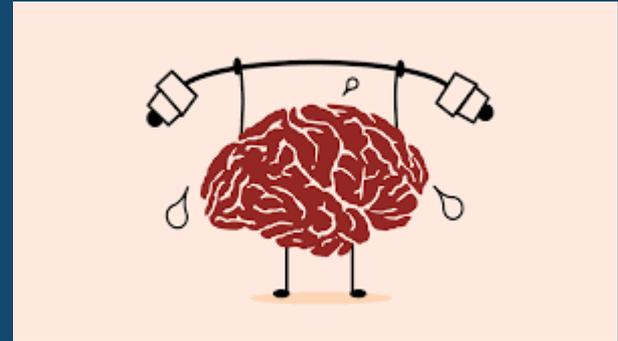


\* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

# WHAT ARE THE SIGNS OF STRESS AND MENTAL HEALTH ISSUES?

- Trouble sleeping or sleeping too much
- Feeling unsafe or anxious
- Increased use of alcohol, tobacco, or other substances
- Strained relationships with family members
- Irritability and blaming others
- Lack of energy
- Unexplained aches and pains
- Feelings of hopelessness, worthlessness, general burnout, etc.

- 
- New psychiatric or psychological issues
  - Decompensation/Relapse of mental health disorders or emotional distress
  - Death of SMI



# Mental health in physicians and other health care professionals

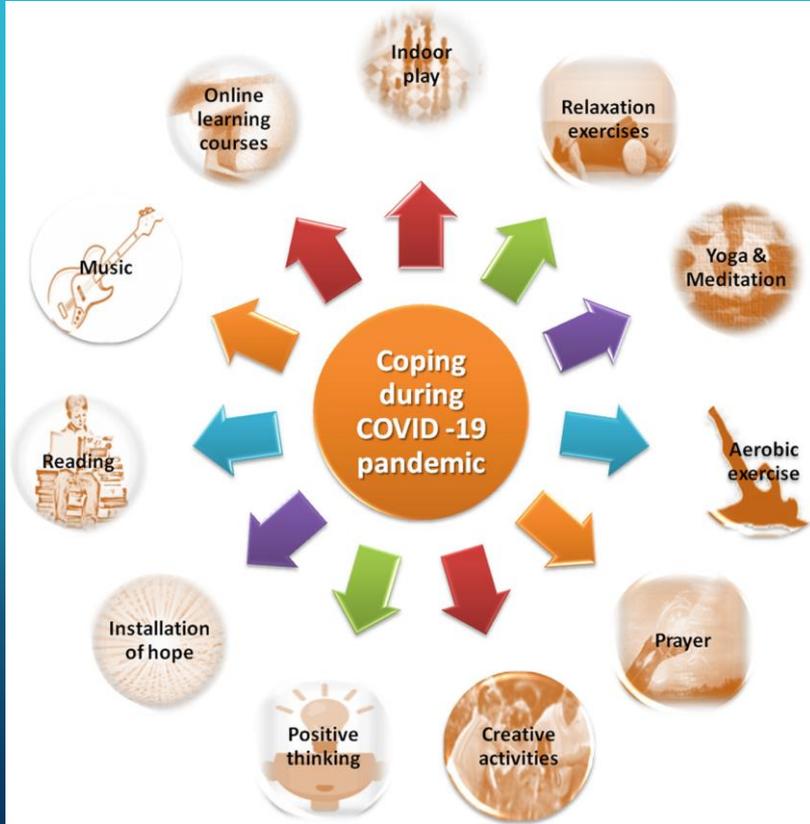
- Feelings of helplessness
- Traumatic Experiences
- Fear (own safety, their families, loved ones)
- Morbidity and death of patients, colleagues, family and friends.
- Unclear instructions from hospitals/administration. Closure of clinics."Unknown/unclear enemy" - Trained shortage of staff members
- Increased hours/Remote working
- Common stressors. - New Roles

## Mental Health Workers

- Mental health crisis and hospitalizations (medical issues). Increased mortality of patients (close relationships)
- Are the providers of support receiving support?
- Administrative Issues - Deficits? Shortage of staff members? Closure of clinics? Increased demand? People leaving?

Lack of support in social and concrete services or the lack of information of resources or scarcity (food, rent, medications, etc.)

# RECOMMENDATIONS



Interdisciplinary Work. - Exchanging + Increasing knowledge/Resources  
Increase awareness. - Self care - Support each other.



THANK  
YOU...

# Daniel Garrido, MD

PGY-3, Internal Medicine  
Thomas Jefferson University  
Hospital





# Latinx Impact from COVID-19: MS4 Perspective

**Sergio Sandoval-Tovar**

*Medical Student*

Sidney Kimmel Medical College

Thomas Jefferson University



# Medical Student Volunteerism



# The Virtual Experience

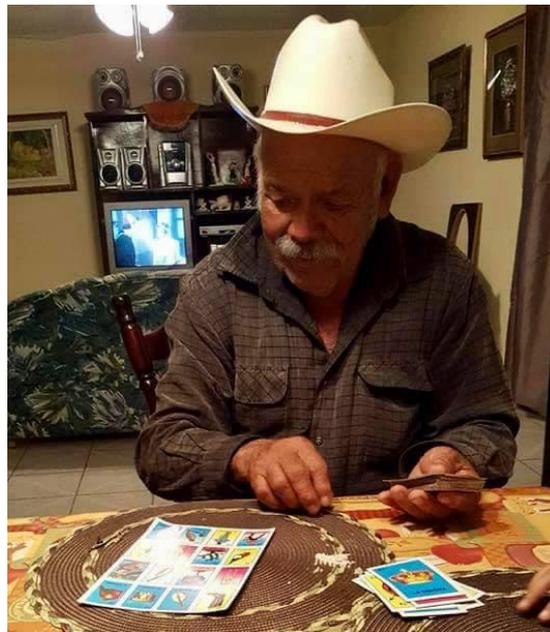
- Recruitment of Latinx students to medical school more important than ever
- Career exploration through virtual experiences
- Social media impact on our communities via #LatinosinMedicine #LatinXMedTwitter @NHMAmd



The image displays a promotional poster for an eSHADOWING event and a corresponding Instagram post. The poster, on the left, has a blue background and features the text "eSHADOWING" in large white letters, with "PLASTIC & RECONSTRUCTIVE SURGEON" below it. A Wi-Fi symbol is positioned above a circular portrait of Dr. Michael Galvez. The event details are listed as "MONDAY SEPTEMBER 28TH FREE AND LIVE @ 8PM EST". At the bottom, it says "FEATURING DR. MICHAEL GALVEZ" and includes the "MEDICAL SCHOOL" logo and the handle "medschoolhq". The Instagram post, on the right, is from the account "michaelgalvezmd" and contains the following text: "Our first guest will be Dr. Michael Galvez, a Plastic and Reconstructive Surgeon at Valley Children's Hospital who specializes in upper extremity surgery and congenital hand deformities. 🙌🙌🙌". It also includes a bio: "Here's a little about Dr. Galvez: Fluent in English and Spanish 🌐. Attended medical school at Stanford University School of Medicine 📖. Completed a Plastic and Reconstructive Surgical Residency at Stanford University 🏥. Completed 2 Fellowships at University of Washington and Texas Scottish Rite". The post shows it was liked by "dr.mauriciogonzalez and 602 others" and was posted "3 DAYS AGO".

## Personal Impact

- Separation of our families abroad
- Important to take personal time seriously
- Unity between fellow Latinx medical students, residents, faculty matters





# VIRTUAL CHAPTER POLICY FORUMS

**Thursday, September 10:** Boston & Phoenix Chapters  
*Diabetes in the Latino/Hispanic Population—Challenges & Opportunities*  
7:00 PM - 8:15 PM ET

**Wednesday, September 16:** Chicago & Indianapolis Chapters  
*COVID-19 & Diversity in Health Care*  
7:00 PM - 8:15 PM ET

**Wednesday, October 14:** New York City & Philadelphia Chapters  
*COVID-19 Impacts on Latinos & Reflections from the Frontlines*  
7:00 PM - 8:15 PM ET

**Thursday, October 15:** Gulf Coast Chapter  
*Update on Latest Science on COVID-19: Results of Research Trials from Academic Centers in the Region & Response of Medical Training Programs*  
7:00 PM - 8:15 PM ET

**Thursday, October 15:** El Paso, Rio Grande Valley, & San Antonio Chapters  
*Impact of COVID-19 on Border Communities*  
2:00 PM - 4:00 PM ET

**Tuesday, October 20:** DC Metro Area Chapter  
*COVID-19 & Health Literacy*  
7:00 PM - 8:15 PM ET

**Thursday, October 22:** Miami Chapter  
*Physician Activists for Immigrants in Detention Centers*  
7:00 PM - 8:15 PM ET

**Thursday, October 29:** Northern & Southern California Chapters  
*COVID-19, Heart Disease, & Health Care Workforce*  
6:00 PM - 8:00 PM ET

Learn more about NHMA chapters here: <http://bit.ly/NHMAPolicyForums2020>