Virtual Chapter Policy Forum

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
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
  ◦ www.COVIDVACCINESTUDY1.com

• 2020 Virtual Health Leaders and Scholars Awards Ceremony

• 2021 NHMA National Hispanic Health Conference
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

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
Objectives - After Attending This Program You Should Be Able To

1. Describe racial and ethnic disparities in COVID-19 in NYC during the peak of the city’s pandemic.
2. Describe the challenges faced by Hispanic/Latino populations during the COVID-19 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)

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Commercial Interest</th>
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<tbody>
<tr>
<td>Daniel</td>
<td>Garrido</td>
<td>NA</td>
</tr>
<tr>
<td>Vincent</td>
<td>Swayne</td>
<td>NA</td>
</tr>
<tr>
<td>Dr. Ana</td>
<td>Maroan</td>
<td>NA</td>
</tr>
<tr>
<td>Dr. Jack</td>
<td>Lupiarte</td>
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<tr>
<td>Ben</td>
<td>Melano</td>
<td>NA</td>
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<td>Dr. Pamela</td>
<td>Montano</td>
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<td>IGANA</td>
<td>MORALES</td>
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<td>Raul</td>
<td>Perez-Hernandez</td>
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<td>Daniel</td>
<td>Rios</td>
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<tr>
<td>Sergio</td>
<td>Sandoval-Tova</td>
<td>NA</td>
</tr>
<tr>
<td>Diana</td>
<td>Yanes-Burgos</td>
<td>NA</td>
</tr>
</tbody>
</table>

All individuals in a position to control the content of CE are listed below.
Impacts on Latinos: Covid-19

Diana Torres-Burgos, MD, MPH
Ana Maria Lopez, MD, MPH, MACP
NHMA New York City & Philadelphia Chapters Policy Forum Webinar
October 14, 2020
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


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

US Cases by Race/Ethnicity:

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

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

https://covid.cdc.gov/covid-data-tracker/#demographics
US Hospitalizations by Race/Ethnicity

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

COVID-19-associated hospitalization rates are highest among people who are Hispanic/Latino, non-Hispanic Black, and non-Hispanic American Indian/Alaska Native.

https://covid.cdc.gov/covid-data-tracker/#demographics
## US Deaths by Race/Ethnicity

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

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

[https://covid.cdc.gov/covid-data-tracker/#demographics](https://covid.cdc.gov/covid-data-tracker/#demographics)
U.S. COVID-19 Deaths and Latinos

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.

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/#Race_Hispanic
NYC Case, Hospitalization and Death Rates by Race/Ethnicity

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

- **White**: 1276.66 cases, 332.38 hospitalizations, 24.61 deaths
- **Asian/PI**: 882.45 cases, 281.29 hospitalizations, 12.48 deaths
- **Hispanic/Latino**: 2025.53 cases, 723.6 hospitalizations, 266.32 deaths
- **Black/African American**: 1848.09 cases, 732.05 hospitalizations, 249.05 deaths

Source: https://www1.nyc.gov/site/doh/covid/covid-19-data.page
NYC Covid Cases and Deaths rates per 100K

https://www1.nyc.gov/site/doh/covid/covid-19-data.page
Pennsylvania COVID-19 Dashboard

**Cases by Gender**
- Female
- Male: 73,792
- Neither
- Not Reported

**Cases by Ethnicity**
- Hispanic
- Not Hispanic
- Not Reported

**Age Distribution by Cases**

**Cases by Race**
- African American/Black
- Asian
- Not Reported
- Other
- White

*Case Counts include confirmed and probable cases. All data from PA-NEDSS*
Pennsylvania COVID-19 Dashboard

Deaths by Gender
- Female: 4,000
- Male: 4,000

Age Distribution of Deaths
- <0-9: 1,000
- 10-19: 1,000
- 20-29: 1,000
- 30-39: 1,000
- 40-49: 1,000
- 50-59: 1,000
- 60-69: 1,000
- 70-79: 1,000
- 80-89: 1,000
- 90+: 1,000

Deaths by Ethnicity
- Hispanic: 1,000
- Not Hispanic: 7,000

Deaths by Race
- African American: 2,000
- Asian: 1,000
- Multiple/Other: 1,000
- White: 8,000

All data from EDRS.
PA COVID Data

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?

- York City, PA
  - Population: Latinos -33.3% of the population
  - Confirmed diagnoses of COVID-19: 71.6% Latinos
Essential workers: where do Latinos work?

- 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 COVID-19?

- 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

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 & 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

- 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

- 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

- 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
Nearly 7% of US citizens born each year have at least one undocumented parent. Most live in mixed status families.

Pew Hispanic Center

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

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

www.hbo.com/documentaries/clinica-de-migrantes
COVID-19 at time of Labor: Hispanics

1) New York City:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Non-Hispanic White (n=13)</th>
<th>Hispanic (n=73)</th>
<th>Non-Hispanic Black (n=10)</th>
<th>Other (n=4)</th>
<th>All (N=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patients delivered (%)</td>
<td>138 (9.4)</td>
<td>403 (18.1)†</td>
<td>79 (12.7)</td>
<td>53 (7.5)</td>
<td>673 (14.9)</td>
</tr>
</tbody>
</table>

(Emeruwa et al, Obstet Gynecol 2020)

2) Boston:

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
Covid19 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

Latinx exhibit high poverty, food insecurity,

Income inequality, informal jobs, lack of job mobility, Uis lack sick leave, general benefits

Latinx exhibit low graduation rates, low enrollment in higher education, lower language and literacy, lower enrollment in early childhood education, LEP

Latinx experience lower access to healthy foods, lower quality housing, living in tight spaces (NYC)

Latinx have less access to health care, primary care, and lower health literacy, Chronic health conditions

Mental Health Care: Demand > Supply (even with MH stigma)
Bilingual Providers???
High ACE prevalence.
Intergenerational trauma
>Substance Use 2nd and 3rd generation.
MH issues > Latinx C&A

Latinx experience discrimination, linguistic and cultural mistrust/barriers. Immigration Status (Pre-Immigration/Migration/Post-migration Trauma)
AND THE COVID19 PANDEMIC

- Covid pandemic has highlighted the structural inequalities that affect the immigrant and non-immigrant Latinx population.
MENTAL HEALTH IMPACT OF THE COVID19 PANDEMIC

• 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:

- **Their personal financial situation**
  - Major threat: Hispanic 50%, U.S. overall 34%
  - Minor threat: Hispanic 33%, U.S. overall 43%
  - Not a threat: Hispanic 16%, U.S. overall 23%

- **Their personal health**
  - Major threat: Hispanic 39%, U.S. overall 27%
  - Minor threat: Hispanic 43%, U.S. overall 51%
  - Not a threat: Hispanic 18%, U.S. overall 22%

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

- Uninsured: Hispanic 25%, White 8%
- Went without care due to cost in the past 12 months: Hispanic 22%, White 13%
- No usual source of care: Hispanic 25%, White 14%
- No healthcare visit in the past 12 months: Hispanic 25%, White 15%
- No dental visit in the past 12 months: Hispanic 46%, White 32%

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

Select Group
- 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

https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm
Despite Consequences and Disease Burden, Treatment Gaps among Hispanics Remain Vast

**PAST YEAR, 2018 NSDUH, Hispanic 12+**

<table>
<thead>
<tr>
<th>Condition</th>
<th>No Treatment (%)</th>
<th>Number (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Disorder (SUD) 12+</td>
<td>89.7%</td>
<td>3.3M</td>
</tr>
<tr>
<td>Any Mental Illness (AMI) 18+</td>
<td>67.1%</td>
<td>6.9M</td>
</tr>
<tr>
<td>Serious Mental Illness 18+</td>
<td>44.0%</td>
<td>1.5M</td>
</tr>
<tr>
<td>Co-Occurring AMI and SUD 18+</td>
<td>93.0%</td>
<td>1.3M</td>
</tr>
<tr>
<td>Major Depressive Episode 12-17</td>
<td>62.1%</td>
<td>882K</td>
</tr>
</tbody>
</table>

* 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?

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

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