Welcome

Congresswoman Grace F. Napolitano (CA-32)
Founder & Co-Chair, Mental Health Caucus
Overview

Elena Rios, MD, MSPH, FACP
President & CEO
National Hispanic Medical Association
National Hispanic Health Foundation

Briefing Protocols
- 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
Latino Population Overview

- 60M (18.3%) of the US population
  - 63% Mexican-American, 9% Puerto Rican, Cuban American
- SES
  - Young population (med age 29.5), Low-income, large families, crowded housing, mixed families, limited education & English proficiency, fear/distrust
- Health Care
  - Uninsured, limited access to health and mental health/substance use services
  - Underrepresented in medicine, mental health, public health & clinical trials
- Mental Health Impact of Pandemic on patients, families, providers:
  - Depression, anxiety, trauma, and grief

Source: US Census, 2018
Policies for Latino Mental Health

- ACCESS: Increase services (inpt, outpt, crisis, recovery), education to patient/family and telemedicine

- RETENTION IN TX: insurance, decrease costs of meds, stigma

- CULTURAL SERVICES: mental illness, depression, incarceration, undocumented (Public Charge), homeless

- WORKFORCE:
  - Community non-profits and schools – to focus on youth and families and improve education about mental health seeking behaviors;
  - Leadership development and workforce training for Latinos
Thank You To Our Partners

CENTENE Corporation

Pfizer The Pfizer Foundation

HOLA Diversity in Action

LET'S STOP HIV TOGETHER

aetna FOUNDATION

AMERICAN SOCIETY OF HISPANIC PSYCHIATRY
South Texas Interprofessional Team Collaborative for Health in the South Texas & Colonias

Francisco Fernandez, M.D.
Professor, Department of Psychiatry
University of Texas Rio Grande Valley School of Medicine
Head, VIDAS Program
Chair, NHMA Rio Grande Valley Chapter
Harlingen, TX
Access Book
2nd Edition
A HEALTH RESOURCE GUIDE
for the Rio Grande Valley
2020
The RGV Equal Voice Health Working Group
Who Are We?

- Created by the Texas Legislature in 2013; UTRGV enrolled its first class in Fall 2015, and the School of Medicine graduated its first class in Summer 2020.
- UTRGV has campuses and off-campus research and teaching sites throughout the Rio Grande Valley.
- UTRGV is one of the nation’s largest Hispanic-serving institutions, with over 28,000 students in Fall 2018 (89% Hispanic).
- UTRGV School of Medicine is one of the most affordable medical schools in the country for out-of-state students (U.S. News & World Report).
- It also has one of the most diverse student bodies with over half from underrepresented minorities.
Where Are We?

The lower Rio Grande Valley

- 4 Counties: Cameron, Hidalgo, Starr, and Willacy
- Population
  - 1.4 million people
- Projected 2030 population
  - 2 million
- Ethnicity
  - 90% of Hispanic or Latino origin
Southwest Border Family Unit Subject, Unaccompanied Alien Children, and Single Adult Apprehensions Fiscal Year 2020 - By Month

<table>
<thead>
<tr>
<th>Sector</th>
<th>FMUA FY20 TD May</th>
<th>UAC FY20 TD May</th>
<th>SA FY20 TD May</th>
<th>TOTAL FY20 TD May</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big Bend</td>
<td>2</td>
<td>25</td>
<td>596</td>
<td>623</td>
</tr>
<tr>
<td>Del Rio</td>
<td>216</td>
<td>91</td>
<td>1,965</td>
<td>2,272</td>
</tr>
<tr>
<td>El Centro</td>
<td>45</td>
<td>88</td>
<td>1,741</td>
<td>1,874</td>
</tr>
<tr>
<td>El Paso</td>
<td>151</td>
<td>144</td>
<td>2,317</td>
<td>2,612</td>
</tr>
<tr>
<td>Laredo</td>
<td>145</td>
<td>121</td>
<td>3,086</td>
<td>3,352</td>
</tr>
<tr>
<td>Rio Grande</td>
<td>163</td>
<td>189</td>
<td>3,283</td>
<td>3,635</td>
</tr>
<tr>
<td>San Diego</td>
<td>58</td>
<td>91</td>
<td>3,148</td>
<td>3,297</td>
</tr>
<tr>
<td>Tucson</td>
<td>121</td>
<td>192</td>
<td>2,752</td>
<td>3,065</td>
</tr>
<tr>
<td>Yuma</td>
<td>71</td>
<td>18</td>
<td>656</td>
<td>745</td>
</tr>
<tr>
<td><strong>Southwest Border Total</strong></td>
<td><strong>972</strong></td>
<td><strong>959</strong></td>
<td><strong>19,544</strong></td>
<td><strong>21,475</strong></td>
</tr>
</tbody>
</table>

FMUA: Family Unit Apprehensions  
UAC: Unaccompanied Alien Children  
SA: Single Adult  
- FY20 October  
- FY20 November  
- FY20 December  
- FY20 January  
- FY20 February  
- FY20 March  
- FY20 April  
- FY20 May
UTRGV Strategic Priorities

1. Position UTRGV as a community resource for population health innovation and improvement through the provision of services that help identify health priority areas, that guide action on population health, and that assist in evaluating the impact of health policies and interventions.

2. Build a diverse health workforce with a keen understanding of the determinants of population health and health inequities and with the cultural skills necessary to serve an increasingly diverse population.

3. Advance population health sciences innovation through a transformative research agenda that responds to key trends in health and health care and their corresponding impact on population health.
# Texas-Mexico Border Priority Health Issues and Root Causes

<table>
<thead>
<tr>
<th>Priority health problems at the U.S.-Mexico border</th>
<th>Categories</th>
<th>Causes and/or determinants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity, Diabetes, Heart disease, Asthma</td>
<td>Chronic and Degenerative Disease</td>
<td>Physical inactivity, poor diet (high caloric intake), low socioeconomic status/poverty, genes (non-modifiable determinants), lack of breastfeeding, and education/access to information.</td>
</tr>
<tr>
<td>Tuberculosis, HIV/AIDS/STIs, Acute respiratory infections, Acute diarrheal disease, Vaccine preventable diseases</td>
<td>Infectious Disease</td>
<td>Poverty, inadequate nutrition/poor nutrition, internal/external migration, poor living conditions/affordable housing, environmental health (water, sewer services), access to health, education/information, access to health care and delivery.</td>
</tr>
<tr>
<td>Teen pregnancy, Neural tube defects, Maternal mortality</td>
<td>Maternal and Child Health</td>
<td>Access and quality of medical care, education on prenatal and postpartum care, poverty, unnecessary cesarean section/quality of care, personal hygiene, prenatal care, and lack of health education/counseling.</td>
</tr>
<tr>
<td>Addiction, Depression, Violence (all types)</td>
<td>Mental Health Disorders</td>
<td>Poverty, genetic/biological, family dysfunction, addiction, disability, lack of social support, education/information.</td>
</tr>
<tr>
<td>Increase urgent care services, Disability, Mortality, Mental Health</td>
<td>Injury Prevention</td>
<td>Education/information (seat belt use/child car seats), built environment/lack of physical and social infrastructure, alcohol use/abuse, substance abuse.</td>
</tr>
</tbody>
</table>
Context

• Discrimination experiences can engender
  – Severe stress-distress-depressive symptoms
  – Negative life changes
  – Poor mental health outcomes

• Racial and cultural stereotypes when internalized can result in “self-hate”.

• Unauthorized migrants may experience guilt, shame and be treated as “second class” citizens.

• Children’s insecurities, anxiety, and fear can complicate trauma treatment.

• Traditional cultural beliefs may serve as protective factor of mental health
# RGV Community Health Survey

Sample characteristics (n=765)

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced material hardship</td>
<td>37.6</td>
</tr>
<tr>
<td>Economic hardship</td>
<td>27.9</td>
</tr>
<tr>
<td><strong>Any adverse childhood experience(s)</strong></td>
<td><strong>59.7</strong></td>
</tr>
<tr>
<td>Social support (tangible)</td>
<td>26.7</td>
</tr>
</tbody>
</table>

Source: Lower RGV Community Health Survey
RGV Community Health Survey

Summary: Mental Health Findings

Bad News

• Mental health issues in the RGV are higher than previously reported in Hispanic communities
  • Depression*
  • Adjustment Disorders*
  • Anxiety Disorders*
  • SUDs
    * Higher than national rates
• Unique stressors in RGV (high levels of material hardship and ACEs) predict mental health outcomes

Good News

• It appears that cultural stigma regarding mental health is becoming less of a barrier in the border Hispanic population. Is this an indicator of:
  • Greater acceptability of mental illness as an entity that affects health (just like diabetes)?
  • Greater awareness regarding the role of mental illness in health?
  • Greater acceptance of education, health promotion and prevention programs related to mental health?
What are we seeing with C19?

- Fear of infection, infecting family, dying
- Stress-distress-depressive symptoms $\rightarrow$ catastrophic levels
  - Re-traumatization
    - Puts them at risk – both physically and mentally.
    - Major concerns
      - Family
      - Job
      - Impact of the flow of people between countries
  - Increased suicide risk
- Will region become a reservoir for COVID19?
RGV Community Health Survey

Policy/practice recommendations

• Regional and state-wide planning to address availability and access to mental health services (Chairs of Psychiatry)
• Case management for early intervention of risk factors (FEP)
• Mental health services through mobile units and telemedicine in rural areas inclusive of Colonias (STITCH and Integrated Colonia Care Units)
• Training of promotoras to assist with efforts in education and health promotion (CHW training focused on WHOs MNS priorities)
• Promote/expand initiatives aimed at increasing the number of mental health providers in the Valley
  • UTRGV and SOM initiatives:
    • Development of a Department of Psychiatry
    • UME focus on social determinants
    • Psychiatry Residency with community focus
    • Integrated Behavioral Health Training for Family Medicine Residents
    • Doctoral Program in Clinical Psychology
VIDAS OUTCOMES

• Partnerships with RGV communities to enhance planning, deliver health promotion, preventive, primary care & behavioral health services (VIDAS, Integrated Colonia Care).

• Increase access to primary care services (STITCH, Pena Clinic, UniMovil, Telehealth, AHEC, RCMAR).

• Inform/empower Latinos to be better healthcare consumers through production of accurate & culturally-linguistically appropriate information (IHA, TAMU, South Texas College, UTRGV).

• Increase Latinos in the healthcare fields through a variety of educational programs (CHW, M2M, SUCCESS, GME).

Improving Sustainable Access to Care in the Hispanic Community
Gracias!

Vincent Diego, PhD
Noe Garza, DDS, MPH
Stephanie Leal, MS
Miguel Lopez, LMSW, LCDC
Eron G Manusov MD
Linda Nelson, DANP, MS
Sudershan Pasupuleti, PHD
Aracely Ramirez, LVN
John Ronnau, PhD
Adrian Sandoval, PharmD, BCPS, BCACP

South Texas Interprofessional Team Collaborative for Health

One Community, One Mission, One Solution
COVID-19 and Social Isolation: Impact on Older Adults

Ruby C. Castilla-Puentes, MD, DrPh, MBA
President
American Society of Hispanic Psychiatry
Cincinnati, OH
Disclosure:
Ruby C. Castilla-Puentes

Full – Time employee
Janssen, Pharmaceutical Companies of Johnson and Johnson

This presentation was prepared by Dr. Castilla-Puentes in her personal capacity. The opinions expressed do not reflect the view of the Janssen, Pharmaceutical Companies of Johnson and Johnson or the ASHP.
Agenda

• Definitions
• COVID-19 infection by age and race/ethnic groups
• Social Isolation - Public health
• What can we do to support older adults in their communities?
Definitions

**Social connections** is an umbrella term that encompasses the structural, functional, and quality aspects of how individuals connect to each other.

Social isolation and loneliness are distinct constructs.

**Social isolation** is the objective lack of (or limited) social contact with others.

**Loneliness** is the perception of social isolation or the subjective feeling of being lonely.
How is the COVID-19 infection affecting Latinx vs. White vs. Black people?

- Emerging data highlight sharp increases in cases within the Latino community

- Temporal trends in positivity rates for coronavirus by race/ethnicity Johns Hopkins Health System (JHHS)

- More than 40% of Latinos who were tested for coronavirus were positive a much higher proportion than for any other racial/ethnic group
How is the COVID-19 infection affecting older people vs. younger people?

Severity by age group in the U.S.

Hospitalization, intensive care unit (ICU) admission, and case-fatality percentages for reported COVID-19 cases in the United States, Feb. 12–March 16, 2020

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hospitalized</th>
<th>Intensive Care</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19 years</td>
<td>Low estimate</td>
<td>Low estimate</td>
<td>Low estimate</td>
</tr>
<tr>
<td>20-44</td>
<td>Low estimate</td>
<td>Low estimate</td>
<td>Low estimate</td>
</tr>
<tr>
<td>45-54</td>
<td>Low estimate</td>
<td>Low estimate</td>
<td>Low estimate</td>
</tr>
<tr>
<td>55-64</td>
<td>Low estimate</td>
<td>Low estimate</td>
<td>Low estimate</td>
</tr>
<tr>
<td>65-74</td>
<td>Low estimate</td>
<td>Low estimate</td>
<td>Low estimate</td>
</tr>
<tr>
<td>75-84</td>
<td>Low estimate</td>
<td>Low estimate</td>
<td>Low estimate</td>
</tr>
<tr>
<td>85 and up</td>
<td>Low estimate</td>
<td>Low estimate</td>
<td>Low estimate</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention Staff, 19/03/2020
How is the COVID-19 infection affecting older people vs. younger people?

- Older are more exposed to the virus /not be fully independent.
- In general elderly are advised to take more precautions.
- All this is leading to a scare among the elderly, about the eminent death.
Beyond morbidity and mortality from the infection

• Exacerbated health disparities for older adults
• Social distancing has made them feel more isolated
  o Especially those who are not very technology driven
The global recommendation for the older population is isolation from society, staying at home for “a very long time”
Social isolation is a “serious public health concern” and is known to be increase the risk of adverse mental health outcomes.

Gerst-Emerson and Jayawardhana, 2015.
Now lists “social support networks” as a determinant of health

Missing at:

- Centers for Disease Control [CDC]
- Healthy People 2020
- American Heart Association
Social relationships decreased risk for all-cause mortality


Social relationship status and functioning

Health outcomes and risk for premature mortality
Individuals who lack social connections or report frequent feelings of loneliness tend to suffer higher rates of:

- Infection
- Depression
- Cognitive decline
- Morbidity and mortality

How and why social isolation affects health?

Cornwell EY J Health Soc Behav. 2009
Available data suggest that social isolation puts the older people at a greater risk of depression and anxiety. Public health initiatives:

- Reduce perceived isolation
- Facilitating social network integration
- Participation in community activities (e.g. remotely organized based)
- Protecting against the development of affective disorders.

Social connections are important for health and mental health, but language and other sociodemographic factors seem to be related to how Latinxs establish these social linkages.

Social isolation is an important and potentially modifiable risk that affects a significant proportion of the older adult population.

Summary

- The holistic approach through social organizations, healthcare providers, media and charities can minimize the negative impact of the COVID-19 on the elderly.

What can we do to support older adults in their communities?

- Social and legal services
- Strengthen care facilities for older persons
- Assess the needs
- With limited mobility
- Cognitive decline/dementia
- Mental Health
- Keep contact with their families
- Social networks
- Support older persons and those providing care
- Access digital communication
- Radio broadcasts
- Print notifications
- Text messages
- For critical information, variety of formats
"IT'S REALLY IMPORTANT TO REMEMBER, EVEN DURING A CRISIS, TO MAKE TIME FOR OUR ELDERS."

—Sarah Szanton

We are all in this together. Stay home. Stay safe.

A phone call never hurt anyone
COVID-19 & Mental Health- Latinos in the US: 
A Focus on Health Professionals

Ana Maria Lopez, MD, MPH, MACP
Professor and Vice Chair, Medical Oncology, Sidney Kimmel Medical College
Chief of Cancer Services, Jefferson Health New Jersey, Sidney Kimmel Cancer Center
Thomas Jefferson University
Chair, NHMA Philadelphia Chapter
Philadelphia, PA
COVID-19 and Mental Health

• Increased stress for the whole family
  • Children: difficulties with schoolwork, regression
  • Conflict at home
• Increase in post-traumatic stress
• Access barriers: financial, insurance, cultural, language
• Cultural strain: strong value of family connection
  • Physical distancing may be especially painful
COVID-19 infection in Latinos

• Some Facts
  • In Chicago: Latinos are 30% of the population; 39% of confirmed COVID-19 dx
  • In UT: Latinos are 14.2% of the population; 42.2% of confirmed COVID-19 dx
  • In CA: Latinos are 43% of the population (18-49 yo); 70% of COVID-19 related-deaths

• And from NYC: race/ethnicity data complete for:
  • 24% diagnoses
  • 72% hospitalizations
  • 88% deaths
Coronavirus hits Hispanics hard

Around half of Hispanics say they or someone in their household has taken a pay cut or lost a job – or both – because of the COVID-19 outbreak.

<table>
<thead>
<tr>
<th></th>
<th>Latinos</th>
<th>All U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had to take a pay cut</td>
<td>40</td>
<td>27</td>
</tr>
<tr>
<td>Been laid off or lost job</td>
<td>29</td>
<td>20</td>
</tr>
<tr>
<td>NET either/both</td>
<td>49</td>
<td>33</td>
</tr>
</tbody>
</table>

Essential Critical Infrastructure Workers

• Department of Homeland Security:
  • “essential workers needed to maintain the services and functions Americans depend on daily and that need to be able to operate resiliently during the COVID-19 pandemic response.”

Graphic courtesy of the Office of the New York City Comptroller
Latino Health Professionals (2019)

- 18% of the US. Population
  - Double by 2050
- Physicians: 5.8% = 53,526 (922862) (AAMC, 2018)
- Nurses: 4.8% = 135,600 RNs and 51,800 LPNs. (3.8M) (HRSA, 2015)
- Health professionals: 16.1% (160M) (2011-2015, HRSA)
  - Mostly women except physicians, dentists, chiropractors, optometrists, EMTs/Paramedics

Figure 1. A Seventeen-Year Overview of Latino Resident Physicians in California, Florida, New York, and Texas.

DACA

- 202,500 recipients are frontline essential workers
- 29,000 are health care professionals: home health, medical/dental assistants, nurses, LPNs, technologist, MDs/DOs
- Other areas: health administration, mgmt, support (4100), education (14,900), food-related (142,100),

Health professional stress

- Depersonalization
- Emotional exhaustion
- Decreased sense of personal accomplishment
  - Loss of meaning/purpose
  - Loss of community

once/week
Women physicians

- Exhaustion and emotional exhaustion tend to be higher in women
- Is it more socially acceptable for women to acknowledge stress?

- Communication styles/interpersonal interactions-nurturer/caretaker
- Imposter syndrome/stereotype perception
- Gendered expectations/external demands
- Sexual harassment/(un)conscious gender bias
- Difficulties delegating
- Self-denying behavior

Spataro et al 2016
Latino physicians

• Hypothesis: intersectionality-result in increased risk

• Latino physicians: higher empathy scores which may serve as a buffer
  • Support resilience

The majority of people in this virtual room have experienced burnout.
How to assess? The Mini-Z

Benchmarking data
On where your organization stands, both locally and nationally.

Personalized Guidance
And support when you need it.

Detailed Reports
Using sub-scales, such as values alignment, clinic inefficiencies, and technology optimizations.

Recommendations
For improvements to drive sustainable change.

Analysis
Customized to your organization.
Increased Support Staffing Tops List Of US Physicians' Preferred Methods For Addressing Burnout

Q: Please select the three options which could be implemented by facilities to address burnout.

- Increased support staffing (nurses, admins, etc.) 66%
- Half days/mandatory vacation time 57%
- Reduce volume of patients 56%
- Increase staffing of physicians 35%
- Additional EHR support/training 26%
- Counseling/psychological support 17%
- Seminars and education on physician burnout 8%
- Staff meetings 16%
- Team building exercises with staff or colleagues 8%
- Other 12%

Source: InCrowd, n=612 physicians, 2019

Where do I start?

• Pay attention to basic needs
  • Healthy eating, hydration, sleep, destress

Compassionate leadership supports a culture of wellness
Flexible workplans
Sufficient PPE

Mental health support: resilience building, counseling

Support each other
Build community

Be kind to yourself
Value what you’re doing
Find meaning and purpose
Meditation
“...Place the oxygen mask on yourself first before helping small children or others who may need your assistance.”

Thank you!

anamarialopez@jefferson.edu
SESSION 1: THURSDAY, MAY 28, 2020
Managing Chronic Care Patients with COVID-19
7:00 PM - 8:00 PM Eastern Time

SESSION 2: WEDNESDAY, JUNE 24, 2020
COVID-19 and Latino Mental Health
7:00 PM - 8:00 PM Eastern Time

SESSION 3: WEDNESDAY, JULY 22, 2020
COVID-19 Impact on Health Care Delivery
7:00 PM - 8:00 PM Eastern Time

For more information & to register: https://bit.ly/NHMACOVIDSeries