

Dr. Elena Rios

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Moderator: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the healthcare of the future.

This week Mark and Margaret speak with Dr. Elena Rios, President and CEO of the National Hispanic Medical Association. Dr. Rios talks about the devastating impact, the pandemic has had on the Latino populations in this country with more than double the death toll, and great economic hardship as well, impacting health and mental health in that community. She talks about the powerful potential in The American Recovery Act and The American Families Act under President Biden, to address some of the driving forces behind health and equity.

Lori Robertson also checks in, Managing Editor of FactCheck.org, looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. And we end with a bright idea that's improving health and well being in everyday lives.

If you have comments, please e-mail us at [chcradio@chc1.com](mailto:chcradio@chc1.com) or find us on Facebook, Twitter, or wherever you listen to podcasts. And you can also hear us by asking Alexa to play the program. Now stay tuned for our interview with Dr. Elena Rios here on Conversations on Health Care.

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Mark Masselli: We're speaking today with Dr. Elena Rios, the President and CEO of the National Hispanic Medical Association, representing 50,000 Hispanic physicians in the United States. She is also President of the National Hispanic Health Foundation, seeking to improve the health of the Hispanic populations in this country.

Margaret Flinter: Dr. Rios is an internist; she served as Advisor for Regional and Minority Women's Health at the U.S. Department of Health and Human Services. And she is a trustee of the New York Academy of Medicine. Dr. Rios, we welcome you to Conversations on Health Care, today.

Dr. Elena Rios: Thank you, honored to be here.

Mark Masselli: That's great. Dr. Rios, the Hispanic community has been hit especially hard by the pandemic, amplifying the depth of health and equity, long experienced by people of color in this country. I wonder if you could help our listeners understand the true impact that COVID-19 has had on the Hispanic community and put it into perspective for us.

Dr. Elena Rios

Dr. Elena Rios: Well, I think overall, you know not every state collects data on Hispanic, that's the first problem. But overall, Hispanics and other vulnerable communities have really had you know twice as many deaths than the White population. And a lot of that is because of the underlying conditions that Hispanics who are mostly lower income, working class people known as essential workers in our communities now, have lots of underlying conditions like diabetes and obesity and heart disease and cancers. And also are living in multigenerational housing, and working in small businesses or in the service industry or in the agriculture business or meat packing plants etc. where they have lost jobs, and are really feeling that the impact, the economic impact of COVID-19 as well as the physical and emotional impact of this horrible pandemic.

Margaret Flinter: Well, Dr. Rios I think one piece of good news is that there seems to be adequate supply of vaccine out there now, in most communities, but we still see vaccine hesitancy in many communities and we see some of it in the Latino community as well. I know the National Hispanic Medical Association of which you have been such a leader, has launched the Vaccinate for All campaign to address this issue. Tell us about this after then what are the vaccine resistance, challenges, the key areas that you're seeking to address, educate or help overcome.

Dr. Elena Rios: Well, I think some of the important issues with vaccination is education and outreach. And many people are afraid of government programs, just don't trust government programs. And we do know that the NIH has worked with the pharma companies to produce vaccinations are very safe, very effective. But many people just don't understand that yet. And I think the other problem is that we do have people that are, again don't have the money to pay for vaccines and don't know that it's free. So and that for people that are undocumented, maybe or have undocumented people in their family may be afraid of the privacy issues, and not have, you know making sure that people know that the vaccine providers are not going to give away information to anybody like the INS or any other authorities and that it really is a private issue.

So the National Hispanic Medical Association is proud to be able to have national campaign funded by CDC. And we call it Vaccinate for All, because we think everyone in the family should understand how important vaccinations are for everyone. Right now we can get vaccinations to those who are 12 year olds and older. So I can tell you that the most important part of our campaign is that we're encouraging health professionals and patients alike to sign up and be a champion for Vaccinate for All, which means that if they come to our website which is [www.nhmamd.org](http://www.nhmamd.org) and go to the Vaccinate for All page, they can sign up and become a champion where they can send information to their families and to their loved ones. A simple

information in English and Spanish about how to get vaccinated and the importance of these key facts about vaccinations that they are safe, effective and important. To be able to have a vaccination in one or two doses, that will be very effective in decreasing the impact of the disease of COVID-19. And that it's much better to get a vaccination then to end up in a hospital on a ventilator. So that's our main message.

Mark Masselli: Well, that is such a great program. And you know you said the word earlier that key to having all this happen is developing trust. And you know probably hasn't been a lot of trust that happening with the Department of Homeland Security, but they recently stated that ICE and the Border Patrol will not conduct enforcement operations at or near vaccination sites. That must be so critical to the work that the National Hispanic Medical Association is undertaking. And I'm wondering is this fact getting out to the community, and also just talk to us about the negative impact the immigration policy has had on Hispanic health.

Dr. Elena Rios: Well, I think we all need to tell more people of the importance of this message about those who are getting the vaccine, will not be fearful of having any kind of government ICE or INS be part of that, the vaccination sites. So yes, it is very important that more people know about it. I think the most important problem for undocumented is that there are very few access to healthcare, one is through Community Health Centers, Federal Community Health Centers are supported to take care of anyone that walks in their doors. And the other is emergency rooms, but and I should say doctors who are able to provide charity care. And we do see a lot of Hispanic doctors especially in our poor communities taking care of patients when they can.

I do think that it's important to know that some places like California and New Jersey have changed state laws to allow funding for Medicaid from the state portion to be able to take care of people that are not documented. And I think that that's the major problem is the lack of access to resources because you know, and many can get some insurance from employers, you know while employers are still able to provide insurance.

Margaret Flinter: You know Dr. Rios, I want to thank you for the shout out to Community Health Centers, obviously where we do most of our work. Now but also, you know, Mark, it never even occurs me these days that people would think there is a cost for the vaccine, because there has been no cost associated. But you're so right Dr. Rios that maybe something I take for granted is absolutely known among our communities and may not be, so thank you for that reminder.

And I wanted to ask you also about Dr. Marcella Nunez-Smith, who I

know was the keynote speaker at the recent annual meeting of your organization, of course she is the Biden administrations Director of Equity through the pandemic and beyond. Share us some of her insights on how the President's policies might have the potential to address some of these really entrenched health equity challenges that we've lived with for way too long, and desperately need to do something about.

Dr. Elena Rios: Yeah, Dr. Nunez-Smith was great, and I think that her big message was how important it was to be more inclusive, and to listen to people in our communities that have suffered so long with health and equities, because of their poverty levels, lack of education, limited English, you know maternal mortality, there is just, you can go on and on and on. And I mentioned earlier obesity and diabetes and heart disease. I would just say that it's toxic stress in poor communities that need to be addressed.

And what Dr. Nunez-Smith did, she did a great job in discussing some of the key points that we now know as the American Rescue Plan of President Biden in the White House that's been, he actually addressed this last week with, in the joint congressional session. And I think a lot of this will be taken care of just basic necessities like more funding for food programs in our communities. The schools having money to revamp school so they can open, college student loans, rent for people and other housing programs. People are really desperate right now, because they have lost so many jobs and more unemployment until the fall.

And I think that one of the major issues that I think we're really proud to see is that this administration is taking a real look at poverty and decreasing child poverty in half by the tax credits that they have put into the American Rescue Plans. So the tax codes would be changed so that families would get tax credits for not only being married or having a family but for each child. And I think that that's going to go a long way to help again working families, have a little bit more hope with some money to pay their bills and buy food.

Mark Masselli: We're speaking today with Dr. Elena Rios, President and CEO of the National Hispanic Medical Association and President of the National Hispanic Health Foundation, seeking to improve the health of the Latino population in this country. You know I would really want to pull the thread on your shout out to the Biden administration, and about the American Families Act and the American Rescue Plan. I'm just wondering as you think about policy going forward, no plan is perfect, this one does a really good job, you really talked about the guarantee for really trying to cut child poverty in half throughout the land which is so important to do. But one other additional reforms you and the National Hispanic Medical Association are advocating for things that

people at state should keep their eye on as well as the national level.

Dr. Elena Rios:

Well, I think again with the stress that has been developing even you know at a higher level than ever because of the pandemic, I think we've to look at the importance of anxiety and mental health and all of the issues happening within families, domestic violence, you know opioid abuse, was always there but it's just exacerbated. The other issue is really the healthcare workers themselves. We really need more diversity within the medical profession, doctors, nurses, dentists, but more importantly we need more community people to step up and be part of the messenger system in the.

You know we've seen the Biden administration increase community health workers for accessing health insurance through the Affordable Care Plan. I think we need more community health workers working within the public health, to be the trusted messengers for you know getting people to understand where they can go get a vaccine, helping them find appointments. The navigators if you will within public health. And I also think that we're going to see a lot more importance of public health and building back the infrastructure of public health that was there in the 1950s, when we had polio, and polio vaccines, you know in the 1960s.

And you know we've so many problems in our community, I mean homelessness is another one, that really is a public health issue when we think about getting prepared for the next pandemic. So these are just some of the things I could think of that are really across the border, needed at the state level and the national level.

Margaret Flinter:

Well, Dr. Rios, every one of those that you mentioned is very important, but I wonder if we could just zero in for a moment more on your specific thoughts about, how we reach into the Hispanic Latino communities and excite people, engage them and thinking about careers in the health professions, and bring them in. And you've done a spectacular job with physicians within your organization, within the world of physicians. But I'm wondering, you spoke about nurses and community health workers, the dentists, the therapists that people are going to lead and run these operations. What are your thoughts about how we do that so that individual who comes into any healthcare organization, feels like, well this is a place that reflects me as well as everybody else in the community.

Dr. Elena Rios:

Well, it starts young and I think we need more awareness among young people, you know in the K through 12 and our grammar schools and high schools, about the important role for jobs. The healthcare industry is the number one industry with jobs in this country. And anywhere you go, you can get a job in the healthcare industry. You can move you know and find a hospital, a nursing home, clinic. And I think that that there are jobs that don't take that much time, not

everybody can go to medical school and has that stamina to stay there you know for 10 years and go to school. But I do think it has to start young.

And the other thing is we really do need more role models, you know the National Hispanic Medical Association is made up of mainly the Hispanic doctors that are alumni of the United States Medical Schools. But unfortunately, only 5% of all the doctors in the country are Hispanic. So there is a very few of us. And what we need is more doctors in our medical school alumni, to go out and talk to community you know PTAs, parents of grammar school kids, talk to the grammar school kids about what it takes to, you know if you're very interested in Science and Math and critical thinking, there is no reason why you can't be supported to continue along that path. Unfortunately we don't have the good counselors in the public school system to understand that they can make or break a student's vision of themselves going to be in healthcare, if they don't support them, in continuing to be good in Math and Science.

And then in college I think the same thing, we run a program called the College Health Scholars Program, and we've seen over 2,500 Hispanic students from Texas, California, the east coast and just different places around the country. We're matching them with mentors who are Hispanic students that are in medical school, that are telling them, look we made it, you can make it too. And I think that's what's real important that we've mentoring, because so many of our families do not have fathers or mothers that are health professionals. Although they may go to a dentist or go to a doctor and see them, they don't, you know they don't necessarily think that they can get to that point.

Mark Masselli: Well that's just a wonderful roadmap for the future of the individuals, but also for the future of the healthcare system, by providing that mentoring. I think it's fair to say you're a futurist for healthcare and the National Hispanic Medical Association as we talked about a little easier, is involved in the All of Us precession that is an initiative as a federally qualified health center, we were one of the vanguard, when Dr. Collins started this program up. It's so important to have a program that focuses on research that looks like all of the country, not just a limited part of the country. I'm wondering if you could share with us your vision for this wonderful effort by NIH and how it may lead to improved healthcare and healthcare outcomes in the Latino community.

Dr. Elena Rios: Yeah, the All of Us program was designed to follow a million people in America that live here over 18, who can be followed for 10 years. So that our researchers can learn more about how people live and how they face different diseases as they age over 10 years. And I think it's

so important that we've more Latinos sign up for the program. And there is a website that where you can sign up, but I think it's important that we've participants who can provide knowledge for the next generation about our communities. And we'll only learn about how Latinos face diabetes or heart disease and the struggles they go through, but also the important you know tips and how they respond to medications and therapy and exercise and I think it's just so important that we get involved so that we can also learn from each other and pass on the information to the next generation.

Margaret Flinter: Well that's great and I think like we can say that they are still accepting people into that program, and they are still recruiting. So not too late for people to participate and get their families involved as well. We have been speaking today with Dr. Elena Rios, she is the President and CEO of the National Hispanic Medical Association and President of the National Hispanic Health Foundation. Learn more about her work by going to [www.nhnad.org](http://www.nhnad.org) or follow her on Twitter @ElenaRiosMD. Dr. Rios, we want to thank you so much for your leadership for all of your contributions to health equity and for joining us today on Conversations on Health Care.

Dr. Elena Rios: Thank you. It was a pleasure.

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Mark Masselli: At Conversations on Health Care we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. Politics. Lori, what have you got for us this week?

Lori Robertson: Stanford Medicine says it, "Strongly supports the use of facemasks to control the spread of COVID-19." Yet, viral stories falsely claim a Stanford Study, showed that facemasks are unsafe and ineffective against the disease. The paper is actually a hypothesis not a study from someone with no current affiliation with Stanford. And it has since been retracted by the Journal that originally published it.

One claim shared on Facebook said this supposed Stanford Study said, facemasks "can cause health deterioration and premature death." The paper was the author's hypothesis published in a journal called Medical Hypothesis. While the paper says the author is affiliated with Stanford, a spokesperson for the university told us that's incorrect. The author had a one year term as a visiting scholar that ended in 2016. We reached out to the author but didn't get a response.

The paper said that the virus itself SARS-CoV-2 was small enough to pass through any facemasks. But J Alex Huffman an Aerosol Scientist

at the University of Denver told us that betrayed a fundamental lack of understanding of respiratory aerosols. There is a wide range of sizes of particles people emit when breathing, speaking or coughing, from 10 nanometers to 100s of microns, most of them Huffman said are removed by good mask. Lab studies have shown masks especially multilayered masks that fit well can partially block exhaled respiratory droplets which are thought to be the primary way the virus spreads.

The paper went on to claim that masks can cause insufficient oxygen or too much carbon dioxide in the blood. Experts have repeatedly rebuffed such claims. The American Lung Association notes, "we wear masks all day long in the hospital the masks are designed to be breathe through and there is no evidence that low oxygen levels occur." The editor-in-chief of Medical Hypothesis has since retracted the paper. The journal said the paper was misleading and apologized to its readers. And that's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked e-mail us at [www.chcradio.com](http://www.chcradio.com), we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Over the past few decades kids have been getting less and less physical activity throughout the school day. And as budgets have been tightened and achievement requirements have increased Phys Ed has become less prevalent in many schools. The University of Michigan researchers wanted to find a creative and effective solution that would increase kid's movement and increase in sedentary lifestyles without disrupting the school day.

Dr. Rebeca Hasson: We looked at the scientific literature in terms of prolong sitting. And they have administrated that if you just do two minutes of activity, a small --; get up do some movements, sit back down, activity in that small of a dose can have dramatic improvements on health, on cognition, on learning. So we decided to develop an intervention, a program that would allow children to get these small bursts of activity throughout the day.

Mark Masselli: Dr. Rebeca Hasson is Principal Investigator for InPACT, Interruption of Prolonged Sitting with Activity. She wanted to find out if just two to three minutes short burst to physical activity, five times a day would impact the kid's cumulative movement. The research showed that



kids of all shapes and body types found the program easy to participate in.

Dr. Rebecca Hasson: We typically see in PE or recess lower participation in girls compared to boys. But in classroom activity breaks, you actually see similar rates of participation if not higher rates of participation in girls compared to boys. We also saw that for children who are carrying few extra pounds, that those children also were exercising at a high intensity, even children with asthma, they were even able to do the activity breaks at a higher extent than the children without asthma.

Mark Masselli: Dr. Hasson, a kinesiologist said, they wanted to design the intervention that would be easy for teachers to adopt and manage. So they created videos design to get kids moving quickly, then allow them to quickly ease back into their learning mode.

Dr. Rebecca Hasson: We created a compendium of 200 activity breaks that are just three minutes long. So that teachers had a variety of different types of activities whether it was jumping jack, leap frog, something that will get their heart rate in a target heart zones. We got a lot of positive responses, particularly for the videos from the teachers, because it was really easy to implement.

Mark Masselli: Kids burned on average about a 150 more calories per day and at the end of the week, had accrued a significant amount of physical activity.

Dr. Rebecca Hasson: The kids when they left the laboratory, when they went home, they still continued to be physically active. We'd these little Accelerometers, they measure movement at the hip and so it tells us how many calories were the kids burning away from the laboratory and how much physical activity were they getting.

Mark Masselli: A low cost, easily adoptable fitness intervention for kids, allowing short burst the physical activity throughout the school day. Enhancing fitness, empowering kids to move more positively impacting the learning experience, now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health

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Moderator: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at [www.chcradio.com](http://www.chcradio.com), iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at

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