

CDC *Vital Signs* Town Hall Teleconference
Q&A

Hispanic Health in the US
May 12, 2015
2:00 pm (EDT)

Sam Taveras: Okay, great. Thank you all for excellent, excellent presentations. I love the data that Dr. Dominquez presented with the health risk and the death rate and really important information to build on. Love the information shared by Dr. Torres, community health workers.

Say your name when prompted. The operator will announce when it's your turn. I encourage you to take advantage of this opportunity to share your own strategies, lessons learned, challenges and success stories. We're hoping we can have some interactive discussion. Operator, we're ready for questions. Is there anyone in the queue to start us off?

Coordinator: Thank you. I'm showing no questions. Again as a reminder, it's star 1 to ask a question and if you'd like to withdraw your question you can press star 2. And we'll wait just a moment for questions, comments. That's star 1.

Sam Taveras: Okay, as we wait for a question, I will pose a question or two if you don't mind. So this question is for Dr. Kenneth Dominquez and of course being of - from the Dominican Republic I wondered about this question.

But why were death rates for other Hispanic groups described other than Mexican, Puerto Ricans, and Cubans?

Dr. Ken Dominquez: Yes, when we undertook this study that was the intention to include death rates for all the various Hispanic subgroups but after going through the methodology.

And just having discussions with the National Center for Health Statistics who is the group that typically conducts these studies we were informed that because of the small population sample size for other groups beyond Cubans that the - the death rates would not be precise.

And so they didn't feel comfortable with us presenting that sort of data.

Sam Taveras: Okay. Thank you. Operator do we have any question in queue?

Coordinator: Yes. We do have questions. One moment. Our first question comes from Jitendra Kapoor. Your line is open.

Jitendra Kapoor: Yes, I want to hear something more about polio in India.

Sam Taveras: I'm sorry. You can certainly contact us afterwards and we'd be happy to share information with you. That was sort of a side remark on my part. This is Sam Taveras. You can email me syt2@cdc.gov.

Jitendra Kapoor: Okay. Thank you.

Coordinator: Okay, our next question comes from Henry Pacheco. Your line is open.

Henry Pacheco: Thank you so much. Excellent presenters. You know one point that I think that should be mentioned from a community health workers in Hispanic community is where they are grounded.

You know, these community health workers traditionally having grounded in community based organizations that are deep in Hispanic neighborhoods where there's a lot of health needs, where there's a lot of lack of access to health care.

So I think the importance should also be highlighted along with the importance of community based organizations. Now there are community health workers that are working directly with hospitals and health centers and hired directly by them which is excellent.

But I think those that are community based have provided services in the communities and they then can be the linkage to health care services. Just a comment on the community based organization. Thank you.

Dr. Ken Dominquez: This is Ken Dominquez. Thank you for that comment. And just wanted to mention that if you go on to the *Vital Signs* website where the article is located, the Hispanic health article, *Vital Signs*.

There is also a fact sheet that accompanies the article and on the fourth page of the fact sheet there is a page that says, what can be done and there's a specific category that focuses on community health workers.

And what can be done around community health workers is that they can use resources that have been developed to educate the Hispanic community about health risks and preventative services and as a result of conducting or turning up this data analysis we created a website.

It's called www.cdc.gov/miniorityhealth/promotores. And by going to the link, promotores de salud can inform themselves of which resources are available that have been developed by the federal government particularly around, obviously around the health.

And so the AMIGAS link is on the particular website as well as a number of others including materials that were developed by Dr. Balcazar in Texas which focus on the issues around how to control hypertension.

And also salt intake and they have some beautiful fotonovelas, beautiful color, really nicely done that can be used in the community setting by promotores. So they encourage folks to please make use of that link.

Sam Taveras: Great. Operator, do we have other questions in queue?

Coordinator: We do have one more question. Raquel Myers, your line is open.

Raquel Myers: Hi. Thank you. I have two questions for Dr. Byrd. Is the curriculum available for others to use and also how much training was involved to get the community health workers ready to implement the intervention?

Dr. Theresa Byrd: Yes, it is available through CDC, or you can contact me directly. We've made the materials so they can be easily, you know, used by people whether they have access to a lot of electronic materials or not.

We - I don't think - I'm not sure if the video is actually streaming on CDC but the other materials are available. What was your second question?

Raquel Myers: How much training was involved to get the community health workers ready to implement the intervention?

Dr. Theresa Byrd: Well we did a - I think it was a two day, all day, both days training and then they had several opportunities after that to practice with each other before they went out

into the field. We also went into the field with them several times just to make sure they were feeling comfortable with the material.

We did use promotoras who had been certified and I know that happens in Texas. I don't know how many other states have a certification process for promotoras. But it shows that they've gone through some training just in general about community health work. So it's not too extensive.

We have a training guide that is also available. And there's also an administrator guide for clinics that are thinking about doing AMIGAS as an outreach and it kind of tells you how to put it together.

How to recruit the promotoras, how to train them and, you know, how to keep records on what you're finding.

Sam Taveras: Great. I - let me as a follow up question for Dr. Jaime that's related to this discussion. So Dr. Torres, what are some of the challenges or issues facing community health worker groups as to state certification since this issue of certification came up?

Dr. Jaime Torres: Sure, it is a big issue and the range of the community health workers and how they vary from state to state as Theresa mentioned. We have very active organizations and networks in the Texas, in New York State for example, in Florida, in other states it varies.

But the certification has been challenge even though it has been sought for. There has been challenges how to achieve consensus. Because many of the community health workers feel that the human interaction that they're known for is not certifiable. So and there's a fear of becoming medicalized.

That you will be certified in such a way that you will lose that human contact that you're so well known for so that has been a challenge. And for example here in New York State after much discussions, there had been a slow down on the certification process here in New York State.

As there's more consensus among the community health workers at how - what form should it take and what should be the requirements and things like that, that are very, very important.

So again it's how to certify a grassroots that became so organic from the ground up to be certified has many challenges. And again there are different feelings across the states and some of the things that are happening that are very important.

And I will point to the CDC has a document and you can obviously find it online. It's called, A Summary of State Community Health Workers Law that provides really some of the - I quoted from that but it provides more in depth information as what is happening in every state of the nation.

Sam Taveras: Great. Thank you so much. Operator, do we have another question in the queue?

Coordinator: Yes, we do. Julio Dicient. Your line is open.

Julio Dicient: Hi. Quick question for Dr. Byrd and before that, thank you for the great presentations by all three of you. For Dr. Byrd, I'm wondering in terms of the promotoras that were involved, I understand that they were certified.

I'm wondering how important was cultural matching a relevant element in terms of the assignment of the promotoras to the community that they were working in?

Dr. Theresa Byrd: I think that's really important and I have mixed feelings myself about certification because, you know, the reason why community health workers are trusted in their community is because they are from the community.

And similar to the folks that they're working with and so there's a real element of trust that's important. But I think that being of the same culture is - it's very helpful.

I don't want to ever say that a promotoras from another culture could not work with people, you know, in a different culture but I think that if - all of our women were Mexican American women or at least Mexican women living in the United States.

And all of our promotoras were also Mexican American women so I think that made it easier for them to reach those women because they had a better understanding of their lives.

Sam Taveras: Good, thank you Mr. Julio Dicient for your question. Any other questions in queue?

Coordinator: Yes, we have one more from Henry Pacheco. Your line's open.

Henry Pacheco: Yes, thank you so much. This question is for Dr. Dominquez. You know, one of the - my question is do you feel that the Hispanic health paradox has been really, you know, answered or is there a need for - is there greater, you know, more research?

Because this - many health outcomes of Latinos, Hispanics in the US are despite of the high risks extends that through things like life expectancy, infant mortality and many other paradoxical situations, like your study of vascular diseases as you mentioned.

And most cancers were given their risk factors and the socioeconomic conditions they should be in worse shape. And, you know, this idea about the healthy immigrant has been, you know, around for a few years.

And yet this immigrant supposedly comes from very poor villages that are medically underserved or very underserved rural areas. I mean many if not most of the immigrants are not, you know, middle class or upper middle class Latinos in terms of services.

So do you think there's a lot more research that needs to be done and there might be some answers in perhaps Hispanic culture or something? Please Dr. Dominquez.

Dr. Ken Dominquez: Yes, that's a great question Mr. Pacheco. I want to thank you for that question.

First, I think the answer is no we have not answered the Hispanic paradox. I think we have a lot of hypothesis around the Hispanic paradox in terms, you know, they have lower - Hispanics have lower smoking rates.

So we know that smoking is responsible for probably about two of every ten deaths in the United States. So the fact that Hispanics have lower death rates overall looks like that makes them healthier.

And we know that foreign born compared to US born tend to have lower smoking rates so that probably has something to do with it. Probably a lot to do with it. Also the issue of, you know, the fact that, you know, this issue of healthier immigrants migrating to the US.

And elderly or sick immigrants that move back to their home country for their own health, to receive health care or to die - there's an idea that might buy us the death rates. But, you know, we don't have all the answers. These are just hypothesis and so I think that definitely there is a need to look at this question more.

There was another recent study that also looked at whether - the hypothesis was that actually Hispanic immigrants probably have a lot of health conditions that they're not aware of when they arrived into the United States because perhaps they haven't had access to health care in their home country or the quality hasn't been as good.

So that when they arrived they actually do find out that they have a health condition, get it treated and they do better in the long run because they have that knowledge. So there's, you know, a number of different hypothesis out there.

I don't think we've answered the questions and I definitely think there is a need to look at these issues because obviously, you know, if you're looking at the numbers - and the other issue is that one of the limitations of the study for example in some of our surveys are that they're self-report data.

So in other words, you're asking a person do you have heart disease, do you have cancer? If that person hasn't been to the doctor or the quality of care hasn't been as good as it should be and they're unaware that they actually have the condition, they may be under reporting their own condition.

And that would be especially true of foreign born if they're not accessing good care when they arrive here. So there's a lot of unanswered questions and I think that - I think we do tend to believe that immigrants tend to be healthier just because they haven't taken a lot of - like I said, they're not smoking at the higher rates.

They probably have healthier eating habits for the most part and so as time goes on they start to take on some of those less healthy risk behaviors such as smoking, and maybe the fast food and all that sort of thing and so - yes, and acculturation as Sam was mentioning.

We know that for example, smoking factors that affect smoking in Hispanics include acculturation, actually living here - living in the 50 states is another factor. And so, you know, the issues around acculturation are very important.

And for Puerto Ricans in particular those - they were find to have higher smoking rates. We've also found that unemployment makes you more likely to smoke as Puerto Rican. So lot of complex factors. I don't think - like you said, I don't think we've completely answer the question.

So I think there is need for more research.

Sam Taveras: Thank you Henry. It was great to hear from you. Operator, do we have any more questions in the queue?

Coordinator: Yes, our next question comes from Alcee James. Your line is open.

Alcee James: Hi, I'm in the South Bronx and we service a lot of the community you were talking about. And we're a not for profit community based organization and we serve youth right now and parents doing drug prevention intervention.

I'm wondering how can we form a linkage to do the - to get the toolkit for - from that National Diabetes Education Program? Can we become a link to the - there is a Montefiore right around the corner from us and we have urban health plan.

Can we form - be able to get the toolkit, train our staff to do this? Training for the community?

Dr. Jaime Torres: Hi this is Jaime Torres. The answer is yes, to all your questions. The - on my presentation there's a link that can lead you do the CDC webpage of the National

Diabetes Education Program. But I will - if you want, send me an email. My contact information is in the last slide.

And I will put you in contact with Betsy Rodriguez who can give you more information how to - you can join the NDEP and also to join other organizations right there in New York.

I'm in New York City as a matter of fact. So right here in New York City who are part of the National Diabetes Education Program doing the work - doing the toolkit and doing other works related to the NDEP that I think would benefit you and also will also benefit to make that connection.

Alcee James: Thank you so much and thank you all for your great presentations.

Sam Taveras: Thank you Dr. Torres. Operator, do you have any other questions in the queue?

Coordinator: Thank you. I'm showing no further questions.

Sam Taveras: Okay. All right. Then let me just say a couple things before we close. First of all thank everybody for the - your participation and presenters for some really great information. And to the support folks here in OSTOTS for this *Vital Signs* Town Hall call.

Before we close let us know how we can improve these teleconferences. Email your suggestions to ostltsfeedback@cdc.gov. We hope you'll be able to join us for next month's Town Hall, on Tuesday, June 9 when we will focus on the prevention of melanoma.

I want to thank again our presenters and everyone who attended the call. That ends the call for today. A su Buena Salud—to good health. Goodbye. Have a great afternoon.

Coordinator: Thank you. Thank you all for attending today's conference. You may now disconnect.