Barry Munro: Welcome, everybody. Welcome to our ninth installment of our 10-part webinar series. This week we're discussing spinal cord injury in the Latinx community in the wake of the COVID-19 crisis, a continued conversation from the last webinar that we had along this topic. It was a great, great webinar the last time, and we ran out of time, so we're here to give you that extra time to continue on with the fantastic discussion. As we've stated in the past, this webinar series would not have been possible without the great support of the Craig H. Neilsen Foundation and their generous grant to make this webinar series take place.

This webinar series has been brought to you by the North American Spinal Cord Injury Consortium. The NASCIC has the mission to bring about unified achievements in research, care and cure policy by supporting collaborative efforts across the spinal cord injury community, and our community throughout North America is all of us, and we are very thankful to have the participants today to talk specifically about the impact and some of the solutions that can be discussed within the Latinx community through North America, and we're very thankful for that. But to learn more about the North American SCI Consortium, please go to our website at nasciconsortium.org.

This webinar series is entitled SCI: Moving Forward. It was brought up in a direct response to the COVID-19 pandemic and how it affects our SCI population specifically. What we did, we thought that in the position that the North American SCI Consortium was in that we had the opportunity to share some solutions, some stories, and reflect upon different strategies throughout all the corners of North America, and all the communities of North America. We had that luxury by the great membership following that we had, so what we've done is we've put together a microsite within our website, as you see the site there below, the link there, and in that site you have the opportunity to review these webinars and past webinars, for those of you that don't know that, in that all of the webinars have been also dubbed in Spanish, and the transcripts have been put in Spanish as well for the Latinx community.

We felt that was very important, that we share as much as we could possibly do for all those individuals who are suffering from SCI and the COVID-19 crisis. With our webinars, there's also additional resources, so we encourage all of you to go back and check and share with your friends and family, or others that you think that might benefit from these great resources. There's some really good stuff in there, and I think it'd be great for you to check it all out, if you go back and retrospectively look at it.

Today is our second-to-last webinar, and then next week is our last webinar where we're going to discuss all the positive learnings throughout the webinar, and what we've learned from our community. We want to end on, frankly, a positive note, and really celebrate the resiliency of our community. We're not pretending that things are better, but we need to share with others some of the great stories and what we've learned on a positive basis from this crisis, and how we are going to emerge as a community, if not stronger than before. So, this is an opportunity... We urge everybody to join us next week at a slightly different time, at 4:00 p.m. Eastern. It's on July the 21st, next week.

So, today I'm going to stop talking soon, and I want to introduce, really, two individuals that are fantastic, that have been a great addition to our outreach community in the North American SCI Consortium. They've been a pillar in helping us understand how we can outreach across to all the community, which includes the Latinx community, and I wanted to really stop talking now, and without further ado, I want to introduce to you Reveca Torres and [Ligi 00:04:09], sorry, Ligia, I'm sorry about that, two great individuals who I can call friends, and I'll ask them to take it away. Take it away, girls. Thank you.

Ligia Zúñiga: Hi, everyone. Thank you so much for participating today and listening to all of the great information that we're going to be receiving. If we can have the next slides so we can introduce our participants... Go ahead, Reveca.

Reveca Torres: Oh, sorry. Thank you-

Ligia Zúñiga: It's okay.

Reveca Torres: ... Ligia, and thank you, Barry. I'm Reveca Torres, and I am participating from the Chicago area today, but I'm excited to introduce to you Michelle Garcia, and she is an organizer at Access Living and a group called Cambiando Vidas in Chicago. She has been doing a lot of great work with our population in many, many different forms, and I am excited to have her be part of the panel today. Michelle, I see that you are on the call, so excited to have you join us. We can go on to the next slide. Ligia, I'll let you introduce the next two.

Ligia Zúñiga: Yes. Next slide, please. This is Vicky Perez. She's a health promotion program specialist through the Health Plan of San Mateo, and she'll be talking about the impacts and what they've learned at the health plan, what outcomes they've had with the services they've been providing for people in the Latinx community with disabilities, specifically SCI, in San Mateo County. We are in California, and so this particular health plan is very innovating and very inclusive of diverse communities. So, when they were interested in also being on the panel, it was really exciting because in our community, we have a lot of different people from different countries, and with different lifestyles and situations that could prevent them from accessing adequate healthcare. So, it's an honor to have them participate. Next slide, please.

This is also Robert Medel. He is the clinic program coordinator at Santa Clara Valley Health, sorry, Santa... Oh, my god. I can't even talk today. It's Santa Clara Valley, at the hospital there, with the spinal cord injury program, also, traumatic brain, and I believe spina bifida. Robert is great. He is also really involved in spinal cord injury research, and his department specifically does a lot of work around making sure that the spinal cord injury community in this area is well taken care of, has resources, has supports, and our spinal cord injury peer support program is very robust, and again, because we have so many diverse populations, there's always assistance for anybody that needs anything, really, in any culture, in any language, and that's something I'm also really proud of. Thank you, and next slide, please. Okay. That's for the end. I apologize. So, yeah, Vicky, if you'd like to, or anybody that would like to start, Michelle or Robert, on what outcomes you've had, what you've seen, trends, how your services have impacted our community.

Vicky Perez: I'll start. So, Ligia, I also just wanted to say that I'm prepared to speak to both the Latinx community in general, what we've learned are the challenges about Latinos or Latino members, but I also want to say something about what we're doing to address our members, persons with disabilities [inaudible 00:08:38] homebound in terms of what COVID's [inaudible 00:08:42] So, I just want to way I'm going to address both. What we found with our Health Plan of San Mateo Latinx members, there are two challenges that have come to the surface. One is parents are very fearful of taking their children to be immunized.

As most of you may have heard, right now, now more than ever, during the pandemic, it's really important that children and teens get the immunizations, but parents are fearful of exposing their kids to the virus and going to the clinics. The other challenges we're finding is many of you know that healthcare providers are now pivoting to telemedicine, virtual care, and we're finding that with Latinos, many families, not all, but many, transitioning to platforms to do telemedicine with video can sometimes be problematic. They may not be prepared in terms of having the necessary technology to do a video visit, and some of them are fearful of being taped on video. Some may prefer to do phone visits.

So, those are the challenges that we're finding in general, in terms of services that we're starting to provide to our members, but when it comes to the Latino community, these are the concerns that we have. With our members, we have members who are persons with disabilities and that are homebound, and right now it's what are their fears, and what we know is that when it comes to persons with disabilities who are homebound, their concern revolves around being exposed through their caregivers. As many of you know, those who live alone, who don't live with family, rely heavily on agencies to send caregivers. In cases where caregivers are still going to the homes, there's fear of being exposed through various persons who come into your home.

That's a concern, and then the other concern is, what if a person with a disability who's homebound wants to get a COVID-19 test? So, what we started to do was we started to partner with our local public health county agency. We know that they are clinical nurses who are doing field-based testing for COVID-19, and what we want to do is find out how they can reach out to persons with disabilities. We know that they're actually engaging, they're working with community workers, outreach workers which are reaching persons through phone, through knocking on doors, and just identifying who wants to be tested for COVID-19. The idea is that we want to reach out to all members who are homebound and see how we can have public health nurses come to their homes to do a COVID test. There's more I want to share, but I just wanted to stop there, if anybody has questions.

I mean, what I could do is I'll say that what we're trying to do to address, for example, parents who are fearful, what we're trying to do is create a communication plan with our providers. So, for example, our state health department has distributed best practices on how we can rearrange visits so that parents who are fearful of coming to the clinic, what else can we offer them? So, there is this notion of doing curbside visits or parking lot visits. So, for example, clinics can have parents come in their cars, and what they can do is actually provide, either do drive-through immunization so parents don't have to get out of the cars, in terms of keeping their children in the car.

The other thing, what they can do is actually provide tablets or iPads, and they can arrange to have a virtual visit with their doctor, so they can actually give the parent the tablet. They can have a visit with the doctor, and then in between members or patients they disinfect the tablets so they're not actually... just in terms of addressing the fear of contamination. We're doing that by organizing our internal committee of providers, how they can engage our different providers, what are best practices in terms of being able to address these concerns with parents who don't want to come to the clinics, just in terms of promoting awareness of how to do that.

The other thing that we're doing is we are planning a text message campaign that targets all parents on basically informing them of the importance, so just stressing the importance of taking children to get their immunizations now, during the pandemic, and letting them know that telemedicine visits are available, and that they have the option to ask, "Can I do it by phone?" We know that from many Latinos they may be more comfortable doing it by phone if they're not prepared to engage in a video visit from home, because they don't have access to the platform, or they just feel more comfortable on the phone. We want to emphasize that that is an option, that that is an option and how they can speak to the provider is over the phone. So, our text message campaign is designed to let them know that pediatric services are open, and it is important to stay in touch with their pediatricians to get care for their kids.

The other thing that we're doing too is... Because of the quarantine, everyone's at home, there's more social isolation, and so we have a partnership with one program in the county. It's called Wider Circle, and basically, it's an organization that organizes social activities for seniors, so anyone 50 and older. So, what they're doing now during the pandemic is that they're organizing these buddy calls, and basically, they're social outreach calls between the members of these groups so they can make sure that they're not alone, and they're targeting the Latino members. We have a high percentage of Latinos who are part of the program. It's called Wider Circle. So, what they're doing is they're facilitating the distribution of phone numbers so that members who are part of a particular circle of friends can call each other, and this is to mitigate the social isolation that is occurring because of the quarantine.

The other way that we're identifying persons who should be called, we have Nurse Advice Line reports. We use them to identify persons who have called the Nurse Advice Line with anxiety, concern, depression, and we're identifying members that we should be reaching out to. So, in those cases we actually have our member-facing staff at the Health Plan of San Mateo. We do have many staff who are bilingual Latino, and so we're identifying these members who are being identified as high-risk because they're alone or depressed or anxious, and we're making phone calls to check on them, just to make sure that they know that they're not alone, and if there's anything that we can do, we'd connect them with resources. So, we're doing that in terms of addressing social isolation that's occurring because of what's going on.

The other thing that we're doing is just on an organizational level. Right now, we're engaged in doing a population needs assessment, and we're finding that we just need to do a better job of learning more about the needs of our members with disabilities, and the idea is to gather more information about what are the risk factors when it comes to the COVID-19 pandemic, and finding out what we can do as a health plan to be better connected with the resources in the community so that we can just be better prepared to meet the needs of persons who are homebound or have various disabilities. So, we expect to learn a lot from this needs assessment. We're collaborating with our providers. We're collaborating with our county agencies that work with persons with disabilities, and the idea is that we want to start the conversation, and we just want to start to become better prepared on how we can provide services to our members with disabilities.

Reveca Torres: Thank you, Vicky. That's great information. I'd love to ask Michelle a couple questions, and I don't... There she is. Thanks for joining us today, Michelle.

Michelle Garcia: Thank you.

Reveca Torres: I would love to hear a little bit if you could share about some of the work that you have been doing advocacy-wise for our community, and talk a little bit about some of the issues and ways that you have addressed those issues.

Michelle Garcia: Sure. So, I work at Access Living, and I work as an immigration and Latinx organizer. I organize a group of immigrants with disabilities. I say this because 95% of them are undocumented immigrants, and this is key to the work that I do, especially now, in times COVID. This has elevated a lot of the work, trying to figure out ways to get, like Vicky mentioned, individuals tested. Here in Illinois, or here in Chicago, it hasn't been as easy because they won't test you unless you have symptoms, or they weren't doing so a couple weeks ago. One of my members thought he had symptoms, and he had a couple symptoms, but they wouldn't... He can't get out of his house, and he's also afraid of getting out of his house because of COVID, because of his status, et cetera, and they wouldn't test him. So, that's been a struggle.

Also, figuring out where there is certain resources for them to access, like food, we found a couple of food dispensaries, but unfortunately, some of them were asking for an ID, and obviously, we know that this is a thing when you're undocumented, and you might not have access to an ID, because a Matrícula just doesn't cut it. So, we were kind of disappointed with these dispensaries. So, it has been tricky to find resources, but not impossible. We have been really lucky at Access Living of getting private funders to give us resources for those in need, and so whenever I can, I put in for some of my members that I know are most in need of resources, for food or medication, rent, because again, they're in fear because they don't have documents, so they're in fear that any moment, because they don't pay rent, they're going to be out on the streets, just like everybody else, of course, but they have that extra fear because of their status.

Also, just going to the hospital has been a... They were already in fear because... I mean, I don't know if you've heard, but public charge is a thing, most recently, with this administration, where if you're deemed becoming a public charge, then you are most likely to be deported, or not given your status in the country. So, a lot of individuals that I support and work with are fearful of accessing any supports and services, even though it's community-based, they're not governmental, they're community clinics or whatnot. People are still in fear of receiving those supports and services because they're like, "Well, what if I get that food or that help? Is that going to be against me because I'm going to begin the public charge?" and I have to tell them at once, and over and over again, that that does not count against them. Then I obviously have to also reiterate that going to the hospital when you have symptoms or when you're just sick because of your disability, you should go to the emergency room, regardless.

So, it's been a struggle to kind of lend that support, because I know the fear that people are living in now, given the administration. So, I try as best as I can to provide that support. I try to make sure that the individual giving these resources, for example, today we had a conversation with the Mexican Consulate in Chicago, and they have a fund that they provide to individuals with disabilities, which is new to me, so I wanted to share it with the group, but it's better to hear it from the source than just to hear it from me, so I was happy to put that together, and they will be talking to the group and saying, "Look, you can access these resources. Nothing's going to happen to you. Your status is not going to be put in danger," et cetera.

So, that's what we've been doing, and like I mentioned, Access Living has been really in a good position where we've been able to get funding from private funding or foundations to be able to get monies to support during COVID, not just to the undocumented population, but just in general, to the populations that we serve of people with disabilities who are going through hardship during this time of COVID, like in housing, medication, et cetera. I know I spoke a little bit fast. I always do. Sorry. But I want to give you time to ask any questions or ask me more questions, and I can answer gladly.

Reveca Torres: Feel free to chime in with questions in the chat box as well if you have questions for Vicky, Michelle, and Robert.

Robert Medel: Can you guys hear me?

Reveca Torres: Mm-hmm (affirmative).

Ligia Zúñiga: Yes.

Robert Medel: You can hear me? Yeah, excellent. So, I'll go, and I'll just tell you a little bit about what we do, and I'll give you some background on the organization that I'm part of, and then if you guys have any questions, you guys can feel free to ask questions with any specifics. So, I work for a county hospital. We're safety net hospital in Santa Clara County, which is a fairly large county. We have a lot of cities that encompass Santa Clara County, and obviously, because we're in the Bay Area in California, we do have a big Latino/Latinx community that comes through our doors.

Our hospital has 32 specialized beds that specialize in spinal cord injury rehabilitation. That's something that we specialize in, so we get people from not only the Bay Area, but really, California, Oregon, the state of Washington, and a lot of individuals will try to come into our rehab program. Since we are a fairly large program and a very specialized program, we do try to do things, again, that caters to our patients, and especially the disabled community. Some of the challenges that I see working with the Latino/Latinx community with what I do, and again, a little bit of background, what I do is I coordinate our peer support program for the hospital that really works with people with spinal cord injury, brain injury, and stroke.

So, we have a very robust program that offers a lot of different services. Through that program, we also put together a lot of events for the spinal cord injury community, some of them to promote just interaction with other people with spinal cord injury, the other programs and members together, and try and promote [inaudible 00:26:06] We have something called [inaudible 00:26:09] It's a free event to... Really, anyone in the [inaudible 00:26:11] community can come and do things like kayaking, rowing, sailing, and it's all free. We barbecue. So, again, just to promote physical activity, and of course, for people just to get to know each other.

Through our peer support program we're able to identify a lot of different programs. So, obviously, in working the specialized unit, we have our psychologists, we have our case managers and social workers that obviously try to work with our patients, but often, what happens is we do get monolingual Spanish patients with spinal cord injury, and obviously, there are some challenges that I think some of our other panelists have mentioned some of these challenges, things like their immigration status. Obviously, they're worried about that. They're worried about sometimes their fear of just more cultural things, fear of being perceived as they're not very smart by simply asking questions. Sometimes some of the families might see that as a negative.

So, me being someone who's Latino, someone who speaks Spanish, I do feel that I'm able to make a connection with those families, and often, they search me out. They'll ask, "Oh, I would like to speak to Robert," and sometimes even some staff, when we are having challenges with patients who maybe do not want to go to therapy, or they don't want to participate or engage in some of the classes, they will come to me so that I can go and talk to them about the importance of going to class, or a lot of things that I do, I mean a lot of times what I'll do is I'll reach out to my peer supporters, someone like Ligia. Ligia actually volunteers at the hospital as one of my female peer supporters.

So, it's great because when I have a Spanish-speaking young lady or a lady that's in the unit, I can always reach out to Ligia, and she can come in and chat with them, and I have the same thing for a lot of our Spanish-speaking males and guys who come into the unit. I have a group of guys that are very active, that also speak Spanish, they're bilingual, and they're able to come in and provide some insight to a lot of our patients that are requesting information, or they just want to connect with others. I think, again, as some of our panelists have mentioned, there's a lot of isolation, and obviously, with COVID-19, it's been extremely challenging for us because we really pretty much shut down our peer support program.

We still do virtual meetings, kind of like the ones that we're having here. Now that I'm able to go back into the unit, I will go into the unit, and I'll talk to our patients about this opportunity to get to meet other people with spinal cord injury, who are further along in their recovery. We had the meeting yesterday. We had five patients join the meeting, and we had about four or five peer supporters, so we spent an hour-and-a-half just, again, answering their questions, providing some insight, different perspectives, and obviously, these are all the individuals that are barely getting started with their injury, so there's a lot of questions, a lot of fear, a lot of uncertainty, so it's nice to be able to connect them with individuals that are further along in their recovery, just to show them that, you know what, things will get better, and that's one of our main goals, just to show that there's still a lot of life to be had.

Also, just with our clinics, our outpatient clinics, one of our doctors, Dr. [inaudible 00:29:30], she's the head of our outpatient clinic, and she's great. She often seeks out my advice in terms of, "Okay, Robert, we have a Spanish-speaking patient. We haven't heard from them. Would you mind reaching out to them and see what the issue is?" Again, because of the clinic and part of the... We have different organizations that are part of the hospital. We have a nonprofit agency called the Valley Medical Center Foundation, and they're an extended arm of the hospital that does a lot of... They collect a lot of funds. They do a lot of fundraising, and they're able to provide a lot of our patients with assistance, whether it's financial, whether it's advocacy issues.

So, often, what I do, I just tell people, "Look, if you have any issues, just give me a call. Give me a call, and we can try to work together," and obviously, working with our Latino community and Latinx community often, you do have to think outside the box and get a little creative, but I've been there for 15 years, so I've learned a lot along the way through people like Ligia and other peer supporters and other individuals with spinal cord injury in terms of services and how they've been able to manage some of the challenges that they face.

So, one of the things that I would like is just more [inaudible 00:30:48] because I think that's one of the biggest challenges for us, just the lack of awareness when it comes to our Spanish-speaking community [inaudible 00:30:58] that they have access, regardless of their status [inaudible 00:31:06] In fact, we've had individuals in some of our support groups often break down because we are talking about things like, I don't know, let's see, the [inaudible 00:31:17] rehab, even with the [inaudible 00:31:18] rehab, they tell me that they will work with people who are undocumented.

A lot of the different services that are state-funded or federally-funded services, often, you do have to be a legal resident or a citizen. So, obviously, that provides some challenges, so we've had to, again, get creative, and as I mentioned, we do have some funds that we have set aside for those families that are in need, so it's just all needs assessment, see what they need, and then we try to work with them, but again, by building that trust, and that's something that I feel that, me being Latino myself and growing up in the Latino community, I know a lot of the challenges that the Latinos face, so I'm able to at least make that connection, and sometimes I think I'm able to build a little more trust that I'm not lying to them or that I'm not just blowing smoke and just making lies. Yeah. If you guys have any questions, again, just let me know.

Speaker 7: I have a question.

Ligia Zúñiga: Thank you so... Oh, go ahead. Sorry. Uh-huh (affirmative)? Questions.

Speaker 7: Robert, thank you, and thank you for what you provide for the community to have access to, all of you, but particularly the peer support programs. I live in Miami, so it made a huge difference years ago for myself, and I was curious, is there a way that you see for people to access that support system in the Latin community that aren't in your local community? Is there a website or something along that line? Say they were [inaudible 00:33:05] international, that you know of.

Robert Medel: Sure. So, this is something that we do for us, and I will tell you, unfortunately, all of our classes are always in English, and I don't think, to be honest, that we've had one that's been, say, bilingual, where we translate it while it was going on, and it's really because I haven't had anyone reach out to me directly and say, "Hey, look. I would like access, but I only speak Spanish," because if that was the case, I would try to find some way around it. But you know what? Anyone, even though our peer support program is part of the hospital, and for some of the services that we offer, like some of the financial aid, some of the financial assistance and some of the advocacy that we do, they have to go through our hospital. They have to be one of our patients.

It doesn't matter how far back, and we've been around for a long time, but at the same time, we do offer... I mean, anyone can call me, no matter where they're from, and seek out peer support. So, our peer supporters that volunteer for the hospital, they don't just specifically focus on our past patients. So, if I were to have someone, say, from Miami reach out and say, "Hey, Robert, I heard about you guys on the website," because we do have a website for our rehab program that does highlight our peer support program, and if you would just say, "Hey, look. This is some of the issues that I'm having," I can easily connect you with one of our peers who's Spanish-speaking, and we can do either a virtual chat, over the phone, email.

So, I've actually had people reach out from other parts of the country, other parts of Santa Clara County, or sorry, outside of Santa Clara County, just reach out asking for assistance. So, we definitely do that. So, normally, also, one of the things that I do, I put together, as I mentioned, a lot of educational events, and since we are a very specialized unit, we do have a lot of information. I have a lot of access to physicians that specialize in spinal cord injury rehab, clinicians, doctors, research programs. I'm also part of the research department at Valley Medical Center. In fact, we currently have a study on depression. It's a telemedicine study on depression, and we have a couple Spanish-speaking-only patients who are actually participating in that study. So, yeah, anyone can always reach out to me, send me an email.

When I do put together these patient education classes or community education classes, I do webcast them, so I do get interest from overseas, depending on the topic. We were actually on one of the sites that was doing stem cell research here in Santa Clara County, so obviously, people hear stem cells, it'll always spark a lot of interest, and I did get a lot of people who wanted to participate, so they did tune in from different parts of the world, but I do webcast those meetings, and then what I do, once the webcast is done, I do put them out and make them available to the public. So, anyone can have access to any of the information that we put out, and I also work with local nonprofits. One specifically that I work with closely, and that's because two of their founding members are part of our volunteer group, it's NorCal SCI. I give them a lot of our material that I put out, and they disseminate the information to the spinal cord injury community.

Ligia Zúñiga: Robert, I have a question. So, do you also have access to other resources like centers for independent learning, different types of policy help in case people need to change regulations for any reason? Can you elaborate on that too?

Robert Medel: Yeah. So, you know what? That's one thing that comes up a lot during our support group discussions, and I think a lot of our peers, a lot of our other SCI peers that are part of our group are really big on just conveying the importance of advocacy to our newly injured patients. We get a lot of people when they first get [inaudible 00:37:32], and then they reach back to me. They will tell me, "Oh, well, I applied for this service, and I was denied." So, luckily, again, just working with different organizations, I have developed contacts, even someone like yourself, Ligia, who works at the Independent Living Center of the San Mateo area.

So, obviously, when someone calls me and says, "I was denied," real simply, I'll just tell them, "Well, you can appeal." There's always an appeal process. Then normally, if I have a peer that has gone through a similar experience, whether it's Social Security or disability, whatever it is, I will connect that individual that reached out to me with that peer who successfully just managed or navigated that system that initially denied them, someone like our friend, Joe Escalante, who works at the local Independent Living Center here in Santa Clara County. He deals with adaptive technology, so if I do get someone who reaches out and says, "Hey, I'm having this issue," I'll connect them with Joe.

But when it comes to immigration, we are lucky here in Santa Clara County there's the... It's associated with Santa Clara University. There's that legal clinic. I do send a lot of people there. They do have attorneys that work with immigration, work on immigration laws. So, if I have anyone that always reaches out and has issues with immigration, I always tell them to start there just because they can go make an appointment, meet with an attorney, and it's all pro bono. It's all free, and often, I've had people who they went, they talked to them about whatever issue they were having, and that legal clinic decided to represent them with their case.

So, yeah, I always just tell people, "Just give me a call," because as I mentioned, since we are such a large institution with the hospital, and I do have access to a lot of different services, if I don't know myself, I can go, again, through our peer support group, and we have all different walks of life, people from all different areas in Santa Clara County who have connected with a lot of different agencies that sometimes I'm not even aware of, and then, of course, then I have a lot of our clinicians, our physicians that I can always draw from as well. So, I always tell people, "Look, when in doubt, just give me a call, and I can do some of the work for you."

Ligia Zúñiga: Thank you.

Reveca Torres: I know Michelle has to leave us at 2:45, so I just wanted to give Michelle an opportunity, if you have any last things to mention before you need to leave us.

Michelle Garcia: Yes. Sorry. I have another meeting, as I said before. No, just we here also... I never get to mention this, but I think it's important, given the conversation. So, we also have what we call a lending closet, but it's not lending. We give it away. We have a lending closet of equipment [inaudible 00:40:46] supplies, medical equipment, medical supplies, and this is mainly, again, for those who... because lack of insurance or because of, obviously, can't get it because of their status or whatever. They need catheters, walkers, canes, diapers, et cetera. We provide that to help support, and this has been hard to do so in the midst of COVID because we want to [inaudible 00:41:23] and when that is not available, we're working from home. It's hard for me to be able to say, "Well, here are some diapers," or, "Here's catheters."

Because of that, I have kind of a close relationship with my members. [inaudible 00:41:44] get that trust, and they start talking to you, and gain their trust. So, to those who I know that are really, really in need, I either go to their home and deliver them catheters that I have here of my husband [inaudible 00:42:07] I'm like, "I'm going to take away some of your catheters. I know you need them, but we can cover them. Don't worry. You're lucky. You can order some of your own. People that can't need them." So I take some of his, give them away, and that's how we kind of share medical supplies.

Same with equipment. If I have a chair that I know nobody's using, or myself, I'm about to get a new wheelchair through my insurance, and I already know who needs wheelchair. I can donate this one along, so that's kind of what we do, because we know the need of those who can't access these very important medical supplies and medical equipment. But I really want to thank you for inviting me, and I'm listening to Vicky and Robert, and the work that they do is great as well. Thank you.

Reveca Torres: Thank you for joining us, and we appreciate you just kind of letting us know what you've been doing in Chicago, and based off of what both Robert and you said, how important to build that trust in our community, to be able to help each other and have that mutual aid. So, thank you for joining us, Michelle.

Michelle Garcia: Yes, thank you. Bye-bye. Have a good day, you guys.

Reveca Torres: Yep, yep.

Ligia Zúñiga: Thank you, Michelle. So, there is one question in the chat box for Vicky. It says, "Given the issue with having families get their children vaccinated, how are you educating, campaigning to increase vaccinations? There is a great TED Talk about the rising disease due to non-vaccinations that highlighted this issue and may be useful."

Vicky Perez: Yes. I wanted to thank Jared for raising that question. So, what we're doing in addition to text campaign that I mentioned that's going to be also targeting our Spanish-speaking members who are parents, we currently have another program in place. It's called the Baby and Me program, and it's our prenatal, postpartum program where we reach out, the Health Education Department reaches out to women who are pregnant to remind them to complete their prenatal visit via telemedicine, a phone visit, and also, women who have recently delivered, we remind them of the importance of completing that postpartum care.

What we're doing is we're expanding that program to include messages about, "Oh, and by the way, it's really important that you get your children immunized." So, for the newborns and for the moms who have other children, particularly up to the ages of three, taking advantage to let them know that in addition to completing your postpartum visit, please keep in mind that your baby needs to be immunized. Usually at 18 months, there are certain immunizations they need to have. If you have other children who are under the age of three, make sure that they also get the immunizations, and also, for the women who are pregnant, when we remind them to get their prenatal visit done, we remind them that they also may need to be immunized. Flu vaccination season is coming up. So, as far as what are we doing to educate is we're taking advantage of all the women that we are reaching through our Baby and Me program, prenatal and postpartum women to remind them about the importance of getting immunized, both themselves and also their children. We figured that's an opportunity.

The other outreach program that we have where we place phone calls is to persons who has asthma. As you all know, persons who have chronic diseases, they're at higher risk for serious COVID illness disease. So, the same thing. When we reach out to members, our Latino members and Spanish-speaking, is we say, "Oh, and by the way, it's important that come flu season you really do need to get your flu shot," and if they mention that they have children, again, we take advantage of that opportunity to say that it's important that all children get their immunizations during the pandemic. I see that, Jared, as Ligia mentioned, he recommended the TED Talk, so I'll definitely check that out for ideas, so thank you.

Barry Munro: Thank you, Vicky.

Ligia Zúñiga: There is one more question in the chat box. How do I access previous episodes of this series? You can go onto North American Spinal Cord Injury Consortium website. They do give some more information on how many are on there, and just whatever other information that is on the website. I just added that into the chat box, just the link to the SCI: Moving Forward site, where all the past episodes are so you can check that out, and they're all up there.

Reveca Torres: I have a question. Have you guys had any creative ways of disseminating information out to people that may not have access to these virtual types of chats or internet access? I know you touched on it a little bit, but it's something that personally, and I know also with this group, it's something that we always want to be mindful and think about. It's creative ways to reaching people that might not have access.

Vicky Perez: What I'll say is that at Health Plan of San Mateo, we're using what we call our member-facing staff. So, for example, our customer service unit, we have a unit of Spanish-speaking staff who address the benefits needs, people on Medi-Cal and also ACE, which is a health coverage program for undocumented immigrants. So, any time a call comes in regarding a question or a concern about healthcare, we've created talking points for our member-facing staff, both in English and Spanish, to take an opportunity to educate the members about how to protect themselves from COVID, if they feel like they have symptoms, which number they should call to ask about getting tested.

Same thing with pharmacy. Sometimes we forget how often people call pharmacists for pharmacy-related needs, such as, "I'm running out of meds. How can I get my meds? How can I go to the pharmacy without having to go in?" We take opportunity on the phone to let them know, well, pharmacies are now delivering meds through the mail, and we advise them to contact their pharmacy to see how they can get their meds delivered. So, kind of a long answer to your question, Reveca, is we take advantage of our member-facing staff who already are speaking to members on the phone, and we want them to be prepared with educational messaging around COVID, and we use that as educational moments right there.

Ligia Zúñiga: Thank you, Vicky. Is there any more discussion related to that? Does anybody want to add anything else? Okay. There's one more question in the chat box. I live in San Pedro Sula, and would love to see this on a greater scale throughout Latin America, in Spanish. I'm glad you said that because we're actually working on that. That is something that needs to be extended, all of this information, and so we're in the process of working with other people from other countries in Latin America to be able to collaborate and send this information to everybody that needs that. So, I'm glad you asked that. I have one question for Robert and Vicky. What are the top three things that you've seen in the Latinx community that's been a necessity or, well, that's been needed now during the COVID-19 situation that we have, the top three?

Robert Medel: On my end, I think peer support. I think there has to be more peer support. I mean, we have so much isolation as it is for our spinal cord injury community, especially the Latino community. I mean, I've met a lot of guys who, and I say guys only because, again, we mostly get more males that get the spinal cord injuries, but obviously, we get women as well, but just some of the examples that I have, there's quite a few gentlemen who have come through our unit who were pretty devastated after their spinal cord injury, obviously, but they were even more fearful because a lot of the things that we brought up during this discussion, immigration status, sometimes they were doing... We get a lot of roofers who fall from the roof, and they were using their hands, or manual labor.

Obviously, they have families and they're stressed, but we know with our peer support program, I've seen a lot of people just really do a lot better once they get home by just making those social connections. I mean, you know someone like Philippe, for example, who's one of our peer supporters who's bilingual, and he's young, he's active, he's dating, he's doing a bunch of other stuff. So, for a lot of these guys and women who, again, they're just starting out with their injury, obviously, everything seems very overwhelming, but it's been a huge difference just making that connection.

I just saw one of our past patients the other day hanging out with Philippe, and they have a whole social group now. They go and they work out and they do things. So, I definitely think more peer support. I would like to see... What are things that I could see? What's another thing, one of the challenges? Just, again, more information, and I think Vicky was kind of alluding to that too, just the fear of even prescriptions. I mean, that's one of the things that comes up a lot during our support groups, a lot people who, "Oh, I don't want to take that medicine that the doctor's given me."

Luckily, when we were having the in-person meetings, we are able to address some of those concerns by just some of our patients, some of our peer supporters sharing the importance of taking these medications, especially in the early stages of recovery or their rehabilitation. So, that's, I think, just... I don't know. Maybe, I guess, it goes back to peer support, because since we're not having these one-on-one meetings, and since we started doing the virtual meetings, I haven't had a single Spanish-speaking patient join our meeting. They pass on it. So, yeah, I think those are the two that I can think of right now from the hospital's perspective, because one of the things that we've done, and I think I've mentioned in the last conversation that we had, I've had people who have reached... Oh. Actually, another thing that I've said, that I have heard, patients who get discharged, and then they're not able to get their supplies.

We had a patient who reached out to us. I guess a lot of the medical supply companies, some of them weren't doing deliveries, especially during the early stages of COVID, so some of them were reaching out, saying, "Hey, I can't get my catheter order fulfilled," so we were able to kind of troubleshoot that for them through our vendors, again, that worked directly with our hospitals, but luckily, we're able to kind of go around that, but I'm sure that there's many others who they're not reaching out to us with their problems. But yeah, those are some things that I can think of that I've seen.

Vicky Perez: Okay, and what I can think of, what we've heard, and we have been able to respond to some of these needs, is for many of our Latino women, or just members of low income who are expecting or have babies' diapers, it's how can I get diapers, because they might be fearful of going to Target if it is that they can still go out in terms of still having income to go buy supplies, or, "I don't want to go out and expose myself." So, we have been able to collaborate with a program in San Mateo County that delivers diapers free of charge, and it provides a three-month supply of diapers. So, that's been something that we've been... It's been rewarding to be able to offer that to women who say that's a concern that they have.

The other thing, as I forgot to mention earlier, is we do have a program called the California Children's Services, which works with families who have children with special needs, so special needs meaning a physical disability or children with complex healthcare needs. They may have chronic conditions. I do know that our pediatric health manager actually did have to coordinate, and I'll be happy to share more when I learn more, but she actually had to coordinate a meeting with 10 Latino families. So, these are Latino families with kids who have complex healthcare needs, and she had to coordinate a virtual meeting through Teams.

So, I guess what I'm saying is that for a lot of these families, especially families who have kids with complex needs, now even more so, they really do rely on support from trusted providers. Getting back to what Robert mentioned, trust is a huge deal, and we take it for granted because those of you who are versed in this whole thing about the public charge, technically speaking, if you're a documented person or citizen, you're not really at risk for public charge, but for a lot of our Latino families who have households where somebody is documented, someone is not documented, these are all nuances.

So, all they know is that, yes, we have Medi-Cal, or yes, we have health coverage for undocumented, and that puts them at risk or their families at risk for being identified as somebody who is using public services. So, I think that with Latinos, I've learned it takes an extra effort to assure them, because trust, for many of us, we take it for granted, and for a lot of these families, they live in fear, and even if they do have their green card, they hear stories of people who are still being deported, or the whole thing about, for example, in COVID, being able to ask for tracing contacts [Spanish 00:57:21]

So, let's just say we convince you to go get tested, you're positive, and we can offer a place where you can go isolate, because we know for many Latino families, they live in multigenerational households, and social distancing is a luxury. Let's just say you do convince somebody to get tested, and then you have to ask them, "Can you share your contacts?" That's not easy for anybody who they have family members who are undocumented. So, even though that's part of a public health practice to help contain the spread and identify who may have been exposed, what I'm saying is that trust with the Latino population, it takes work, and it takes building relationships to get them to trust. What does that mean? It means more time, more time on the phone, more time making outreach calls.

I'll just say, just in general, time is money for Americans, so it's like we got to keep it going, but with Latinos, you have to spend more time on the phone with them. You can't cut them off, because that's just sort of sometimes [Spanish 00:58:31] It's like, they don't want to be direct, so they'll kind of go around and explain why it is that they're afraid. You have to be patient with that. You have to be patient with that. So, I just think when it comes to trust in Latinos, it just takes more work, but it is doable, because I've been at the Health Plan of San Mateo for 14 years now.

I know my colleagues who work in member services, the bicultural, bilingual, or even the ones who are not bicultural, but they use the phone interpreter, but they know about the nuances when it comes to Latinos, I know that they develop relationships with the members because the members will call back, and they'll ask for their favorite customer support person, because they trust them, and that comes with time. So, I just think when it comes to trust, it's not just a matter of saying, "You can trust us," in a letter. You have to show them that they can trust you, and I think I've spoken enough. Sorry.

Ligia Zúñiga: It's okay. Thank you so much. We're right on the hour, and I just want to express how grateful I am for your participation. It's great that we have so much assistance and so many things that we're learning out of this situation. Thank you, everybody who joined the call to listen to our panelists. Is there anything else you want to say about it?

Barry Munro: Thank you, everybody. We will work hard to do more. We have a lot of work to do, and we're really trying to unite the Latinx community throughout North America, because we're all North American, from sea to shiny sea, to sea, to sea, to sea. So, hopefully we can try to join together and be strength in numbers, but fantastic work. You guys are very passionate. You are all heroes to me. I really appreciate what you're doing, and continue on, and any way we can support you, please let us know.

Ligia Zúñiga: Thank you, everybody.

Reveca Torres: Yeah.

Barry Munro: Thank you.

Vicky Perez: Thank you. Okay.

Barry Munro: Be well.

Robert Medel: Thank you all. You too.

Barry Munro: Bye-bye.

Ligia Zúñiga: Bye.