

# MOLA 5<sup>th</sup> Annual Latino Health Symposium, 2021

## Oral Presenters and Abstracts (in alphabetical order by presenter last name)



**MELANIE BENITO:** she/her

· Undergraduate student

· Wisconsin Alzheimer's Institute, School of Medicine and Public Health, University of Wisconsin - Madison

### **Understanding the Perceptions of Alzheimer's Disease and Related Dementias Among Latinx Older Adults: A Qualitative Study**

**ABSTRACT: Background:** Health disparities in Alzheimer's Disease and Related Dementias (ADRD) are a result of multiple factors, including beliefs among Latinx individuals that ADRD symptoms are part of normal aging, lack of ADRD knowledge, and limited access to culturally appropriate healthcare services. The purpose of this study was to understand the perceptions that Latinx older adults have about ADRD.

**Methods:** Spanish-speaking Latinx adults older than 50 years old were invited to participate in telephonic structured interviews using a card-sorting technique to explore their perceptions about ADRD. Ahead of the interview, participants received through mail six cards with different colors and images that represented conditions that affect older adults (Depression, Diabetes, Hypertension, Memory Problems, Alzheimer's Disease, and Dementia). Participants were asked to arrange the cards according to their perception of similarities, severity, and embarrassment associated with each condition, and to explain their reasoning. We used qualitative content analysis to analyze the data using inductive coding.

**Results:** Twenty-four participants were recruited, average age 68 years old (range 50 – 87), 67% of them female, 25% completed middle school, 38% high school, and 38% had technical or college education. Participant's countries of origin were diverse: Mexico (29%), Peru (21%) Puerto Rico (8%), Cuba (8%), among others. Most participants perceived that ADRD is a spectrum of different conditions where "memory problems" are the initial stage, which then progresses to dementia, and then develops into Alzheimer's disease. Individuals who had family members with a diagnosis of Alzheimer's disease also shared this perception. Most participants described Alzheimer's disease as a stage where people experience a loss of oneself, and one that is characterized by an inability to remember events, inability to connect with family members and friends, and that can lead to inability to perform activities of daily living.

**Conclusion:** Latinx individuals perceived dementia and Alzheimer's disease as separate entities, which indicates that healthcare providers and public health agencies need to adjust their communication strategies to promote conversations about ADRD in this population.



## SUSANA BERRIOS

- 4th Year Medical Student, 2021 MOLA-MRF Scholar
- University of Illinois, College of Medicine at Chicago

### **Latino Male Infertility: Management and Referral Practices at Federally Qualified Health Centers**

**ABSTRACT: Background:** Infertility, or the inability to conceive within one year of unprotected intercourse, is a growing concern among couples in the United States. Although the male factor is responsible for a couple's inability to conceive nearly 50% of the time, males continue to be understudied. In studies exploring the male experience, infertility care is overwhelmingly associated with affluent, highly educated white males. Studies exploring Black,

Indigenous and Latino male infertility experiences are rare. Studies analyzing infertility in Hispanic/Latino populations have predominantly focused on female perspectives, leaving much unknown about the Latino male infertility experience. Primary care consultations are essential in recognizing infertility and referring patients to a urologist, who can begin the evaluation. Time is an important factor, as female infertility declines precipitously after 38.

**Objectives:** To describe the infertility referral pattern for Latino men attending Federally Qualified Health Centers (FQHCs) and identify how and if infertility is addressed by family medicine providers.

**Methods:** We propose a retrospective chart review of Latino male patients diagnosed with infertility or varicocele, hypogonadism, impaired spermatogenesis, low testosterone, testicular cancer and cystic fibrosis presenting for care at Chicagoland FQHCs from 2015-2019. In addition to quantifying the number of infertility diagnoses made during this time, we also will analyze the time to urology referral and semen analyses. A short, anonymous electronic survey will be used to characterize how family medicine residents and attending physicians diagnose and manage infertility.

**Results:** The results of this study are pending summer project completion; however, it is hypothesized that the study will find a low volume of infertility diagnoses, increased length of time from initial visit to urology referral and even greater time from initial visit to semen analysis. We anticipate incomplete infertility evaluation completed by family medicine providers.

**Conclusion** By increasing male infertility awareness among Latinos, the findings from this study will promote the importance of timely evaluation by a family medicine provider and referral to urology for further evaluation, including targeted physical exam and semen analysis. Furthermore, this study will identify current infertility referral practices in low-income settings and identify areas of improvement.



**CELYN BREGIO:** she/her

- Second Year Medical Student, 2021 MOLA-MRF Scholar
- University of Chicago Pritzker School of Medicine

### **The Impact of Language Concordance Between Physicians and Patients with Limited English Proficiency in Cancer Care**

**ABSTRACT: Background:** Approximately 9% of the US population has limited English proficiency (LEP). LEP patients experience challenges attaining quality healthcare and have worse health outcomes due to communication barriers. Matching patients with a language-concordant clinician and working with professional interpreters effectively reduce healthcare disparities for LEP populations. In oncologic care, language discordance is associated with limited knowledge of cancer diagnoses, delayed cancer treatment, and inadequate information about clinical trials and recruitment.

**Objective:** to use the Roter Interaction Analysis System (RIAS), which evaluates clinical interactions using qualitative coding and quantitative analysis, to investigate the association of language-concordant versus language-discordant cancer care for LEP patients presenting for an initial oncology visit at three minority-serving hospitals in NYC. We hypothesized that the quality of communication between Spanish language-concordant (SLC) clinicians and cancer patients would be similar to English language-concordant (ELC), and that both would be higher than language-discordant pairings.

**Methods:** We used the RIAS to code interactions between 34 patients and 16 physicians. The pairings were stratified into dyads: ELC (n=12); assisted language communication, (ALC, n=11), defined as physicians using professional interpreters; partial language concordance (PLC, n=4), defined as non-fluent physicians communicating in Spanish, and SLC (n=7). Trained bilingual coders analyzed the recordings using established RIAS codes. We report mean utterances for each metric and speaker.

**Results:** Compared to other dyads, SLC physician-patient interactions were heavily centered on biomedical talk. SLC physicians had almost 2-fold greater mean utterances about biomedical information than ELC physicians, despite patients in both groups having similar mean utterances in biomedical questions. Patients in the SLC group also had a higher tendency to engage in positive behavior (e.g., laughs, direct approval, compliments, agreements, and understanding). Partnership facilitation was the same for both ELC and SLC, while mean utterances in these metrics were lower in the ALC and PLC categories.

**Conclusions:** Language concordance facilitates the establishment of a more effective and empathetic relationship between oncology physicians and patients. Our analysis shows that physician's ability to provide care in Spanish enables them to deliver more comprehensive biomedical counseling. Future research should explore the impact of language barriers on cancer-specific health outcomes.



## **MATTHEW DEL PINO**

- 4th Year Medical Student
- University of Illinois College of Medicine

### **Acceptability and Satisfaction with Telehealth in an Urban, Underserved Area**

**ABSTRACT: Background:** The COVID19 pandemic changed the dynamics of healthcare for patients and health care providers. Faced with uncertainty, health care providers across the country adjusted to provide patient-centered care to new and established patients. The need to utilize and improve existing technologies, like telemedicine, became paramount. To minimize disruptions in care, the University of Illinois Hospital and Health Sciences System (UIH) approved the use of telemedicine in new settings, such as urology. Telemedicine is not new to urology and has been shown to be efficacious in rural settings. However, little is known about tele-health use for urological visits in urban, underserved settings with large Latino populations. As our community increasingly emphasizes patient centered medicine, we felt it is of great importance to evaluate how patients experience telemedicine, and if this form of healthcare delivery is beneficial for our patient's.

**Objective:** Evaluate the acceptability and feasibility of tele-health video-visit use at the University of Illinois Hospital and Health Sciences System (UIH) among urology patients.

**Methods:** A four-item questionnaire assessing patient satisfaction and identifying barriers to completing a tele-health video visit was conducted with patients who had tele-health video-visits between April- June 2020. Thematic analysis was completed to inform the formal satisfaction questionnaire, utilizing a likert scale to quantitatively evaluate the acceptability of tele-health video-visits in the populations we serve.

**Results:** 64 semi-structured interviews were completed with patients who attempted a tele-health visit using video. 25% of participants "failed" tele-health and had to complete their visit via telephone or in-person visit. Themes identified in our analysis included: convenience, timing, doctor traits, doctor interaction, continuity, communication, connectivity, visit completion, problems, timing, personal safety, and physical exam. Themes were utilized to produce a questionnaire targeting values specific to our patient population. Results of this questionnaire are pending completion of a summer project.

**Conclusion:** Telehealth video visits are an innovative form of healthcare delivery that drastically increased due to the COVID19 pandemic. Ensuring this healthcare delivery is appropriate, and efficacious for all patients, especially those of underserved Latino communities is of great importance. We have determined themes important to our patients' experience with tele-health.



## STEVEN HOFFMAN

- 3rd Year Medical Student
- Institutional Affiliation: Northwestern University Feinberg School of Medicine

### **Income is Not a Predictor of Functional Disability or 30-day Mortality in Hospitalized COVID-19 Patients at a Chicago Area Hospital Network**

**ABSTRACT: Background:** The aggregate of national patient data has shown that Hispanic persons demonstrate higher rates of reported cases, hospitalizations, and deaths due to COVID-19 compared to white, non-Hispanic persons. In Chicago, Hispanics were the most represented ethnic group in terms of COVID-19 cases as of the beginning of April 2021.

**Objectives:** To evaluate associations between income, race, Hispanic ethnicity, and functional disability or 30-day mortality due to COVID-19, and whether any such associations are attributable to patient-level factors, such as delays in accessing care, or hospital-level factors, such as being treated at an academic medical center (AMC).

**Methods:** Retrospective analysis of the first 509 Covid-19 patients admitted to a Chicago area hospital network. Functional outcome at discharge was calculated using the modified Rankin Scale (mRS). Associations between income and a variety of variables, including outcomes, were determined. Logistic regression examined associations between income (treated continuously), 30-day mortality, and ambulatory state at discharge, adjusted for age, sex, severe Covid-19 disease, and hospitalization at the AMC.

**Results:** Race was significantly associated with household income (Odds ratio for income >50% of Chicago median income for white race versus all other races 59.5; 95% CI 8.1, 435;  $p < 0.0001$ ). Ethnicity had an association with income ( $p = 0.001$ ), with a higher percentage of Hispanic patients in the lower income group. Patients with lower incomes had greater comorbidity burden, with more frequent past medical history of neurological conditions ( $p = 0.020$ ), hypertension ( $p = 0.029$ ), cerebrovascular disease ( $p = 0.015$ ), and interstitial lung disease ( $p < 0.001$ ). Median household income was significantly lower in patients treated at the AMC ( $p < 0.001$ ) but did not significantly predict functional outcomes at discharge as measured by the mRS or a difference in odds of 30-day mortality. Functional outcomes were more frequently favorable ( $p = 0.009$ ), and 30-day mortality was lower ( $p = 0.003$ ) at the AMC.

**Conclusion:** Income was not associated with measures of morbidity and mortality from COVID-19. This is an encouraging finding, particularly given that nonwhite and Hispanic patients had lower incomes and more comorbidities. Replicating care received at AMCs may mitigate the detrimental effect of socioeconomic disparities on COVID-19 that are seen at the community level.



**JOHN PAUL MACAYAN:** he/his

- College graduate
- University of Chicago Department of Radiation and Cellular Oncology

**Availability and Readability of Non-English Patient Education Resources for Radiotherapy in the United States**

**ABSTRACT: Background:** Accessible, patient-centered educational resources improve health literacy and patient outcomes. Readability standards and language translation improve access for patients. However, many United States (US) professional societies fail to meet these standards.

**Objective:** This study assesses the availability and readability of radiotherapy patient education resources from three major US professional societies.

**Methods:** Non-English patient education resources were collected from the American Society for Radiation Oncology (ASTRO), American Cancer Society (ACS), and the American College of Radiology and Radiological Society of North America (ACR/RSNA). Number of English resources was tabulated. Text from each non-English resource was extracted and analyzed using 4 validated Spanish readability indices to provide grade level equivalents: Gilliam-Peña-Mountain (GPM), Läsbarhetsindex (Lix), Rate Index (Rix), and Spanish Simple Measure of Gobbledygook (SOL). One-sided t-tests were used for comparisons to national standards; Fisher's exact test, for differences in proportions.

**Results:** Of 51 available English resources, 35 (69%) had a Spanish counterpart. ACR/RSNA were more likely than ACS and ASTRO to provide a translation (100% vs 75% vs 24%, respectively;  $P < 0.01$ ). No resources available in other languages. Mean readability levels for all Spanish resources ranged from 10.0 to 12.0 grade levels, depending on the index: ACS (GPM, Lix, Rix, SOL) 9.0, 11.0, 11.2, 10.5; ASTRO 10.0, 11.0, 10.3, 9.6; and ACR/RSNA 10.0, 12.0, 11.8, 11.2. Using the most permissive scores for each resource, ACS had the only resources at or below the 8th grade level (50%,  $p < 0.01$ ). The most permissive mean scores of all organizations significantly exceeded 6th grade levels ( $p < 0.01$ ) and only ACS did not exceed an 8th grade level ( $p = 0.05$ ).

**Conclusions & Impact:** Limited non-English resources are currently available for US patients undergoing radiotherapy. Spanish was the only language with available resources, and those did not meet readability standards from the American Medical Association (6th grade) and National Institutes of Health (8th grade). Findings demonstrate a paucity of non-English language resources, and the need to improve readability levels in Spanish radiotherapy patient education resources.



**ALI MANUEL MALIK:** he/his

- 3rd Year Medical Student
- University of Florida College of Medicine

**A Cross-sectional Analysis of Educational Barriers Impacting Queer Latino and Black Medical Students in the United States**

**ABSTRACT: Background:** Preexisting educational barriers that Latino/a/x and Black medical students face are uniquely compounded by barriers related to queer identity. Importantly, many prior studies exploring educational barriers that impact URM (underrepresented in medicine) students have not analyzed the nuanced barriers faced by students who exist at the intersection of URM identity and queer identity.

**Objectives:** Identify the barriers that queer URM medical students face in medical school.

**Methods:** A literature review was conducted via PubMed to identify articles delineating individual educational barriers faced by both URM medical students and queer medical students. After barriers were identified, a 30-item IRB-approved Qualtrics survey was created. All medical students at United States medical schools qualified to complete the survey, but students who self-identified as both URM and queer were particularly encouraged to complete the survey. Queer identity was defined as “any identity captured by the acronym LGBTQ+ and its derivations.” The survey was distributed to students via social media and email.

**Results:** 146 students completed the survey. 144 of these students met inclusion criteria for the survey. 62 respondents self-identified as queer, whereas 84 identified as non-queer. Of the respondents who identified as queer, 90.5% of respondents identified as cisgender and 9.5% of respondents identified as nonbinary or transgender. A statistically significant majority (P value = 0.02) of URM students who identified as queer struggled with imposter syndrome (85.7%), feeling a lack of belonging (52%), and identifying mentors (76%) at rates higher than their non-queer URM peers. Nearly all URM students indicated struggling with broader issues of identity, but feelings of self-doubt were more common in queer URM students, particularly those who attended institutions lacking queer/LGBTQ+ health organizations. Queer URM students also described struggling with loneliness more often than their non-queer URM peers.

**Conclusions:** Study findings suggest that queer Latino/a/x and Black students struggle with identifying mentors, feeling a sense of community, imposter syndrome, and issues of self-doubt at increased rates than their non-queer peers. The results of this cross-sectional study will be useful to medical school leadership invested in providing focused mentorship, counseling and support to URM medical students.