

Idaho Matters Connected

Gemma Gaudette: You're listening to Idaho Matters, I'm Gemma Gaudette on the Idaho Matters Doctor Roundtable, our panel of experts talk about how the pandemic has affected all of us. They answer your medical questions about COVID 19. So today we're changing things up a little bit, doing something special. The doctors roundtable is crossing over from radio to video and going online on Facebook, in both English and in Spanish. You know, as we all know, the pandemic has been going on for two years now. That's right, almost two years. And I think, frankly, it's forced us to see and rethink quite a bit. It's brought into focus some of the barriers and some of the blind spots in our health care system and frankly, how marginalized groups suffer because of that. We've heard repeatedly over the past two years how COVID has disproportionately affected many people, including those in the Hispanic and Latinx communities. So joining us today to talk about this are Dr. David Pate, current member of the Idaho Coronavirus Task Force. Dr. Alejandro Necochea, a medical director and physician advisor for Community Health with the St. Luke's Health System. Diana Gomez Romero. She is a bilingual outreach coordinator for the St. Luke's Community Health Department. J.J. Saldaña, community development specialist with the Idaho Commission on Hispanic Affairs. And our media partner Benjamin Reed, the Spanish language brand manager for Lee Family Broadcasting. I want to welcome all of you to the program today.

Dr. David Pate: Thank you. Thank you.

Diana Gomez Romero: Thank you. Thank you. Happy to be here.

Gemma Gaudette: So, you know, I mentioned during the pandemic that we have heard several reports about marginalized individuals truly being disproportionately affected, as I mentioned in the introduction. And I think we've seen this all over the United States. What I'd like to hear from our experts here is how did you see this playing out in the Latinx communities here in Idaho and J.J.? Why don't I start with you?

J.J. Saldaña: So I feel like we we were kind of left behind when everything came out, like I was telling the rest of the panel before we came on air was we were getting calls

from reporters saying, Hey, how are we getting this information out? You know, but we weren't getting any information from the governor's office telling us, here's what we need to have translated. And so that needed to be a lot faster. I think sometimes our community was an afterthought. And I think we need to work better at making sure that we don't forget certain communities out there.

Gemma Gaudette: Diana, what was your experience?

Diana Gomez Romero: Yes, definitely. I feel that over the course of the last two years, it has been a journey. I think at the beginning there was a lack of information that was readily available. When you compare it to the amount of English language information, so we really were looking to find, you know, trusted resources that we could utilize to really inform and educate our communities. And so at the beginning, of course, with the rollout and vaccine eligibility, there were a lot of questions for many community members about who was eligible when that was going to be. So I felt that overall there was waves of basically education and of course, content in Spanish that needed to be readily available. And so I've seen an increase in that, which is encouraging, I think, over the last year or so. But definitely there's there's a lot of work to do in this arena to make sure that there is information available in Spanish at the same time when it's first published in English. But also I'm looking for other communities in other languages as well, so I'm hoping to see that more and that that really becomes a standard.

Gemma Gaudette: Dr. Necochea, what were you seeing in your practice?

Dr. Alejandro Necochea: Yes, thank you. Definitely, when the pandemic hit and we started to see the numbers of cases rising, one of the things that we were all alarmed about and the health care community were the populations that are at highest risk that are most vulnerable. And that includes we certainly had heard a lot about our patients who live in nursing homes, for example, but also patients who live in areas of the state that are chronically underserved because of lack of access to to primary care, for example, to physicians, to health care in general or because of all their social determinants of health. So we knew it was coming because COVID really just highlighted things that we have seen in the past. Some of the unfortunate outcomes that

we see in the Hispanic community, for example, have been exacerbated by this pandemic, and it is the result of, unfortunately, some of the lack of resources and access that we have seen for a long time.

Gemma Gaudette: And Ben, I want to bring you into the conversation because you actually started seeing everything that our guests were just talking about and talk to us about really what you did from a media standpoint to try to get to start getting the word out.

Benjamin Reed: I started getting some of the first reports coming in in late March and early April of 2020, and at that time we had the stay at home orders and whatnot, and it was a critical time for people who worked in a lot of the food processing plants where they were confined in a very, very small quarters, also for a number of people who work in long term health facilities. And so unfortunately, I had to become more than a journalist and a radio manager. I had to turn into an activist and I had to deal with different media partners within the Treasure Valley and different health agencies to try and get them to wake up because this was a serious issue. This was something that was literally killing people, and I was aware of some very horrifying situations early on. And you know, as I say, thank goodness that a lot of the people who listen to my radio program had that kind of trust in me so that I could work as an intermediary, but it was something that I will never forget, even though I was broadcasting from this very studio in my home where you're watching me right now, I was doing my show for six or seven weeks here at home, taking phone calls, doing things on Zoom and making sure that we were up to date and on the air, sometimes twenty four seven, especially right after that earthquake that happened right at the very beginning of the pandemic as well.

Gemma Gaudette: And Dr. Pate, you came on to the task force very early into the pandemic. Within what you were doing on the task force, was there discussion about how do we reach all of our community? Because I do think it's fair to say that sometimes we focus on the White community and then we think of everyone else.

Dr. David Pate: Yeah. Gemma, it's an important point and and what I think this pandemic has really exposed to those who couldn't see it before is what Dr. Necochea

and I refer to as the social determinants of health. There's, you know, it's humbling what Dr. Necochea and I do as doctors or what St. Luke's does, it contributes to about 10 percent of a community's health. There's all these other factors that really impact the health of a community. And I think that, you know, probably one of the earliest things was limited access to testing. And so, you know, I have the privilege being retired. I can go get a test whenever I want. Dr. Necochea works in a hospital where he can get a test, but there's a lot of people and we spoke about the meatpacking plant, some of those things. You don't get to just leave the line and go get a test. And and so and it's not like you have a break where you can get in your car, go someplace or that it's convenient. So so that was one. And then again, when we got to vaccines, we knew that would be an issue. I think there's a lot of lessons learned how we could have done better, but how are we going to get people that are in those communities that know people that are trusted, that speak the same language who can help build that trust to get them vaccinated? And once again, you can't tell them that you have to go and take time off to go get your vaccine eight to five because that they may not be able to do it. And I think the other thing that we learned is a lot of us are very fortunate we have vacation time or we have paid sick leave where we could get the shot like, you know, I did find after my first shot, but after my second shot, I was in bed for a day. I mean, it was like I had the flu and then the same thing with the booster. One day, not everybody can take off a day and and there's people that if they do miss work, they're not getting paid. And and there's people that you miss too much work, you're losing your job. And so there's a lot of people that don't have the same protections and opportunities as we do, and there's so much more to be said. But all of this. These were problems we are aware of, but they became right smack in our face.

Gemma Gaudette: If you are just joining us on this Idaho Matters Facebook premiere, I want you to know that I'm Gemma Gaudette. We are continuing our conversation with our panel of experts today. We're talking about equity in our health care systems and the impacts the coronavirus has had on Idaho's Hispanic and Latinx community. So let me reintroduce our panel for you as well. Dr. David Pate, current member of the Idaho Coronavirus Task Force. Dr. Alejandro Necochea, a medical director and physician advisor for Community Health at St. Luke's Health System. Diana Gomez Romero, bilingual outreach coordinator for the St. Louis Community Health Department. J.J.

Saldaña, community development specialist with the Idaho Commission on Hispanic Affairs. And Benjamin Reed, the Spanish language brand manager for lead family broadcasting. I want to. I'm curious about what you have heard from people, but also patients that that you have served. And Dr. Necochea, why don't we start with you? What? What have been some of their main concerns?

Dr. Alejandro Necochea: Absolutely, I think that also highlights some of the issues that we talked about regarding access and opportunity to access services, but I made it a habit to ask my patients with COVID when I met them in the hospital if they were unvaccinated and why, why do you choose to do that? I can tell you from my experience, only a very small number of patients had ideological, very hard core stances that they would just tell me, it's like, you know, I don't want to talk about it, I already know, I don't want to, I don't want to hear what you're going to say. The vast majority of patients were open to having the conversation, and it was very enlightening to me because their reasoning was varied, the reasons were diverse, just like there are many people who have a lot of reasons for not doing something, and so it was helpful to me because then I could actually address their concerns. So some people would say, Hey, you know, I think I thought the vaccine had DNA that would get inserted into my body and oh, OK, well, let me dispel the myth. It's very easy. Or they would think that they didn't need it or they felt that it was it didn't work. And so it was interesting to me to see all the various reasons. Some people were actually grateful after I talked to them. And in fact, many of my patients with COVID actually asked me was like, Oh, OK, well, thanks. That's easy. Well, when can I get vaccinated? I would say more often than not when I had that conversation with patients. The conversation went with like, Oh yeah, I'm interested, I will get the vaccine at some point. And, you know, so OK, great. Here's how you get it done. One of the interesting things if I can share an anecdote. Absolutely. I actually had a patient recently, just a few days ago, and he was young young men and he was not a Hispanic patient. But the reasons actually for not getting vaccinated in my experience did not vary. When I asked him in the hospital, like from Hispanic or not Hispanic in terms of like the reasoning. But this young man actually had coverage. He was in the hospital and his reasoning was that he was young and he hadn't really been sick in the past, and he felt that he could actually weather. It is. But now he was in the hospital, away from his family, away from work, and it had been a few days. And so we

had a conversation and he again, he was like, Oh man, I really wish I could get vaccinated now. Now we have to wait a little bit. But at the end, he told me that he he was afraid that we would learn that he wasn't vaccinated. We would treat him differently. And that to me, it really it really hit me because that one of our patients would think that we would treat them differently because he made a choice that really actually hit home. And I can tell you that, well, he said, was that all the nurses and the doctors that he had met had actually treating him very professionally. And I think that is a fear that our patients have, and we have to acknowledge that we have to approach this with compassion and really just help guide our fellow citizens, really our patients through these decisions and support them as they make these decisions. But the other thing they highlight is that after we had that conversation, he gained knowledge and he made a decision. And I think that really once again brought to my attention that a lot of patients don't have that opportunity. They don't have the opportunity to get in front of a physician, have their questions answered or have, you know, talk about how do you get the vaccine? And that that actually plays out in the Hispanic community more often than not.

Gemma Gaudette: J.J., can you talk about the roles that cultural sensitivity and maybe cultural competency play or or should play in our health care system? I'm curious about what advice that you would give providers and organizations who who maybe, you know, aren't aren't familiar with the cultures of different communities, because I would think that that also plays into this even unknowingly.

I think there's a lot of people that automatically assume that our population is uninsured, they assume that they don't want to go to the doctor, but like Dr. Pate said, there's a lot of those. Our population works a lot of nontraditional job hours and that they cannot leave. We've had cases where a dairy worker told us they told me I can't leave and they and I know I have COVID, but they told me I still have to come to work or I lose my job. So that kind of stuff is still a big issue. I think when it comes to our culture and our our people, they get most of their news from Spanish radio. And so that's where we ended up partnering with radio stations across the state and trying to send actual medical people to these smaller stations. And I have to make a point that it's important that we pay these radio stations to do these kind of things because we don't have a lot of

funding to begin with, but we would send them out to people like Ben and say, Will you please talk to this doctor and talk with this nurse so they can give out actual information because the majority of our population gets their news from national media? They don't get we don't get their news because there isn't a Spanish. There's a local Spanish media base here other than Spanish radio. And so it's very important that we did that. But I think when it comes to cultural sensitivity, I think just stop making assumptions and also stop making assumptions that they don't speak English as well.

Gemma Gaudette: And Ben, I'd like you to add on to what J.J. was just talking about, because you are one of these trusted news sources for our Hispanic and Latinx community. In the last, you know, two years as you have been doing this. What would you say to providers and organizations and what you have found out?

Benjamin Reed: Well, I think we've learned a lot during the past two years, but vaccine inequality is definitely a huge issue, whereas J.J. made mention of there. You have physical barriers. I have people who have told me in the past that they are more than willing to get a shot, but unfortunately they live about 90 minutes away. They're up on the mountaintop. They can't really come down. They don't have transportation. This is a very significant issue. Granted, there have been some great organizations like Family Health Services, which have, you know, teamed up to try and take those vaccines on a mobile basis. They had to go out and make sure that everyone is vaccinated. But even so, we're still missing quite a few people. I've also come into contact with a lot of Central American Central Americans who speak dialects. They they have a hard time with Spanish. Granted, there might be from Guatemala or from El Salvador principally, but the majority from Guatemala. But they have a hard time understanding even Spanish. And so I've had to work with an interpreter to try and work with them. And so there are cultural barriers even there in spite of everything. But it's not a homogenous population. As J.J. mentioned, there are a lot of variables, a lot of things that are very, very different and the marginalization is real. Another issue that I have seen that prevents people from getting the vaccine, and I think Dr. Pate made mention of this is people don't have the luxury to take off two days if they are in bed. And as a matter of fact, a lot of the employers don't want their employees to go out and get this shot because it's two days that they're going to be down. Not they're not going to be able to get a replacement to

milk the cows or to do this or that and the other. And so these are very serious issues that we all need to grab the Horn of the Bull and really address and do it properly. And I think we have to do it collectively.

Gemma Gaudette: I want to get to some of our listener questions and Dr. Pate, I'm gonna have you take the first one, Sydney wrote in saying, I work in a hospital. I try to talk to family and friends about how dangerous this virus can be. A lot of people say it isn't as bad as the flu, and they believe that due to the survival rate being so high, they shouldn't worry about COVID 19. What is it about this virus that makes it worse than other viruses that we commonly see in the U.S. and Dr. Pate? This goes back to the story that Dr. Necochea was just talking about a young man who thought, I'm young, I'm healthy. I don't need to worry about it.

Dr. David Pate: Yeah, it's right. I mean, there are so many differences about this virus that unfortunately what we're fighting is a lot of people that particularly early on in the pandemic were saying, Oh, you know, this is no worse than the flu. Of course, that also underestimates what the influenza can be, but also they they say, you know, it's I remember the calls I would get very early that were just so insensitive. That said, Hey, it's old people that are at risk. Why don't we just have them stay home and let all the young people go about their business? So many problems with that. I mean, first of all, if I now am in the old crowd, I don't want to be locked up in my house and and and a lot of these folks were, you know, they were very concerned because they still had to go to the grocery store or go get their hair done or whatever it was. So it's very insensitive. But what's different about this virus and particularly even the previous because, you know, we had a first SARS virus, this is our second one and we've had other ones. But what's different about this that actually makes it worse is that in so many people, this does create a mild illness and that there's a very long period of time from when you get exposed and then become infectious until you develop symptoms that would tell you, Oh, I'm sick, I need to stay home, or I got to go see the doctor or I'm really sick, I need to go to the hospital, and all that time is time where we can be spreading it. And the other thing that makes this more dangerous is I don't actually have to be sitting close to you or standing close to you if I'm infected. We can just be in the same room and I can transmit the virus because this virus is airborne. And so lots of things that make this

different. The other thing that I think and I'm pretty sure Dr. Necochea would say, I think one of the things that I was most surprised about early on, I expected this to act like a respiratory virus. In other words, people are going to get fever, they're going to cough, they're going to get short of breath, you're going to get pneumonia. What it turned out is that this disease became a whole body disease. It became a blood clotting disease. It became an inflammatory disease. It became so many other things. It's not just a respiratory virus, and so it's it. It is worse than the flu, although in some people, the influenza can be quite bad, too. And even worse, the combination of influenza and COVID--really bad. And that's why we certainly make the recommendation at this time of year. Please not only get your COVID vaccination if you haven't done that and get your booster if you're due for that, but also get your flu shot because all of this can contribute to much worse disease than otherwise.

Gemma Gaudette: Diana, I'm curious to know if you working with the folks that you do in your position, if those were questions or statements that you heard like, you know, why should I be concerned about this? It's not as bad as the flu. And we're talking, you know, going back towards the beginning of the pandemic, were those conversations happening?

Diana Gomez Romero: Yes, so I think I'm going to provide a little bit of context to about exactly my connection in the work that I do to serve the Hispanic community in my role. So I work for community health and our goal, of course, is to be able to serve underserved communities. Of course, the Hispanic community is one of those, and we have a very neat partnership with the Mexican consulate here in Boise, where through the Ventanilla de Salud program, the health window program, we're able to reach people where they're at. So the Mexican consulate, they have their installations at Luke's Plaza here in Boise and people come in. The Mexican community comes in to be able to get services of all sorts. For example, they might be renewing a passport and although they might, they might not be there for a health related reason. They have access to this health window, this space that I help support, where we're able to really focus prevention on providing education, access to resources and, of course, preventive health services. And then in my capacity, I've definitely have had those conversations with community members for some time, though at the beginning of the pandemic, we

were not able to be there physically due to the safety protocols and the risk of spread. However, once things were a little bit safer, we were able to come back into the space where we were able to engage one on one with community members really take the time to listen to their concerns, answer their questions, and I've heard lots of things. For example, one story that comes to mind is, you know, a lot of people do have questions in regards to what they hear in their own communities. They don't have access to news sources that might be reputable than what they hear from their immediate circle is what they're going to trust. And so one of the things and what's really neat about this partnership is that the consulate is well-trusted. So when people come in, they already feel comfortable. They know that we speak Spanish, they know that we understand their culture, which really opens the door to be able to have these conversations. And a lot of what I've heard does have to do with the fact that, you know, OK, well, I've had COVID before and I was fine. I recovered, so it isn't necessary that I need the vaccine. I definitely have heard from younger folks that say, Oh, well, I'm younger. I've never had any issues. They've never had the flu. But we really try to provide the facts and really base the information that we provide based on what our hospital provides. Of course, a public health district, the CDC and then of course, there are questions about certain things that circulate through social media through perhaps, you know, WhatsApp things that are forwarded that may not necessarily be sourced on the best sources. And so one example and one anecdote that I'd like to share is, you know, I had a conversation with a couple of dairy men from rural Idaho. And the very unique thing about the consulate is that there's people that come from all over the state. And so we get to see a broad range of questions, concerns, needs from the specific communities. But they were saying, You know, you are the first person that has approached me with information about the vaccine. So I think that is very telling when it comes to access and also people that they trust that they can hear this information from. But one of the things that they mentioned were, Well, you know, I've heard from my coworkers that the vaccine can cost sterility, for example. So of course, we provide the information that's we haven't heard of any cases that indicate this, but there's this and this and this from the CDC, and this is what I can tell you. And so, yes, definitely lots of questions that we've heard. I've also heard a lot about family members that also have someone in their circle who is really not wanting to hear information about the vaccine, but they want advice. How do I approach them? What can I tell them? And then that instance, what

we do is provide them with the resource, our phone number, so that they can go back and talk to us whenever they're ready. And I do feel that that one on one conversation that we've been able to have with community members has been very, very key and really starting that process of opening that door. Maybe, you know, the first conversation the person may not necessarily want to get the vaccine right then in there, but maybe a second conversation, they might have a different perspective. So definitely lots of different things I've heard, but that's just a few examples.

Gemma Gaudette: And Dr. Necochea, I think that goes into our next question from Monica, who wrote in, is it proven that fully vaccinated individuals are less likely to spread the virus?

Dr. Alejandro Necochea: Yes. I mean, the data that we have to this at this point and of course, the body of knowledge about COVID and how it spreads and etc., it's growing all the time, especially as we as even the population and its exposure to COVID and the vaccine grows and changes and whatnot. But yeah, I mean, there are evidence there's there are studies that show that people who have been vaccinated are actually infectious for a shorter period of time. And also, the viral load that they carry is lower because, as Dr. Pate mentioned in the beginning, your body doesn't know. Like if you don't have the vaccine or you don't have immunity, your body doesn't know that it's infected. The virus is kind of smart away. And so the virus is just replicating inside of you. But if you're vaccinated, your body can. Your immune system can actually start working on the virus early on. And so because of that, that actually decreases the likelihood that you might spread the virus.

Gemma Gaudette: And oh, go ahead Dr. Pate, sure.

Dr. David Pate: Yeah, I I just wanted to add on to Dr. Necochea's excellent answer because I think this is so important because this is one of the disinformation messages that is being perpetuated to try to get people to feel comfortable, not getting vaccinated. Oh, well, vaccinated people spread the virus just like unvaccinated. And as doctor, Necochea said. That's not true. And I want to just amplify his points. The first thing is you can't spread it if you're not infected and if you get vaccinated, you are at least five

times less likely to get infected. So that's number one. The chance that you're going to be infected is going to be less. Number two, you may have people in your household who cannot get infected. I'm sorry, cannot get vaccinated. But what we've seen from studies that are really cool is that the more people in your household that get vaccinated, the risk for contracting COVID by the person who cannot get vaccinated dramatically drops. So obviously, others getting vaccinated in your circle prevent help prevent you from getting infected. And then lastly, I just want to add that if you are one of those people that are vaccinated but get infected, you actually are infectious for far shorter period of time. So even if you are contagious, it'll be shorter and therefore you'll infect fewer people. So all of those are important reasons to you do need to get vaccinated. You are going to protect other people in addition to protecting yourself.

Gemma Gaudette: In case you're just joining us for this special Idaho Matters Facebook special, I'm Gemma Gaudette. We are continuing our conversation with our panel of experts today. We're talking about equity in our health care systems and the impacts the coronavirus has had on Idaho's Hispanic and Latinx community. With us today, Dr. David Pate, current member of Idaho's coronavirus task force. Dr. Alejandro Necochea, a medical director and physician advisor for Community Health at St. Luke's Health System. Diana Gomez Romero, bilingual outreach coordinator for the St. Luke's Community Health Department. J.J. Saldaña, community development specialist with the Idaho Commission on Hispanic Affairs. And Benjamin Read, the Spanish language brand manager for Lee Family Broadcasting. You know, we we have been focusing on on equity in the health care system and how that has affected Idaho's Latino communities during what is going on two years of this pandemic. J.J. In in your opinion, where do things stand two years into the pandemic as compared to maybe even a year ago, six months ago?

J.J. Saldaña: I think we're better off right now. I think what we have, we have local news stations now, local newspapers that are putting things out in Spanish. So we have reporters that are bilingual and biultural that are doing, they're going out there and putting the stories out. And so that's a big deal to me to have our larger news organizations actually putting things out in Spanish. I think the work that Spanish radio did, though, was really helpful. I think we then worked on a campaign with called "Sana,

sana colita de rana," which is a Spanish Limerick that everybody says when a little child gets hurt and that they ended up saying, know, put on the mask as part of that, and it was so successful in his part of the state that when we heard about it, we got funding from the governor's office to make sure that that went statewide and going up north. We had to actually partner with Washington Radio Spanish radio station so they could air it. And so people like in Lewiston Moscow area could figure that out.

Gemma Gaudette: And and Ben, I see you nodding your head as J.J. was speaking, I'd love to know how you think things are compared to a year ago, six months ago. But even as J.J. mentioned how simple things like, you know, like a little jingle can make a difference if it's something that is known and comfortable.

Benjamin Reed: You know, granted, we have a lot of work to still do. There are a lot of people who are still not vaccinated. There are some significant issues and I think we need to recognize that. Nevertheless, I think we can be very, very proud. I think that the Latinx and Hispanic communities here in the state of Idaho, particularly in my area, are leading the way. It's hard to quantify this, but whenever I go into Wal-Mart or another big-box stores where there are a lot of people, very few Anglos are using masks. But if you see Hispanics, they're probably 20 to 30 percent higher than their other counterparts. And I think that, you know, this is due to a good number of different reasons, perhaps due to the campaigns, perhaps due to the information. We hit this on a daily basis. This is these are very important issues on my program, but I also think that people have been infected more. They have seen their loved ones suffer and they realize that vaccines really do save lives. And so I think that they are not as reluctant as their Anglo counterparts here in the state of Idaho to get this shot. And so I think we can be very, very proud. I think the Latinx community is actually leading the way. They are carrying the torch and they're doing a fantastic job. I'm extremely proud of them.

Gemma Gaudette: Dr. Necochea, I saw you raise your hand.

Dr. Alejandro Necochea: Yes, absolutely. And I think to echo what J.J. and Ben said, I think the vaccination efforts are being effective. Diana and I asked the Department of Health and Welfare to give us an idea of how the vaccination rates were, what the

vaccination rates were in the Hispanic population and what we saw between April and September was essentially a doubling. It went from like twenty five percent to fifty one percent. And we actually saw something like that at Kaiser Family Foundation reported on some vaccination rates among the Hispanic communities in across the United States, and you could actually see the same trend is sort of like the the gap narrowing between Hispanic and non-Hispanic populations. A lot of leaders in the community because of what Ben said, you know, they have seen a lot of suffering. I mean, it's the number one cause of death in the Hispanic community, according to the Department of Health and Welfare. They are rallying together lots of leaders, task forces, lots of stakeholders in the communities, health departments, health and welfare, universities, clinics and mobile vans or units across multiple areas to go to migrant workers, to go to those factories, to those plants to help vaccinate communities where they are. I think those are efforts that are taking place when when we go to the The Ventanilla de Salud and the counsul, Ricardo Haro introduces us as a trusted member of the community, and he says, Hey, you know, here are my friends. They're going to talk to you about the vaccine, and we have a room full of like, you know, 40 people who are there to do paperwork, which is, tell them, Hey, this is what we've seen. This is what we can do. And by the way, you can get vaccinated at the back of the room. We're encouraged to see that many people actually there and they ask, Is that kind of get my booster now because they've been vaccinated? And then there are people who just like, stand up and it's like, Oh, you know, young people, young man. They're like, You know, I'm here. I might as well just get my shot because again, it's that access that opportunity that that is being provided to them. So it's very encouraging to see what's going on. I think we can continue to go and the messages are, this is as Dr. Pate said, This is to protect you, to protect your family and to protect the community. Because beyond what can happen to you as a person and your your mom, your dad, your child is also the impact in the community. When your kid, you're you're told right now that your kid cannot go to school for 10 days. That is a world changing situation for many families, and many cannot navigate that. That's insane. So anyhow, I think. But things are changing. I'm encouraged.

Gemma Gaudette: And Diana. What are some of the successes and maybe lessons learned that that we can use moving forward?

Diana Gomez Romero: And there's definitely many. And to Dr. Necochea's point, absolutely, in terms of vaccination rates, what we've seen is that really the one on one conversations when you're really able to connect with somebody and you create a space where they feel that they're not being judged, that they're being heard. I think that is definitely some of the the learning lessons from last year, year and a half. I found that when I really interact with people individually, that's when I can really have a significant impact. And I do feel that overall, we've seen some improvement in terms of the access in terms of the information that's now readily available. More so in Spanish as well as English, which is really great and encouraging. And I do think that also what mentioned what Ben and also J.J. mentioned really community leaders and organizations rallying together and collaborating, I think is also key. I've seen a lot of that, and I guess that is definitely one positive of the pandemic. You know, we've all been able to really work together to really achieve this goal of educating our community, providing access to the vaccine and really working towards, you know, the equity that is so, so important when it comes to everyone's health. And so I think we need to continue to champion this. We need to continue to push to provide access and education in Spanish but other languages as well, so that those community members that have additional needs and really need to have an approach that's tailored to their health are going to be able to have access,

Gemma Gaudette: You know, Dr. Pate. It's so interesting listening to our panel. You and I have been doing the Doctor Roundtable for almost two years now and we get so many questions and we talk so often about why aren't people getting vaccinated? They have access to the vaccine and they're still not doing it. And we know it's become so political. And as I listen to the rest of our panelists talking about the success that has happened in our Hispanic and Latinx community, and when Dr. Necochea gives us those numbers of how vaccination rates have doubled, we can only hope for this in the Anglo community. What what I am taking away from this in some ways, is that privilege allows you to frankly be able to to be arrogant in some regards.

Dr. David Pate: Yeah, I do think there's I think there's some of that, I think it's I think it's multifactorial. And I think you just really can't paint everybody with the same brush. And

and I think one of the things is I was listening here and thinking, I think there are a lot of lessons for the Anglo community from what has been done with our Latinx. But I think one thing that I want to stress is if you've listened to Dr Necochea and you've listened to Diana, here's what I found because I probably talked to at least 70 vaccine hesitant people that I know of, and I know that at least 50 of them did get vaccinated after I spoke to them. And here's what I know it's exactly what Diana said. You've got to listen first. Don't assume you know why they don't want to get the vaccine because they've got all different reasons and something that's a concern from this person. That may not be their concern. It may be somebody else's concern. So the first thing is and Diana said, this great. Give them space. Ask them. Tell me what's holding you back. Tell me what you're concerned about and try not to be judgmental. And and frankly, there's a few times I've been shocked when people have come up with new things that I hadn't even heard or thought of and that they're worried about it. And and I think the other thing from Dr Necochea and Diana, well, you can hear what I do because I listen for this so much today is empathy and compassion, and you can hear it in their voices. It's not like you're a bad person because you haven't gotten vaccinated. It's tell me what's going on with you. Tell me what you're thinking, how can I help you? That goes so far and and for us to listen to them and then respond to that. I think that's why I've gotten so many people over that hump to get vaccinated, because if I just gave them the same talk that I give everybody, I probably very few of them would be convinced you've got to hear what is their concern. And so I think that's another point that the Anglo community has to learn what what has happened in our Latinx communities, outreach outreach, they've gone to where those communities are. And I don't think we do that as much in the Anglo community. The other thing is they have leveraged trusted leaders who are the voices that have trust that have demonstrated repeatedly. I'm interested in your welfare, utilize those voices, and we haven't done that as well. So those are all important lessons, I think.

Gemma Gaudette: And J.J., I saw you nodding there. What in your in your opinion, you know, can can frankly, the Anglo community, learn from our Hispanic brothers and sisters? I mean, yes, you've had to you've you've had the largest death rate, which is tragic. However, you have also made sure that this community is getting vaccinated, as Dr. Pate said. I mean, all of you have talked about. I mean, what you did to organize

and to make sure that you are getting the word out. I mean, I feel like there are lessons to be learned, frankly, for for all of Idaho, not just the community that we are targeting tonight.

J.J. Saldaña: I think, you know, Dr. Pate hit on it: It is going to trusted individuals know going to people like places like the Mexican consulate. What we saw in a lot of the more rural areas was actually doing having a mobile at churches because people trust their priests and their pastors. And that was really, really important. And I know that there was some people that were hesitant. But then when your priest says, No, this is safe, this is better for the community, they listen. And so I think going to trusted people, but I think Diana, you heard Ventanilla de Salud is pretty well known and people trust that, excuse me, they trust her. And so going to like the Mexican content, going to churches, I think, was really, really a win win.

Gemma Gaudette: Dr. Necochea.

Dr. Alejandro Necochea: Yeah, I think it's important to also highlight that when you look at the map of Idaho and where to the vaccinated populations are, they tend to be concentrated in the urban areas. Most of Idaho is rural. And ninety eight percent of Idaho is considered a health professional shortage area when it comes to primary care. So when you're trying to figure out, like, can that, you know, white or Hispanic person who lives in a rural part of Idaho, do they have access to that physician, to that nurse practitioner, to that PA who can give him that advice? That's just not there. You know, I mean, we're 40 forty fifth in the country when it comes to active primary care doctors where it is pretty, pretty critical. If you take a place like, you know, like Caldwell is 38 percent Hispanic and and you you overlay and you know, in Canyon County, the ratio of primary care doctor to populations like one to three thousand people, Ada County is like one to one thousand or something like that. So it's a huge disparity there. And you overlay on top of that when Ben mentioned earlier, which is a cultural competency, I mean about I'm not sure exactly the percentage of Hispanic physicians in Idaho, but nationwide it's about six percent compared to 19 percent of the population in the country that's Hispanic. So I think we have to be able to create more, you know, more opportunities for people from our own communities to go into these health professions,

not just physicians, but it's all health professionals, because then they can reflect the population. They can actually have that cultural competency. And I think that's important. It's an important point.

Gemma Gaudette: And J.J.,

J.J. Saldaña: I just want to go and talk about what Dr. Necochea said about getting more people in the health field that are bilingual and bicultural. And we host a youth summit every year and we get about two thousand students and we do a survey. And forty five percent of those students want to go into the health field. So I think that's a promising thing. It's just how do we get them to go, go to college, retain them and get them out in the field and get them to stay in Idaho.

Gemma Gaudette: We have a few more minutes left, so I do want to get to some listener questions. Dr. Pate. Jonathan Chu, M.D., wrote in saying, I have a former colleague who is a respiratory therapist with decades of experience who had been a staunch anti-vaxxer initially. His current position is that he now has natural immunity, having contracted COVID 19 at some point in the last year. So for this reason, he does not need and should not be required to get vaccinated. How would you address his position?

Dr. David Pate: Well, I think what we're seeing actually Omicron is probably a pretty good example for us. What we're seeing is whether you have vaccine induced immunity or you have immunity from infection. It only lasts a certain amount of time. And we don't we don't actually have a great deal of clarity about how much of that time is. And it's different for everybody. And some people have stronger responses that last longer and some have less. So the question is, you know, we had a we set this discussion up wrong. It's been kind of like, Oh, well, I either had been infected or I've gotten vaccinated. And so if I've been infected, I don't need to get vaccinated. No, it's a matter of everybody who's been infected and everybody who's been vaccinated. You're going to still need vaccinations. That's why we're doing boosters right now. And what we're seeing with Omicron is significant reinfections. So, you know, the the most powerful

thing is if you have recovered from your COVID, get vaccinated because if this goes on, you're going to get reinfected.

Gemma Gaudette: Ben, I'm curious to know about within the Hispanic and Latinx community now that up to five years old can get vaccinated. What's the conversation happening around that? Because even in the Anglo community, even for people who have gotten themselves vaccinated, there is, for some, still a hesitancy to vaccinate their children.

Benjamin Reed: I don't believe that there is an ideological hesitancy, such as there is with their Anglo counterparts, so I don't necessarily perceive that to be a barrier. But when you have parents who are working in dairies maybe 12 hours a day, it's very, very difficult to take those children in and get that vaccination. So I think we need to come up with better campaigns where we can actually go into the schools. I know that's a horrible thing for some parents. They perceive that to be, oh, you know, a nasty thing where the government is going to take its in and put in a chip that will allow us to, you know, to follow the kids with the 5G and all these other crazy conspiracy theories. But unfortunately. That's what we're going to need to do if we want to get down to, you know, that lower level of five to 17 year olds where you know, the levels are really dismal right now. Again, I don't think it's that people are against it ideologically. It's just that they have a hard time making that happen.

Gemma Gaudette: Diana, I saw you raise your hand.

Diana Gomez Romero: Yes, I just wanted to also add to Ben. I also feel that through our interactions with community members at the Mexican consulate and through our vaccination clinics that we've had over the last couple of months, we've definitely been answering a lot of questions from parents. But overall, I also agree and don't find that they are against their children getting vaccinated. If anything, I feel like they they are wanting their children to get the vaccine we've actually been able to with the word partner Boise state COVID vaccination clinic, get children at the consulate vaccinated with the consent of the parent. So I think it's more so about them getting that information. They do ask questions, but overall, in my experience, in my interactions

with our community, I've seen a positive response to wanting to get their kiddos vaccinated. But I do agree that access is definitely something that we need to make sure that they have. And when it comes to the kiddos, there's that information is changing so quickly. And so it's so important to keep that updated and be sharing that information and being proactive about it as well.

Gemma Gaudette: And Dr. Necochea, we do have a question from Melissa in regards to children being vaccinated, asking what side effects are we seeing and are they different than than expected or anything else that parents should should know in regards to getting their their children vaccinated?

Dr. Alejandro Necochea: Dr. Pate would probably have the rates specifically, but from what I heard, the side effects are minimal and people should remember that the dose of the vaccine is actually reduced compared to the dose that are those receive. And so that hasn't been a particular concern as far as I can tell. Dr. Pate, you probably know more about that one too.

Dr. David Pate: No, I agree. The we have seen that the young children don't have side effects that are any worse than older children and oftentimes less. And the other good thing is, while we have seen some cases of myocarditis and inflammation of the heart in in young men, we haven't seen it in the young kids. So it's turned out it's been very, very safe in kids.

Gemma Gaudette: And J.J. getting back to Ben's point about finding access for once again the children of of parents who maybe work on these dairy farms, et cetera, these meatpacking plants that you know, they can't take time off to go get their kiddo vaccinated. Is this on the horizon within the the Hispanic and Latinx community about all right, now you've now, now you have another hurdle, J.J.!

J.J. Saldaña: It is a hurdle because not only do they not do a lot of these families, specifically in the rural areas, not work traditional work hours, they also don't work traditional work day, so they have to work weekends as well. And so when they're off there, kids are probably at school. So it's going to take some coordination getting them

out of school to go get these shots. But a lot of our families, like I said, they don't work traditional hours or traditional days. So there is a hurdle. We're relying a lot on getting churches stepping up as well. But I think we're going to be partnering a lot with radio stations also to getting the word out.

Gemma Gaudette: Oh, go ahead, Dr Necochea.

Dr. Alejandro Necochea: You know, that highlights again the fact that this is not just a problem of the health care or institutions, this is really a community wide problem and all of the institutions of the community, the civil society, really, we have to rally to solve these problems together. As J.J. mentioned, we have to work with the churches. As Ben mentioned, we have to work with the schools. You know, if we have huge turnover in school boards and school leadership, we cannot organize any of these things. So we just have to come together, fight this as a community. And that includes our public health infrastructure. If we want to face this challenge, really, we have to learn how to support and augment our public health infrastructure at the health department level, at the state level. Because honestly, before COVID, as we started in the beginning of this conversation, these just COVID just exacerbated some issues that we've seen before. But we were seeing vaccine hesitancy before COVID. A lot of the the issues that we face in chronic illnesses, there are public health problems and that is essentially the mission. Their reason for existence for our public health infrastructure is really health promotion, health prevention and so and prevention. So I just wanted to make sure that we drive that public health infrastructure and other institutions, we all have to come together and run in the same direction.

Gemma Gaudette: Dr. Pate, Emily wrote in asking, Does the number of people with natural infection plus all the vaccinated people equal herd immunity?

Dr. David Pate: That is a fantastic question, and sadly the answer is no. And and probably the best example that I can give you is look at the state of Vermont. So Vermont has the highest vaccination rate of any state in the country. 70 Well, now I think they're up to 77 percent fully vaccinated. And yet and OK, so that's the percent vaccinated. Then if you look at the CDC numbers, about forty four percent of Americans

have been infected. So obviously and you can't add them because some of the people that got infected have gotten vaccinated. So there's some overlap there. But even if you think seventy three percent and forty four percent and yet Vermont is in one of the top 10 states for disease transmission right now, it's spreading. And so I think it's a great question. I would frankly just put herd immunity out of your mind. I think we have missed our opportunity for that several times, and I don't think we're going to achieve it. But even though we can't get herd immunity, what we can get is if we get enough people vaccinated, what am I talking about? I'm talking about eighty five to 90 percent. If we can get that percent of people vaccinated, we would bring these disease transmission levels down to very low. We wouldn't have to worry about outbreaks in schools. We wouldn't have to worry about having to have a lockdown. We wouldn't have to worry about sporting events. We wouldn't have to worry about our hospitals getting overwhelmed. But because we've allowed this virus to transmit and keep getting more and more transmissible, that has raised the level of the population that has to be vaccinated in order for us to keep this at low levels. And just to reiterate, if you've had COVID. You do have probably some immunity for some period of time, but it won't last, and if it doesn't last, then we can't have suppressed levels. The only way to make this last, whether you've had COVID or not, is you've got to get vaccinations and we have to do it periodically. And if we do that, we'll get these levels down. If we don't, we won't and we'll have new variants.

Gemma Gaudette: All right. So Dr. Pate that goes into Sharon's question because she wants to know what are the factors that will determine when the SARS-CoV-2 virus is no longer considered to be a pandemic emergency? Frankly, when we go from a pandemic to an endemic because, as you said, we missed the boat on getting rid of this completely.

Dr. David Pate: Well, we have a pandemic right now because this virus is spreading and causing a threat all across the world. But at the same time, the virus is also becoming endemic. In other words, we are going to have to live with it. And the question is, are we going to live with it at very high levels where we're going to have these surges, we're going to have new variants, we're going to overwhelm our hospitals on occasion. We're going to make school disruptive. Are we going to have those high

levels or are we just going to keep it down at a very low level where there'll be occasional cases? Yes, but we're not going to have the big surges like we've had. The answer to that is, are we willing to roll up our sleeves if the answer is no, if we are only concerned about our personal freedoms and we don't care about the community, we don't care about our families, we don't care about our friends, we don't care about our coworkers or Gemma, as you and I talked on an earlier show about the article in the Capitol Sun, about a man who was trying to do everything he could to protect himself. But he got exposed to COVID and it took his life even though he'd gotten vaccinated because he was somewhat immunocompromised. If that's what we're willing to do, if we're willing to risk children, risk our seniors, risk those that have medical conditions, then we're going to have this is going to be a rough go. If we all roll up our sleeves, we can protect people and the activities that we want to do.

Gemma Gaudette: I'd like to wrap up today by asking each of you for any final thoughts. What do you want listeners to walk away from? And I'll just do a round robin. And Diana, I'll start with you.

Diana Gomez Romero: Is there's so much. But the first things that come to mind is, you know, I really would want for people to really take in the importance of working together when it comes to COVID 19 vaccine education, really working to get that information out to our communities, specifically to the Hispanic and Latino community here in Idaho. I think we need to work to really meet them where they're at. Go to them, not wait until they come to us. Really go there. Ask about what their concerns are. Provide the education. Provide the information, the resources. And then on a broader, broader level. I do feel like it's so, so important to continue to push for public health. You know, districts and at the state level, hospitals, clinics for all of us to really work together on this equity to really make sure that everyone has access, everyone has information that's culturally sensitive, that's tailored. And I feel like that way we can definitely make an impact and really make sure we're reaching people that truly need that information.

Gemma Gaudette: And Dr. Necochea, your thoughts.

Dr. Alejandro Necochea: I think also similar message about working together on this, sometimes with all the noise and the politicization and all that stuff like we forget that the virus is really what we're all fighting together. You know, this is something that we're facing throughout the community. The virus doesn't care who you are, what you believe. It just hangs out and makes people sick. And so I think we need to remember that that has been one of the lessons for me over the last few years, just seeing so many leaders, so many community members that just came together to do the same thing. Everybody wants to do the right thing and everybody cares about this community, which is somehow just something gets lost in translation. But. We can do this, I think.

Gemma Gaudette: J.J.

J.J. Saldaña: I really hope, you know, people really just take this seriously, go get your vaccinations, get your boosters, take it seriously, don't listen to the political piece of it. This is a safety concern for you and your family, and I hope that's what people take out of this.

Gemma Gaudette: And Ben, your thoughts tonight?

Benjamin Reed: You know, I think we can talk about an equation of privilege, plus ideology equals hesitancy. And I think we can follow what Dr. Pate stated and roll up all of our sleeves work collectively and put away our preconceived notions. Let's also remember that we live in a global community, and if we want to work on this, we have to think about other parts of the world. The current variant is a big example by not helping people in South Africa get the vaccinations that they need there. This is the result. We travel all over the world right now, and this is going to continue to bring a lot of hot spots in the future. And interestingly enough, I have a brother in law in Mexico who is a hospital administrator down there, and people are clamoring to get their shots, but they don't have enough. And sadly, here in the United States and particularly in our region, there are clinics that actually have to throw away the vaccine. That's the paradox. That's the sad issue that we all need to to confront and think about tonight.

Gemma Gaudette: And Dr. Pate.

Dr. David Pate: I have two thoughts. The first is for those of you that are thinking about your decision, do I take the risks of vaccination or do I not? Let me suggest that you're thinking about this wrong. Covid is not going away, and it's really a matter of how do I want to deal with COVID? Would I like to deal with COVID vaccinated or would I like to deal with COVID by getting infected? And even for young people out there, if you're thinking I'm healthy, I don't have anything to worry about. Let me tell you, we can't be sure of that anymore. And the other thing we can't be sure is, even though you're likely to survive, we can't tell you what complications you may face down the road. So please get vaccinated and think about the fact that. Probably everybody listening to this show has been vaccinated for many, many illnesses, and that's why we're not dealing with a measles pandemic or a rubella pandemic or a tetanus pandemic or whatever, because we we've gotten vaccinated in the past. So please think about it, not risk a vaccine or not getting vaccine. Think about it. Risk a vaccine or risk of getting COVID. And I can tell you all the risks that you are worried about with the vaccine. They're all higher if you get COVID. The second thing I want to say. Kudos to Boise State Public Radio and to you, Gemma. This is this is what we need to be doing. We're having a conversation with people and trying to provide them with good information, and I just want to thank you all for your commitment to doing that.

Gemma Gaudette: Well, I appreciate that Dr. Pate and I also want to thank Ben and all what you have been doing over this last year because hopefully together what we do is reaching all of our community. So thank you to all of you, to each of you for coming on tonight. I want to thank you for sharing your thoughts, for your insight, for our medical professionals, sharing the facts, the science behind all of this, and I know that I speak for everyone at Boise State Public Radio when I say I hope that this conversation we're having is only the beginning, that we can continue to have discussions like this. I think we can learn from each other. We can we can learn what has worked, what hasn't worked. We can expand the conversation. And hopefully by having these conversations, we will then also know that we need to do better when it comes to expanding access and equity across all of Idaho's communities. Thank you to all of you for your insight tonight. So appreciate it. We we've been speaking with Dr. David Pate, current member of the Idaho Coronavirus Task Force. Dr. Alejandro Necochea, a medical director and

physician advisor for Community Health at St. Luke's Health System. Diana Gomez Romero, bilingual outreach coordinator for the St. Luke's Community Health Department. J.J. Saldaña, community development specialist with the Idaho Commission on Hispanic Affairs. And our media partner Benjamin Reed, the Spanish language brand manager for Lee Family Broadcasting. Really, once again, I thank all of you and I need to say a special thanks that goes out to Jennifer Jerrett, Kelsey Black, Howard Green, Samantha Wright, Frankie Barnhill, Lacey Daley, Bethany Taylor, Gustavo Sagrero, Paul Stribling, Tom Michael, Christopher Dimmick, Diana Arbiser, Susan Evans, and everyone else who we forgot to mention who has helped us put this special episode together. If you would like to check out more Idaho Matters and everything else that we do on Boise State Public Radio, go to our website Boise State Public Radio dot org. I'm Gemma Gaudette. Thanks so much for joining us.