

How to prioritize chronic disease prevention with Latinx patients

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In the U.S., the Latinx population is disproportionately affected by chronic diseases compared with other ethnic, racial or socioeconomic groups. Making matters worse, the Latinx community has been one of the hardest hit by COVID-19. This signals a growing need for physicians to find ways to prioritize chronic disease prevention in Latinx communities through culturally competent care.

AMA member Joseph Gutierrez, MD, recently took time to discuss how physicians can better serve this patient population. A recently retired surgeon, Dr. Gutierrez also served as an AMA delegate for the Medical Society of the District of Columbia for 37 years. He has been a Latino pioneer over his career.

Before his retirement from surgery, Dr. Gutierrez—who speaks Spanish—cared largely for Latinx patients while in practice. Through decades of experience, these are the lessons he came away with about helping patients of any background, but which he found especially helpful when caring for his Latinx patients.

Avoid generalizations

Too often, physicians and others lump all people with Latinx ancestry into one group and “think that they’re all the same,” said Dr. Gutierrez. But these patients can trace their ancestry to a wide variety of countries with divergent cultural traditions, from the Rio Grande to Cape Horn.

Being of Spanish, Filipino and French American descent, Dr. Gutierrez knows from personal experience that it would be a mistake to categorize all Latinx patients into one group. Very little about individual patients’ needs or attitudes can be gleaned by the fact of their Latinx ethnicity, Dr. Gutierrez said.

“It is not good to lump them all and say that they’re Hispanics, they’re all the same—it isn’t

necessarily so,” Dr. Gutierrez said. “They all have different needs.”

When it comes to identifying a patient’s individual needs, the answer is simple, but not always followed, said Dr. Gutierrez. “The answer is to sit down and get to know them—talk to them for a long time.”

Learn more with the AMA about COVID-19’s impact in Latinx communities.

Discuss tobacco use and diet

Physicians should make sure to address factors affecting all patients’ health, such as tobacco use and diet. That’s especially true for Latinx patients, who face major inequities when it comes to rates of hypertension, type 2 diabetes and obesity.

While diabetes affects individuals of varied ethnic Latinx backgrounds, 14.7% have type 2 diabetes. However, the chance of having type 2 diabetes is closely tied to background. For example, among people identifying as Puerto Rican, the prevalence of diabetes is 12.4% compared to 8.3% for someone whose background is Central or South American.

“I was always hell on wheels with my patients on two things: smoking and weight gain,” Dr. Gutierrez said. “We would solve a tremendous amount of our health care problems in this country if we took care of those two things.”

“My biggest problem was always saying, ‘You need surgery, but we need to put it off because you need to get your weight down and it’s really for your own benefit, and for your own safety,’” said Dr. Gutierrez.

Learn more about how patients can start—and stick with—key lifestyle changes.

Lead by example

Providing tips for patients to maintain their health and well-being is key to chronic disease prevention and management, but physicians must also practice what they preach.

“It’s difficult to tell a patient to quit smoking if they know that the doctor smokes,” said Dr. Gutierrez, adding that it’s the same for losing weight because “if the doctor says the patient has to lose weight and he’s overweight, the patient won’t see the issue.”

While a goal may be to have a patient feel as though the doctor practices what he preaches, losing

weight is not simple. Therefore, it is also important to have honest conversations about the reality of struggling with lifestyle changes. If the physician deems it appropriate or feels comfortable, they can role model their approach for trying to achieve a healthy lifestyle. Physicians can also provide concrete examples that have been successful for others.

Get moving

The COVID-19 pandemic has also thrown a wrench in physical activity for patients with prediabetes or hypertension.

“My biggest problem right now is with getting enough exercise,” said Dr. Gutierrez. “I like to go out with my children or my grandchildren, but that’s been restricted,” he said, adding that it is key to get creative with how patients remain physically active, such as yard work, taking the dog for a walk or at-home workouts.

For doctors caring for patients who primarily speak Spanish, Target: BP™ has resources for BP control and management. Additionally, the AMA offers prediabetes resources in Spanish.

The AMA continues to compile critical COVID-19 health equity resources to shine a light on the structural issues that contribute to and could exacerbate already existing inequities. Physicians can also access the AMA’s COVID-19 FAQs about health equity in a pandemic.