



National Association of County & City Health Officials

*The National Connection for Local Public Health*

## **FOR IMMEDIATE RELEASE**

### **Contact**

Theresa Spinner

Director, Media and Public Relations

Direct: 202-783-5551

[tspinner@naccho.org](mailto:tspinner@naccho.org)

## **NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS MEDIA BACKGROUNDER**

### **Public Health and the Hispanic Community**

#### **Q&A with Dr. Hector Gonzalez, Health Department Director City of Laredo Health Department**

Washington, DC, October 15, 2019 — [National Association of County and City Health Officials](#) (NACCHO) member Hector F. Gonzalez, MD, MPH, is Health Department Director of the [City of Laredo Health Department](#). As a leader in public health, the City of Laredo Health Department is committed to providing quality culturally competent health care, prevention and disease control services, and is ready to respond to any public health emergency. Dr. Gonzalez is a native of San Antonio, Texas and earned his medical degree at Universidad Autonoma De Guerrero, Mexico and his Master of Public Health degree at the University of Texas Houston School of Public Health.

Below, Dr. Gonzalez describes some of the public health issues affecting the Hispanic community.

#### **Q. Dr. Gonzalez, what do you believe are the most pressing public health issues facing our Hispanic communities?**

Healthcare access is still a major issue, as we have large numbers of the population uninsured or underinsured. For example, a person may have insurance through their employer, but cannot afford health insurance for the rest of their family. Problems stemming from behavioral health, which encompasses the emotions, behaviors, and biology relating to a person's mental well-

being, their ability to function in everyday life, and their concept of self are other issues. Another challenge is the impact of degenerative diseases, like dementia, Parkinson's, and Alzheimer's, which further impact minority health.

We also have to consider those barriers and gaps that we call "the social determinants of health," which add to the inability to access wellness and preventive care: poverty, transportation, housing, lack of education and/or employment. For example, individuals working 8:00 a.m. to 5:00 p.m., or more demanding hours, find it difficult to schedule and/or attend medical appointments. Similarly, it is difficult to keep a medication that needs to be refrigerated if you are homeless. Other barriers include language, understanding the healthcare system, women who leave their medical needs last by prioritizing the health of their children and partner first, late prenatal care, and the high cost of medicines. Also, there is the disparity in infectious diseases, diabetes, breast and cervical cancers, and the continued stigma around behavioral health and certain illnesses, substance use disorders, and diseases such as HIV and TB. Health disparities are defined as ["preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations."](#)

#### **Q. What does your health department do? How have you filled gaps in care?**

The City of Laredo Health Department provides disease control and surveillance not just for our community of over 275,000, but also for the region, as we serve 11 other surrounding smaller rural communities. We pride ourselves in providing good public health practices, starting with excellent immunizations services and high levels of vaccination — over 95% —, strong epidemiology and public health response services, food and water safety services, vector control (our region is endemic for mosquito-borne diseases), HIV care, and tuberculosis treatment and prevention.

Increasingly, local health departments are filling the gaps for and grow responsible for their community's healthcare, wellness, and preventive care, in addition to conducting core public health services. For us, where up to 40% of our population is uninsured, we provide comprehensive primary care services for family medicine, maternity, well child, dental care, family planning, sexually transmitted disease clinic services, epidemiology, and prevention. We are the primary care physician for up to 15,000 individuals, and we provide diagnostic and laboratory services through our biosafety laboratory II, III and environmental lab. Recognizing a need for behavioral health services, we added licensed professional counselors (LPCs) and telemedicine to provide psychiatry

access, and we have also integrated behavioral health, disease self-management, and substance use services in all primary care and HIV services.

We also provide services for Medicaid, Supplemental Nutrition Assistance Program (SNAP) and the Women Infants and Children nutrition program (WIC). Our WIC program serves seven counties through 11 clinics, providing nutrition and food supplemental services, while making sure all children have a medical home, are immunized, and women get prenatal, postpartum, and interconception care. We support first-time-mothers through our nurse home visitation program and a healthy baby education and awareness program.

In many ways the role of local public health is all about partnerships. For us that means partnering with universities for workforce development and direct services, and with our local schools, universities, hospitals, nonprofits, physicians, and Mexico forming the Laredo Health Coalition, to address health disparities, and emerging and new health threats. Our geographic location means we also need to have a strong bi-national relationship for public health, epidemiology, vector control, environmental health, diabetes, TB services, and international surveillance.

**Q. Can you talk to us about the adverse public health occurrences at Immigration and Customs Enforcement (ICE) centers this year in your home state of Texas? For example, there was a mumps outbreak in March. How did your health department in Laredo handle it?**

We serve as local experts to guide and address all these issues for prompt disease containment to prevent any potential disease spread that may not be immediately considered. The mumps outbreak is a real-world example of the importance of public health collaboration and response to international travel, migration, as well as a surge of family units being released into the community. We confirmed 16 cases and 12 probable in Laredo at large, and found another 35 confirmed case and 18 probable cases in the detention centers. To stop the spread there, we took all preventive measures including the immunization of over 400 detainees.

For those individuals released into the community, our public health department had to take the real-time lead to immediately triage all migrants released at the bus station for health screenings and linkages to humanitarian support. Our faith-based and nonprofits did an excellent job of providing food, shelter, and clothing.

Overall it was a challenge, but in collaboration working with ICE, Customs and Border Protection (CBP), Port Authority and the U.S. Marshals Service, their respective health officers and health units, we worked to assure all prophylactic measures were taken to contain the spread

within detention centers that have up to 1,000 detainees. We will continue to work with Federal agencies to assure preventive measures are done and contained for mumps and any other communicable disease; not just for migrants, but to protect our community as well.

**Q. Lastly, would you please talk about the federal funding that supports yours and other local health departments?**

Federal funding is critical to support the programs, infrastructure and workforce for local health departments across the country. It is imperative that more funding be allotted for public health efforts, especially for local laboratory capacity, surveillance, and health informatics. Maintaining current operations and response is not sustainable in the long term without the allocation of additional funding for emerging issues and threats. For us on the U.S./Mexico border, this is even more critical, as we address not just our local community, but the region as well. We serve as the first line of surveillance and response for all public health issues at the border to prevent more complex issues from affecting our state and the nation. In this way, we provide important health security, but we cannot do that without adequate resources.

###

**About NACCHO**

The National Association of County and City Health Officials (NACCHO) represents the nation's nearly 3,000 local health departments. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities. For more information about NACCHO, please visit [www.naccho.org](http://www.naccho.org).