

Dr. Aaron Carroll:

Welcome back to the Healthcare Triage Podcast. Our guest today is Dr. Jasmine Gonzalvo. She's the director of the Center for Health Equity and Innovation at Purdue University. We're going to talk about the center, her work, and some of the interesting things they've been doing recently. So welcome.

Dr. Jasmine Gonzalvo:

Thank you. Happy to be here.

Dr. Aaron Carroll:

This Healthcare Triage Podcast is co-sponsored by Indiana University School of Medicine, whose mission is to advance health in the State of Indiana and beyond by promoting innovation and excellence in education research and patient care, and the Indiana Clinical and Translational Sciences Institute, a three-way partnership among Indiana University, Purdue University, and the University of Notre Dame striving to make Indiana a healthier state by empowering research through pilot funding, research education, and training. More information on the Indiana CTSI can be found by visiting indianactsi.org.

So one of the things we like to do always when we have a new guest is to ask you how you got here, how you developed an interest, how you got into your career, how you wound up as director of such a center and what such a center does. So please tell us about yourself.

Dr. Jasmine Gonzalvo:

Sure. So how I got here, I think whenever I answer a question of like this, I sort of think I tripped my way into where I'm at. And some people will ask how I became a pharmacist. And for sort of weird reasons, I liked chemistry and that's why I got into the field of pharmacy and then quickly found out after the first few years and not really doing much chemistry, but that's how I initially sort of got a sparked interest into the field of pharmacy. And then beyond that, I really learned that pharmacy can actually be more taking care of people.

And I also had an interest, if I wasn't going to become a pharmacist, my backup was actually a Spanish teacher. I had studied abroad Spain when I was in college and I thought, wow, I really, I can speak Spanish. I really like teaching. And so my love for the Spanish language and different cultures and helping people and taking care of people is really where I knew that my career was going throughout pharmacy school.

And shortly after graduating from pharmacy school, I did additional training. So I did two residencies pharmacy residencies at the VA here in Indianapolis. And then after that started my career at Eskenazi, the safety net hospital here in central Indianapolis. And it was really there that my sort of passion and commitment for working with under-resourced populations really began.

So I now work in a primary care clinic that serves primarily people who speak Spanish. And I really have a focus on managing chronic conditions, cardiovascular conditions, so diabetes, hypertension, high blood pressure, cholesterol, smoking, all those types of conditions. And that's what I do for a patient population who primarily speaks Spanish. So that's sort of the clinical hat that I wear. I work with that patient population at Eskenazi. And then beyond that, I'm also doing work with communities and under-resourced communities, research, and also just helping navigate barriers to accessing healthcare. And so I don't know that I was super deliberate in my path of getting to where I am today, but I also don't kind of fit the mold of what you would potentially traditionally think of that a pharmacist does. I

don't see pills beyond the ones that I take myself on a daily basis. So yeah, sort of a nuanced way to be a pharmacist, but Purdue University kind of gave me the opportunity to function in this capacity as a faculty member, as a pharmacist, and doing good work for different communities.

Dr. Aaron Carroll:

So I'd love to follow that a bit further because again, I was going to say, I think most people imagine a pharmacist to someone that works at the CVS and hands out the pills when you show up. But clearly if you're talking about chemistry, it's more than that. And it sounds like you are taking care of patients. So how typical is that for a pharmacist or is that extra training or are we just clearly not knowing what pharmacists really do?

Dr. Jasmine Gonzalvo:

It's been growing. It's been a growing field of pharmacy I think. I would say over the last decade, there have been more of these pharmacists sort of behind the scenes that I think the general public doesn't really know about until you kind of encounter one. And you're like, hey, I didn't know a pharmacist does this. And so I would say within the field of pharmacy, it has been fairly common for pharmacy students to know that there are opportunities for, I think traditionally they're known as clinical pharmacists who work more alongside with physicians, both on sort of in the hospital setting or in a clinic setting, but sort of supplementing physicians and other providers with additional medication expertise and medication management.

And so we have those opportunities to manage medications or help provide recommendations, specific medications that I think have really sort optimized care in sort of a nuanced way over the last decade. And so I think patients are starting to realize that pharmacists are another opportunity that exists for additional knowledge, additional education. And particularly for me where my sort of expertise is with diabetes and sort of those other cardiovascular conditions, heart health, all that stuff, I can be another resource for education and also sort of medication questions. So I think pharmacists are becoming more and more known to be in that space, but sort of not the traditional pharmacist who's in CVS sort of behind the counter.

Dr. Aaron Carroll:

When you're seeing patients in the setting you are right now, are patients coming just to see you, or are you part of a clinical team where they're seeing other healthcare professionals as well? And you're part of that or how does that work?

Dr. Jasmine Gonzalvo:

So both actually. So I have a half clinic day on Tuesdays where patients are scheduled to see me. I do phone visits. I also do in-person visits where I really do most things independently and also work alongside a primary care physician. But that's more for other reasons and billing reasons, not of real particular interest to the patient. But I also do group education classes and we do diabetes education classes, hypertension education classes, where we do that alongside other professionals, other physicians, other dieticians, exercise, physiologists, health coaches. And so really both and the interdisciplinary team model has been successful as well.

Dr. Aaron Carroll:

So can you tell us a bit about your Center for Health Equity and Innovation and how did you get interested in that?

Dr. Jasmine Gonzalvo:

Yeah, so the opportunity came about a couple years ago to really take on the role as the director of the Center for Health Equity and Innovation. It didn't exist before. So I would be the inaugural director of this new center and I jumped at the opportunity and really built this from the ground up. We don't have a brick and mortar center, but sort of the proverbial idea of the center. And really it was in January of 2020, right before the pandemic hit. We didn't know what was about to happen at the beginning of this center, but I had so many ideas of how we could improve access to healthcare for under-resourced communities. And gosh, a couple months later when the pandemic hit it, I think the idea of health disparities and under-resourced communities really just, there were a lot of opportunities to improve access for those communities.

And so we started with this conversation of when the vaccines hit and everything, how can we improve vaccine access for under-resourced communities? And we started building relationships or we accessed our relationships with food banks and homeless shelters where we knew that those populations and those communities may have barriers to healthcare access or may not be choosing to access healthcare for whatever reason. And so we started with those partners because we knew that there were opportunities there. And even the leadership of the homeless shelters and food banks, they didn't have a good sense of if their communities were getting vaccinated or accessing the vaccination or what their healthcare status really looked like because they were really doing their best to keep their heads afloat in terms of keeping their neighbors, their clientele fed because their numbers tripled in some instances at these food banks and homeless shelters. So they were trying to keep their heads afloat in doing their normal business, but with triple the clientele. And so we came alongside and said, "Can we help sort of in the healthcare realm as you all are doing your normal business?"

Dr. Aaron Carroll:

It strikes me. I mean, this is exactly what sometimes I think we need. But one of my favorite studies that we talk about all the time was trying to improve hypertension management, high blood pressure amongst African Americans using barbershops and putting clinical pharmacists into the barbershops. And because that's where the people are and nobody wants to go see the doctor, but there are so many other places that you can actually reach people where they are. This sounds much like that. And it's exciting to hear that you're reaching out with, I mean, especially a homeless population is so difficult to reach, but you have to go to where they are. You can't just think they're going to come to the clinical office. So can you tell us about some of the partnerships that you leveraged for this? Was it just homeless shelters or how else were you getting to where you knew you had to go to meet people?

Dr. Jasmine Gonzalvo:

Sure. Fantastic question. And this is just one sort of initiative that the Center for Health Equity and Innovation that Purdue has, but it's one of our sort most notable and most impactful initiatives. So it's a good question. And it's good to spend time here on this initiative. We have a number of different community partners. So Walgreens was actually one of our first partners with who we reached out to

with them having access to the vaccinations and them having pharmacists and pharmacy staff to help administer the vaccines as well.

So through the Center for Health Equity and Innovation... Our acronym is CHEqI. So I'll refer to it as CHEqI moving forward. But so CHEqI had student volunteers who would be able to, so a lot of these models at the food banks with whom we were working. So Gleaners was our first one. They had a drive through model where people weren't getting out of their cars, but they would stay in their cars and they had a big garage and hundreds of cars would line up outside of this garage and then just open their trunks and the food would be put in and then it drove on their way.

So we actually needed to leverage student volunteers, produce student volunteers, interdisciplinary, public health, pharmacy, nursing to essentially have the clients of the food bank roll down their window. And our students would say, "Have you had the vaccination? Are you interested in the vaccination?" And basically we would administer the vaccinations while the clients were in their car. We would have at the end of the pantry kind of a 15 minute waiting area where they would wait the 15 minutes to make sure they didn't have a reaction. We would get all of the necessary forms filled out. And that's how we really implemented our first events. And Gleaners, our first partner said, "We don't know if this is going to be successful. We don't know if people are going to want the vaccination, if they're all already vaccinated."

And what we found with, I think our first event, I want to say we did maybe 70 plus vaccinations at our first event. And since that time we have had, I think, a total of 58 events and we expanded to other partners. So St. Vincent DePaul and Wheeler Mission, men's Wheeler Mission, women's and children. We have expanded to all of those community partners. And I think we've administered close to 1500 vaccinations, both COVID and flu through these events. And we know that our populations are, I want to say between 40 and 50% black African American clientele and about 40 to 50% Hispanic Latinx. So we know that we're reaching communities of color. We know we're reaching a lot of immigrants. And a lot of these vaccinations are first vaccinations, even over the last few months. So we're reaching people who haven't traditionally had easy access for whatever reason.

Dr. Aaron Carroll:

How do you scale this up? I mean, it's so important and so good, but clearly needs to be done almost retail. So do you just keep doing that over and over and over again? Or how do you get this to a bigger population?

Dr. Jasmine Gonzalvo:

So we've been really lucky to have been successful at getting grant funding to continue to support this largely from the state Department of Health and from other partners who really just we're giving them the data that they need to see to say that what we're doing is successful. We're also making sure to publish and disseminate our results so that anybody who has a similar idea can take what we've learned and sort of our model and implement it as they see fit. There's so many nuances working with different community partners. We can say, okay, we did this at one food bank, but just because we did it at one food bank and one community doesn't mean that it's going to look all that similar at another food bank in a different community depending on the population served.

So we always say through CHEqI and through the center, that the way we operate is not traditionally in this, we have an idea, we're bringing it to a community. Rather we listen to the voices of

the community and what the needs are within the community first. And that drives the work that we do. And like I said, we have a number of successful initiatives through the center that we're doing beyond vaccinations. We've actually expanded the vaccination events to be called health access events because we're starting to do Narcan education and distribution, as well as some other chronic condition sort of screening and education as well. But that is based off of the needs of the community, the voices of the community and the clientele that are served by those organizations that we've gained some momentum and want to amplify the efforts that we've already done.

But to your question, in terms of scaling this, it really does start with learning from what the community needs are and being a trusted presence in the community that we feel like we've been so successful. And we've also used the model of community health workers in what we're doing as well.

Dr. Aaron Carroll:

I was really interested when you said that you don't want to come in with your ideas, but you want them to sort of grow organically from the community. Can you give us an example or more than one if you like about times you perhaps thought that it should go one way, but the community instead helped you realize that a different path was the way to go?

Dr. Jasmine Gonzalvo:

Yeah, actually. So at one of our partners, we wanted to try out the expansion of the Narcan, which that is a medicine that helps people. If they overdose, it saves them from overdosing. So that medicine can be controversial in some spaces. And there was one partner who just wasn't particularly interested because of, I think honestly, maybe the stigma associated with Narcan and what it means. And I think there are a lot of strong opinions on should Narcan be available at every turn, because that means that there's opioid misuse in our population. And I think that conversation is an important one.

And so I would say that was one where we said, "hey, this is a really good idea. We want to do Narcan education administration and the community." And some of the leaders said, "I don't know that's a problem in our community." So that we pivoted and took it to a different partner where they said that is a problem in our community and welcomed it. And we've done a lot of Narcan distribution in that setting. So I would say that was one where that was community specific, that we don't have that problem here, or we're not aware of that problem being here where opioid misuse may not be an issue and we don't need Narcan, whereas another community where it was sort of identified as an issue.

Dr. Aaron Carroll:

So do you see the center engaging in lots of small individual projects or do you have big themes that you're trying to tackle and then projects fall into them?

Dr. Jasmine Gonzalvo:

CHEQI and the center really focuses our efforts on the social determinants of health. And I know a lot of people use that sort of as a buzz term, but when we're talking about the social determinants of health, when we're talking about economic employment, job opportunities, we're talking about education, we're talking about what a lot of times in this field we think of as of the upstream factors of health. So what is impacting health early on? Can we talk more about prevention? What are the things that affect people's health before they know that they're going to have problems? We really focus our efforts there.

And what started as of sort of small initiatives grew into bigger initiatives and have become more of a force to be reckoned with, so to speak.

So one of the things that I'll say is, for example, we started in our student body the Spanish language track, and we started that with university students who health profession students who had declared a Spanish minor. And we said a Spanish minor isn't enough for someone who is going to be a health professional, who really wants to be what we call language concordant and to be doing patient care in someone's native language. So speaking Spanish and providing healthcare. And so that's one example that where we started as we're going to identify sort of a small cohort of students who speak Spanish, but we're going to layer on opportunities so that when they graduate, that they really are more comfortable speaking Spanish. And so we have developed a sort of virtual exchange program with Colombia where Colombian students speak English and the students speak Spanish, and they do these sort of mock patient discussions. They have discussions about health equity about what does health equity mean in West Lafayette, Indiana. And what does that mean in Colombia? And they have those discussions in their non-native language.

So that's one of our initiatives that sort started small and has grown. And we hope to be graduating more students who are more comfortable speaking Spanish so that we have more healthcare providers who are able to speak different languages. And we've started with Spanish and we're incorporating nursing students in that. And we hope to incorporate dietician students in that as well. So our small initiatives are growing.

And another one that we've started is with a local Purdue Polytechnic High School is sort of in the same communities as our food banks and homeless shelters. It's kind of right in between the homeless shelter and the food banks with whom we work and getting these high school students involved in educational initiatives where they're not only taking care of their own health, but how are they also impacting the surrounding community is some of the work that we're trying to do as well. So our center really does sort of center our initiatives around the social determinants of health and prevention and screening and sort of more of those upstream factors while also improving access in communities who have barriers to access. That's I'd say where we concentrate our efforts.

Dr. Aaron Carroll:

All of this, I mean for what the show is interested and you're preaching to the choir, but I'm sort of fascinated. And I have to ask. You're in a school of pharmacy and a pharmacist, and we've barely talked about medications. So how do all of these pharmacists in a school of pharmacy gets so focused on social determinants of health and how hard is it to convince others that this is a necessary focus as opposed to traditional pharmacy?

Dr. Jasmine Gonzalvo:

So I actually coordinate a course for first year pharmacy students. So a first year pharmacy student is actually a junior in college. So they do two years of pre-pharmacy training and then their first year of pharmacy school, which is four years. So they're actually a junior in college, but they're a first year pharmacy student. So they finish four more years of training. So the full pharmacy curriculum is six years. So a first year pharmacy student I'm coordinating this course and it's called Introduction to Patient-centered Care, and how we have restructured that course is actually to focus on the social determinants of health. And we have topics in that course that relate to structural racism in healthcare.

We have guest speakers with lived experience of homelessness, lived experience of LGBTQ barriers to accessing healthcare. We have a stigma in healthcare.

Those are the primary topics that we have incorporated into this course that's called Introduction to Patient-centered Care, where we talk about communication. We talk about health literacy, and we talk about some of these upstream factors, and it's not what the course used to be. The course used to be introduction to therapeutic type topics. So it was like, what are the terms that you need to learn about related to hypertension? And we feel that it's more important to actually do a deeper self-reflection for these pharmacy students on.

And so actually one of the activities that we have them do is to interview a family member and we sneakily have them ask them questions about the social determinants of health. So we say, how close was the neighborhood grocery store? Did you have access to sidewalks? And so these students are interviewing family members. And what we're actually going to do is a discussion and a debrief on someone you know and love did have barriers or did not have barriers and was sort of a privileged community member that did have access to all of those things. But we're going to have discussions on how that impacts somebody's health and we're making it relevant to the students so that they know very early on that the patients with whom that they're going to be taken care of or helping are supporting that these conversations are relevant and that their loved ones and family members may have had some of the same struggles and barriers that their patients may have in the future.

Dr. Aaron Carroll:

I'm curious, do you get pushback either amongst students who are like, "Why do I need to learn this stuff?" or from other say, "Faculty who are like, no, no, we need to concentrate on traditional pharmacy education and this is outside of our domain."?

Dr. Jasmine Gonzalvo:

So we do have pushback from students. I know a lot of this content is newish over the last couple years, but I had one student provide some feedback who identified that this could be politicized and the comment was "Keep your liberal propaganda out of the classroom." And we actually met that head on in a discussion because we did the evaluation and the comments before the last day of class. And we said, there may be some of you that think that this aligns with liberal propaganda. That's not what we're trying to do. What we're trying to do is to make you a compassionate caregiver with perspective that is beyond perhaps where you may come from.

And what we've really tried to do is create a safe space where students, regardless of political background, regardless of upbringing, regardless of culture, we have a lot of students who come from rural communities. And really our intent is to create a safe space where we can have discussions that really broaden everyone's perspectives and that shouldn't be a politicized classroom, but we do have pushback. And I would say less so from the faculty. I think that the faculty are realizing that diversity equity inclusion accessibility is an important conversation to have as a healthcare provider. So less pushback from the faculty. I would say that we have faculty who are maybe tired of hearing about the conversation, but I wouldn't say that anybody's actively against or sort of pushing back in terms of implementing more of this content into the curriculum.

Dr. Aaron Carroll:

It sounds like you're focused mostly on school pharmacy and pharmacy students, but clearly this needs to be expanded well beyond just pharmacy as you've noted. So do you see it as your mission to expand to other schools or does this each school have their own center and content that's addressing these types of issues?

Dr. Jasmine Gonzalvo:

We have been asked and invited to present at national conferences. We're getting the word out. And I would say again, we're focused on pharmacy schools because there are some nuances that really are pharmacists and pharmacy specific. And we would like to say we're staying in our lane of expertise for now because it's our lane of expertise and we should. But one of the things that has happened very early on is that we've collaborated with the School of Public Health. And a lot of the work that we're doing with community health workers is with our colleagues and faculty in the College of Public Health. And so I would say that even without a deliberate focus on expanding to interdisciplinary places, although we do have a deliberate focus, I should say that I have a good friend in the College of Nursing with whom we're doing work as well.

So nursing and public health is where we've started at Purdue because those are some of our easiest partners in colleges. We actually had a fantastic meeting with the College of Veterinary Medicine at Purdue. They're doing great work in health equity as well. So it's happening so organically that to prevent duplicating efforts, to prevent territorial stuff that sometimes happens in academia as well. We are open doors to any other people or discipline who want to collaborate. And so it's happening very organically. And what I hope is going to happen as well. We're presenting at the Public Health Conference actually this fall as well. And again, it's happening just organically because I think there are so many open doors in this space in an interdisciplinary way as well.

And so the fact that even this podcast I think is sort of an open door to interdisciplinary collaboration. So one of my colleagues does Dr. Zach Weber does a lot of work with interprofessional education with students where he's bringing across the state. There are interdisciplinary students in nursing, public health, physical therapy, physician, medical students, social work students. So we're doing a lot of that work in interdisciplinary work, interprofessional work in the students space definitely.

Dr. Aaron Carroll:

What are you most excited about right now? Are there projects that are just starting or areas that you're focusing on, where you're just waiting to see how it takes off?

Dr. Jasmine Gonzalvo:

Oh gosh, I'm excited about all of it, but that's just my personality. I'm an excitable person. I'm most excited about continuing to do this work in the community with community partners. And I think there are people who do a lot of lip service to we're solving health disparities, and we're getting embedded within communities. And I'm just excited that we really are doing that. And I've been on site at our events and have been at the meetings where we are forging these relationships with food banks and homeless shelters and just community partners who relationships have not been built effectively in those spaces. And the way that we intend to continue is community first, community voices first and not the we're coming in here, we're blasting in here, we're going to do a needs assessment, and then we're out. We really want to be embedded in these communities and building the relationships where trust,

which has been such an obstacle within some of these communities historically, we want to be trusted. We want to be trustworthy and we don't want to break that trust. And that trust is what we lead with.

So even though we do research on our events and we collect data, we do it as a backdrop to really the initiatives that we want to make an impact first and foremost, and everything else comes secondary to the relationship building, the trust building and the impact that we need to have on the communities first. And that has been incredibly successful and incredibly successful from a traditional academic lens as well. We've been really successful at getting grant funding because we've been successful at the implementation, but the implementation led first before the grant. So we figured it out. We figured how to do it with minimal funding first, and then we've been successful at getting more funding.

Dr. Aaron Carroll:

Well, it can get sort of demoralizing because it feels often that the vast, vast, vast majority of research on disparities and social determinants of health just is pointing out the problems that exist over and over again. And so little of it focuses on, well then what are we actually going to do about it? So, yes, I encourage you keep doing that. Not only the work, but the research because we need solutions and we need proven solutions to so many of these issues because everybody, if you believe that this exists, you're convinced already. You don't need to be convinced. So it's gratifying to see a focus on actually making a difference and doing the difficult work of trying to change things as opposed to continually just pointing out the problems.

Dr. Jasmine Gonzalvo:

Absolutely. And that's what I keep hearing from our community partners as well, that we're grateful for you to be here. And we've since set up our events, our vaccine events now known as health access events. They are recurring monthly at each community partner and we're mindful and careful also not to get too big that we all of a sudden have to pull out because we can't support. So we're very mindful about that. As the leadership of CHEQI meets regularly, we're meeting tomorrow actually to make sure that our strategy is sustainable and is scalable to a rational and reasonable level so that again we never have to leave the community sort of in a lurch where there was infrastructure and now there isn't. So we're very mindful of that as well.

Dr. Aaron Carroll:

It's great that you've had success getting grants, but clearly this requires sustainable funding in order to make it all work. So where else do you get the funds for this?

Dr. Jasmine Gonzalvo:

We have been incredibly grateful and appreciative of very early donors. So Chris and Theresa Dimos have actually been a very generous donor up front, and their generous gifts have allowed our work to really be implemented and amplified as well as the McKinley Family Foundation as well and the Chaney Family Foundation as well, have all been very early generous donors, and the work of CHEQI wouldn't be possible without them.

Dr. Aaron Carroll:

Well, we hope you'll come back in the future and tell us more of all the great stuff that you're doing.

Dr. Jasmine Gonzalvo:

We would love to be back. And I'd love to bring back some of my team so you can hear a different voice in a different perspective and maybe in a different area, because again, we didn't hit all of the things that CHEQI doing, but at least you've heard a little bit and you can go to our website, purdue.cheqi... I don't even remember it off the top of my head, but you can-

Dr. Aaron Carroll:

cheqi.pharmacy.purdue.edu.

Dr. Jasmine Gonzalvo:

Thank you for that. I appreciate that. But yeah. Yeah. Look us up and find me if you want to partner or learn more. I'm always happy to meet new people.

Dr. Aaron Carroll:

Great. Well thanks for being here.

Dr. Jasmine Gonzalvo:

Thank you so much for having me.

Dr. Aaron Carroll:

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