

Dr. Glenn Lopez, M.D.

Community as Patient

Glenn's future as a physician was seeded as a child when his father would walk him around the slums of Guatemala City to see what was behind the world of the wealthy. After training as a MD, he returned to Guatemala to work with the poorest of the poor and returned again to the U.S. to work with Latino communities in Los Angeles. Illness and health are of the community –nation, neighborhood and family.

I am a physician trained in family medicine although most recently I've been focusing my efforts on community.

My name, I guess you can tell—Glenn Lopez—I'm half American and half Latino. My father was from the Dominican Republic.

We moved to Guatemala when I was nine. My father would have all these American executives come to his house for dinner. I was privileged to understand the culture behind the elites and at the same time, he never let us forget the other side.

After my training as a physician I moved back to Guatemala. I started a nonprofit organization there. I set up shop about half an hour outside of Guatemala City. The work was initially directed to coffee plantations all over the country. I stayed there for ten years. We called ourselves *Guate Salud* and were responsible for setting up 94 healthcare programs throughout the country. There were twenty large clinics with several workers and 74 health posts where we would train lay health workers to deal with public health and the really basic primary health care issues on the farm. We'd send out physicians in four-wheel drives to provide medical services for people who needed to be seen by doctors.

During the last two years I became the medical director for the National Coffee Grower's Association which was active in 19 of the 20 departments in Guatemala. It was all about expanding primary health care services into underserved areas throughout the country.

If I had not moved back I'd have lost my medical degree forever in the US and I wouldn't have been able to practice here. It took nine months of studying and doing continuing education to prepare to retake the boards in family medicine.

I eventually went to work in Sun Valley and I remember when it was suggested I do work with asthma and children. I accepted but felt a little dismayed. Here I am a family physician and I wanted to do work benefiting the whole community and what is this just about asthma and only children in one school? What I realized was that asthma is a very prevalent condition. 14% of kids in Los Angeles have asthma and ½ of them are not diagnosed and perhaps 80% are poorly controlled. By focusing on asthma in this community, I understood that by offering screenings to incoming children and their

families, I was able to establish myself as a provider of a service, seeking nothing in return.

This was a multi-year process that allowed me to establish myself for six years. That is what allowed me to begin to gain the trust of this community. By and large, people were open to me treating their kids for asthma. Soon I learned that it wasn't enough to identify a child with asthma then call in the mother and speak from my position of prestige and power to say "yes, your child has asthma and you need to do this and that." First of all, people wouldn't generally come in. They are dealing with a lot in the poor community, so to hit someone over the head with "your child has a chronic condition" and telling them what to do really isn't a good approach. I realized how foolish I was. I could imagine them saying, "Yeah, Dr. Lopez, I'll be there. Right. Get a life. I've got three jobs, I'm a single mother. Yeah, I'll just take off work. You tell me my kid's got a chronic condition? That's just the news that I need..."

It took a while, but over time I began to learn the hard way. I saw that especially with chronic medical conditions, I really needed to get to know the entire family. To the extent I could over the phone, I'd get a sense of what would keep people from coming in, by establishing the rapport and making a case that Maria's coughing was of some significance. I'd acknowledge that there were things that were more important, the fact that there was alcoholism, violence, multiple social problems in the family. I had to learn to be humble and recognize that, and still come back to the issue of Maria's coughing. The importance of compassion for that entire family was necessary before looking at what I saw was an important family issue. I had a lot better reception if I invited the whole family in instead of just the mother. Even though the mother may be the one who

recognized the problem and pushed for the child to access health services, maybe still it's the father or the grandfather who is the power broker in the family. We needed to recognize that and give that person his or her due before I could advocate. I went back to the drawing board and spent a year at the Southern California Counseling Center doing the didactic side of family therapy.

This began opening up my eyes to the power of the family to help address the health care concerns of any given individual. It wasn't long before I expanded that to the entire community as a structure within which an individual can obtain the needed support to make difficult changes for better outcomes in the treatment of chronic conditions.

It didn't take long working with people with asthma before it became clear to me the importance that obesity has in the health of this particular population. That's true throughout the United States and throughout the world. It is, of course, a chronic condition and major cause of morbidity in the United States. It causes aggravation of asthma and high cholesterol, and so on.

In order to make an impact on the children that are overweight, you really have to make an impact on the entire family. We can almost forget the kids and just focus on the adults, because the kids do as the adults do and not as they say. Adults, like children, require a lot of support.

We wanted people to be able to exercise, but really in a way where they were supported by each other. We started with 12 walking groups around the community of Sun Valley, Monday through Friday, facilitated by two leaders we would train. It didn't take long before people were out walking, and that they'd meet their neighbors. We were very surprised. We estimated we'd have four or five hundred participants, but it wasn't

long before we had over 3,000 people who'd signed up. Entire families walking. Children playing with their friends, parents meeting with other parents and walking together. Not because of their health, but because they wanted to get to know each other. They were able to hear each others' problems and support each other dealing with various issues.

And lo and behold, in that process their weight was going down with their blood sugar and cholesterol and depression. Their economic situation would improve. They'd hear about a job. The walking was so successful because people would support each other and yearn for that.

Through the process, I was also working with the County Department of Health Services. I was setting up a group for diabetes. Seeing patients in a group format, I was also impressed by the power a group could have on any one member of that group in terms of helping individuals make difficult behavioral changes. Always through an attitude of compassion and tolerance, not through imposing a view on them but by honoring each others' individual stories and honoring how each got to be where they were. And in honoring one's own stories one could see the sometimes small, sometimes large improvements in behavior that have been made over time.