

*An interview with Elmer Huerta, MD, MPH, founder and director of the Cancer Risk Assessment and Screening Center at the Washington Cancer Institute, Washington Hospital Center, Washington, DC*

## Reaching the Latino community

By Joel B. Finkelstein

“See a physician before you have a symptom.” This is the core message that Elmer Huerta, MD, MPH, is delivering to the Latino community in and around Washington, DC. At the Washington Hospital Center’s Cancer Institute, Dr. Huerta and his staff screen apparently healthy patients for cancer and talk to them about their health. But in the corner of his desk next to two computer screens is a “radio studio”—really just a collection of audio equipment and an announcer’s microphone. From that studio, he produces a radio show called *Cuidando su Salud (Taking Care of Your Health)* that has been broadcast to the local Latino community for more than 15 years. Syndicated in more than 70 radio stations in the United States and Puerto Rico, the program is the only daily radio show produced and hosted by a Latino physician in the United States and just one of five radio and television shows Dr. Huerta produces on health promotion and disease prevention.

He says he intends to repeat his message as often as possible, using every outlet available to him to reach a wider audience. As a former medical oncologist, he encourages his radio and television listeners and viewers to seek out early diagnosis, before a cancer can take hold and grow out of control. Community Oncology recently sat down with Dr. Huerta to speak with him about his efforts to promote cancer prevention in a popu-

lation that has traditionally had little health and prevention education.

**Community Oncology: You started the “Preventorium,” a cancer education and early detection center. Tell us how that came about.**

The Preventorium began here at the Washington Hospital Center in July 1994. But the genesis of the program was long before that. Although I’m a medical oncologist by training—I trained in Peru, then came to Johns Hopkins in Baltimore to do a research fellowship—I always found myself uneasy giving chemotherapy for preventable and early detectable conditions. Every time that a woman with stage 3 cervical cancer was sent to me for chemotherapy, it just broke my heart. These types of cases, often late-stage cancers, accounted for most of the patients sent to me for treatment.

I realized that the reason people let their disease go out of control was because they lacked basic health knowledge. For example, if I had a woman come in with a cervical mass, I would ask her if she knew what a Pap smear was. She would say “I think that is what doctors do in your throat for infection.” So she didn’t know anything about cancer screening. I would ask a man, “Do you know that prostate or lung cancer can be detected earlier?” The answer was always, “No.” It’s a complete lack of basic medical knowledge.

Yet these people were very knowledgeable about popular entertainment—soap operas, soccer reports,

the lives of celebrities. They knew all those issues by heart. I asked myself, “Wouldn’t it be possible to educate these people on health matters through the media, which seem so good at bombarding them with information?” The way to fight cancer is through public education, public awareness, and convincing people to see their doctor before they have symptoms. We know that up to 70% of cancers are either preventable or detectable. And according to the In-



**Elmer Huerta, MD, MPH**

stitute of Medicine, if we use the tools we already have for detecting cancer and apply what we know about prevention, we could reduce deaths by 60,000 a year in the United States.

In 1989, not long after I started to question myself and my role in medical oncology, I came to the United States. At that point, I decided to start my medical career all over again in a residency program in internal medicine in Baltimore. Instead of

doing my fellowship in medical oncology, I went into cancer prevention and control, a program I completed at the National Cancer Institute. I also completed a Master's in public health at Johns Hopkins. I had gone from cancer treatment to the public health side of cancer, which is so vast and allows intervention in so many ways.

That's why I started the Preventorium—so that when people ask themselves “Where am I going to go to educate myself and get screening?” they have somewhere to go. It's a place that people without symptoms come.

## 'People let their cancer get out of control because there's a complete lack of basic medical knowledge.'

Apparently healthy people can come here to obtain education and undergo cancer screening.

### **How is the Preventorium funded?**

People pay out of pocket. Even poor people when you explain the value of something, they understand and they pay out of pocket. It is a flat fee-for-service rate of \$120. I'm not a money maker in this hospital compared to my colleagues in surgical oncology. But the amount of money I collect is enough to pay my personnel and I am always in the black. Only about 40% of my patients have insurance but I don't accept insurance anyway. The people with insurance come to me because they want to see me at the Preventorium.

### **How often do you see these patients? Do they come in regularly for the recommended cancer screens?**

I depart a little bit from the standard recommendations because I think a person is more than just a body, more than just a uterus or a breast to check up. They may have

many other issues in their lives. Often they just want to talk to a doctor about something. So, I schedule them for appointments every year. In that way I can ask them how they feel, whether there are any family problems, any mental health issues. I pick up depression here, I pick up all kinds of things. Ninety percent of my patients are Latino immigrants, so they have their own set of values, their own set of problems.

### **What cancer screening do you provide?**

There are four tests: a Pap smear on every woman who is sexually active, a mammogram on every woman over age 40, a fecal occult blood test on all men and women over 50, and—after giving them the pros and cons of the test—a PSA test to every man over age 50. That's it. No x-rays, no CT scans.

### **How much time do you spend with each patient?**

I see approximately 15 to 20 patients a day and usually that translates into 25 to 30 minutes per patient. That is a long time if you consider the current average. I think that's the minimum amount of time I need to spend with patients to talk about their health.

### **Do some of your patients come to you as their primary physician?**

Yes, I am the sole healthcare provider for some of the patients who come here. But every time I see them, I also encourage them to find a family doctor in their neighborhood. So at the same time, I am trying to educate people that they need to have a primary care provider, which I am not. Once they hear my explanation, they understand and most of the patients do seek out a doctor in their community. The Bolivian medical community here actually gave me an award because these colleagues of mine, primary care doctors, have seen

their practice increase. According to many of my colleagues, more people without symptoms are now going to see them for annual checkups. The primary care doctors see me as someone educating people about the importance of accessing medical care in their community.

### **Are you the only physician staffing the Preventorium?**

Yes. In the Preventorium I work with three other people: a secretary, a nurse practitioner, and, very importantly, a navigator. Most of my patients are immigrants. They don't speak the language, they don't know the system. There are all these barriers. So my navigator offers a helping hand to guide them through the process of getting the mammogram, following up on abnormal results, getting their biopsy. One of the strengths of this program is that we have been able to convince people who are uneducated, people who are just beginning their lives in this country, to come here and have preventive healthcare.

### **Are you just looking for early signs of cancer in your patients?**

I don't just check for cancer. We added a simple fasting blood sugar to check for diabetes. By adding tests for cholesterol, lipids, and triglycerides, I also am picking up heart disease. We also counsel people who are overweight or obese. This is the place to catch risk factors and early signs of conditions so we can then send patients to places in the community where they can be properly managed.

### **So your focus is on the well “patient” as much as the patient with disease.**

What I am trying to do is work with people before they have a cancer diagnosis. Imagine a box representing 1,000 people. Say 100 of them have some sort of condition requiring treatment. The other 900 are seemingly healthy. And maybe within that

900, diseases are brewing that will move some of them into the group of 100.

Our healthcare system focuses on disease, the need to provide care for people once they become sick. But the larger group of healthy people has multiple potential risk factors for cancer. They are smoking, they are overweight, they are having unprotected sex, they have hepatitis B and C. My work is for these people who don't have cancer yet. Unfortunately, for a lot of people, especially the underserved, the diagnosis of cancer is late, and if we find cancer late, it means that the chances for survival are lower.

**Tell us about Prevencion, Inc., your nonprofit organization.**

I started Prevencion in 1996 to help manage the intense media work I do—three radio programs, two television shows, and the Internet site, [www.prevencion.org](http://www.prevencion.org). It has a very small budget, mostly small grants from government agencies such as the Centers for Disease Control and Prevention which funds an H. pylori campaign, and the National Institutes of Health, which funds a campaign to educate the public about the different institutes. I have a small grant from Ralph Lauren, too.

**Do your radio shows have themes?**

I do sometimes have campaigns. For example, every year October is dedicated to talking about breast cancer and a series of 23 programs are devoted to this condition. Some examples include a show on the relationship between hormones and breast cancer, a show on benign versus malignant tumors, and so on. For some shows I just go to the library or the Internet where I browse medical journals, summarize the article, translate it into Spanish, and put it on the air.

**Do you always focus on cancer?**

Not at all. You see, I have four principles I ascribe to when using the media to get out a message. Number one is "Every day." Be on the air every single day, Monday through Saturday. Why? Because that is how marketing is done. When Coca Cola or Mc-Donald's advertises, they are in your face every day. Number two is "Every Theme." It's not just cancer, but health education in general. So I talk about diabetes, heart disease, HIV, maternal and child health, diseases, and even general science. Number three is "Every Channel." I use every form of media that gives me access to the community—Internet, radio, television, newspapers, and magazines. And number four is to be "Commercial Free." I have no sponsors. So, when I give my advice to the public, they know that I am not trying to sell them anything.

**How many people do you reach with your radio and television shows?**

Our one-minute health update is distributed in over 120 stations across the country. They are also distributed in Spanish through an agreement we have with CNN En Espanol Radio in more than 200 stations in Latin America. I don't have hard numbers, but, in the US, we probably reach 70% to 80% of the 40 million Latinos in this country. The live one-hour show, Taking Care of Your Health, which is broadcast every day, reaches the Washington metropolitan area, including DC and parts of Maryland and Virginia. We did some surveys and found that 70% of the 1 million Latinos in the region listen regularly to the show. The other show is a nationally syndicated radio program, which is broadcast on Saturday. The name of it is *Prevenir es Salud* (To Prevent Is Health). We are in 18 large markets in the US

and reach approximately 80% of Latinos. Then there are two television shows. One is a two-minute segment on the local Telemundo station. And the other is a one-hour, live program called *Hablemos de Salud* (Let's Talk About Health). That is also transmitted to the EchoStar satellite DISH Network for nationwide distribution and is currently extremely popular in Peru.

**Is working with a Latino population different from other populations or the public in general?**

Of course there are differences between ethnic groups. But I am convinced that a program like this would be successful in any community. Health is of enormous interest to many people. But most of the programs that are currently available are commercial. Doctors who get on the radio often just want to bring patients into their clinics or hospitals. However, the public really appreciates when they get information that is not linked to commercial interests. In health issues, the most important thing a person wants is to trust someone.

**Is there one message you feel especially strongly about and would like to give to your oncology colleagues?**

Yes. The diagnosis of cancer is devastating news for the patient and the family. At that moment of diagnosis, there is a huge window of opportunity to engage the whole family in cancer prevention and early detection. If the mother has breast cancer, then the daughters might ask themselves, "What about me? Am I at risk?" It's an opportunity to encourage all family members to go to a primary care doctor for a checkup and cancer screening. Take advantage of that moment.

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