ORAL HISTORY INTERVIEW WITH LEONOR CORSINO
Duke University Libraries and Archives
Submitted 05 01, 2024
Researcher: Fiorella Orozco

COLLECTION SUMMARY

This collection features an oral history I conducted with Leonor Corsino on 01 22, 2024 for the Bass Connections Agents of Change oral history project. The 41-minute interview was conducted at Duke University School of Medicine. Our conversation explored her role as an activist at Duke Health. The themes of these interviews include health disparities, community-based research, mentorship, and diversity initiatives.

This document contains the following:

- Short biography of interviewee (pg. 2)
- Timecoded topic log of the interview recordings (pg. 3)
- Transcript of the interview (pg. 4)

The materials we are submitting also include the following separate files:

- Audio files of the interview
    - Stereo Corsino1.WAV file of the original interview audio
    - MONO Corsino_I_01.MP3 mixdown of the original interview audio for access purposes
- Photograph of the interviewee (credit: Leonor Corsino)
- Scan of a signed consent form

*At the end of the interview recording, we recorded a self-introduction and room tone for use in a production edit of the interview.

BIOGRAPHY

Dr. Leonor Corsino's journey as a physician-scientist is driven by a genuine desire for change, rooted in her vision to address healthcare disparities, especially within Latino and Hispanic communities in Durham, North Carolina. Hailing from the Dominican Republic, her interest in endocrinology was sparked by her father's battle with diabetes, which led her to pursue a career dedicated to providing compassionate care to those with chronic health conditions. After completing her medical degree in her home country, she moved to the United States in 2002.

Since joining Duke University in 2006, Dr. Corsino has become a leading advocate for community-engaged research and Latinx representation. Through her various initiatives and leadership roles, she continues to advocate for a more representative and equitable future in medicine. "As an advocate, I'm always sitting at tables where maybe I'm the only one [raising] questions that I think might help minority populations -- or even majority populations. By feeling comfortable asking sometimes tough questions, I think I make other people think about them, and hopefully change systems to make it better for everybody," she states.

In her role as the Associate Chair of the Department of Medicine Minority Recruitment and Retention Committee, she launched the Latino Initiative, significantly increasing the number of Hispanic/Latino residents and fellows. Dr. Corsino also played a key role in establishing the Latino Faculty Group at Duke School of Medicine and serves as an advisor to the Latino Medical Student Association (LMSA). Additionally, she serves as the Associate Director for the Duke School of Medicine Master of Biomedical Sciences, actively shaping the educational landscape.

Reflecting on her career and personal growth, Dr. Corsino shares, "As I get older, I try to think less about the future and more about the present, about what I can do today to make a difference." Her journey stands as a testament to unwavering dedication to activism, education, and research, making a lasting impact on healthcare disparities and shaping a more inclusive future for the medical community.

INTERVIEW TOPIC LOG (Corsino1.wav)

TRANSCRIPTION (Corsino1.wav)

Fiorella Orozco 0:00
Hi, I'm Fiorella Orozco. I'm a third-year undergraduate student at Duke University, and I'm here with Dr. Corsino in her office at the Duke School of Medicine. I want to thank you for joining us today for this oral history interview. Your insights are valuable, and we're excited to capture and preserve your experiences. So, Dr. Corsino, do you mind giving like a brief overview of your position, your current roles and your connection to the Duke School of Medicine and Duke Health?

Leonor Corsino 0:28
Yes, thank you so much. Thank you for inviting me to be part of this program and thanks for the invitation; I'm very excited to be part of it. I'm an Associate Dean for Student Affairs at the School of Medicine in the MD program. I also have other leadership roles within the School of Medicine. One is as an associate director for the Duke School of Medicine Master of Biomedical Sciences, and also the co-director for the Duke Clinical and Translational Science Institute Community Engaged Research Initiative (CERI). A long title in there, but it's part of the big Clinical Translational Science Institute, where we do a lot of work with the community. And we do a lot of work with research and translation of research and evidence. Those are pretty much my bigger roles, but I'm also an adult endocrinologist. So that means I still have clinical duties. So, I see patients here at the Duke Health System in Clinic 1A, which is located in the Duke South Clinic. And I also still do a little bit of research as a physician-scientist.

FO 1:32
Perfect, thank you. So, we'll go into a little bit of background information about you. So, what inspired you to pursue a career in medicine, specifically in endocrinology?

LC 1:43
Yeah, so that's a question I get asked a lot, all the time. So, I come from a family that we don't have physicians in my family. I'm the first one in my immediate family to pursue medicine. Both of my parents, my dad was an economist, my mom was a lawyer. But the reason I decided to pursue medicine and in particular, endocrinology and diabetes was because my dad had a diagnosis of diabetes. And growing up, I saw him struggle a lot with taking his insulin and his medications and how diabetes had a very negative impact on his overall well-being and health and also quality of life. So that early exposure to seeing someone dealing with a chronic disease back in the day, when we didn't have a lot of advances like we have now for caring for patients with diabetes, so complication rate was also really high. My dad unfortunately, lost his sight due to diabetes. So that was kind of the motivation to do medicine, and subsequently endocrinology and diabetes.

FO 2:49

Thank you for sharing. Um, how do you see yourself as an advocate within your field?

LC 2:55
Well, I work a lot with the Hispanic and Latino population. So, I do a lot of health disparity research and advocacy. Mostly because unfortunately, the burden of diabetes and diabetes-related complications is significantly high in the Hispanic or Latino population. And that's, for many reasons, including social drivers of health, but there's also the component of genetics. So, I do a lot of work trying to ameliorate that burden by, you know, doing work related to prevention, or improving quality of care, healthcare, and also understanding better what is driving this difference. So that's where I do a lot of my advocacy. The other advocacy I do, that is not completely related to diabetes, is related to education or higher education. So, I'm really committed to being that person that guides other individuals to pursue higher education, especially medical education or health professional education. Because growing up, I remember that my dad used to say the only societal equalizer is education. In order to actually move up and be able to have the income to provide for your family, education was the key. So I see that as one of the motivations for me to also do a lot of work with students and other individuals that are trying to break that cycle of poverty and inequities.

FO 4:22
Yeah, I can see that your advocacy work expands a lot of different perspectives, from more patient centered to, kind of, that more systemic, getting more providers into the medical field or more diverse providers into the medical field. So, could you recount a specific moment from your early exposure to endocrinology that not only fascinated you but also motivated you to address systemic issues within the medical community, like beyond your father's diabetes? I was wondering if there were any other patients that really made you want to pursue this career?

LC 5:05
That's a really good question. And I have to say, coming from the Dominican Republic, I knew about health disparities. Obviously, I come from a country where there's a lot of differences, socioeconomic status differences, and access to health care. But then moving to the US, and to Detroit, Michigan, it was a very big eye-opening experience for me, because I think I had the rosy perception of the U.S., where everybody had everything and everything was equal. And then moving to Detroit and working in the inner city and working in a hospital that actually serves a lot of the underserved population, a lot of people without insurance, homelessness. That was a big kind of eye-opening experience for me. I realized that this was a huge problem beyond my own country, and that there were people in the richest country in the world that didn't have the same access to health care. That was also more palpable when I started working with my former mentor in residency, who is a very well-known person in hypertension, and who dedicated his whole research career working with African American population. So, working with that mentor also exposed me to health disparities. And that's where I decided to pivot and

focus on, okay, how about Hispanics and Latinos? Where is the difference here for my own people? Where can I contribute to decrease that burden and that gap in healthcare?

FO 6:42
So, what motivated your decision to immigrate to the United States? And how did it impact your career trajectory?

LC 6:49
That is also a very good question. The interesting part is I never thought I was going to live in the U.S. Although both of my parents lived in the US when they were younger, actually, my dad went to Georgetown, and my mom's family migrated to New York City in the 1960s. My mom was young when she came to the U.S. and actually did some portion of her high school in New York City. But then she went back to the D.R., and married really young, and then established her life back home. And we used to come to the U.S. all the time, mostly for summer vacation to visit my grandparents. And my grandmother used to live in New York City, and she lived there for 40 years. But it was not until I got married that we made the decision. We wanted to move to the U.S. And to exemplify how someone can really change your whole life trajectory, I always share with people that when I was interviewing for residency, I met a program director in Puerto Rico, who offered me an interview. We had a very candid conversation, and he asked me if I had a very strong reason to stay in Puerto Rico. My answer was like, "No, I don't." He was like, you know what, with your scores on the boards, back in the day they were good. He was like, “You should apply and go to the U.S.” And he opened up possibilities that I didn't even think of myself. So, I applied to other programs in the U.S. I got accepted and matched in a program here in the U.S. And that completely changed my whole life, to be honest, and my whole professional trajectory. There's always that person in your life that makes a comment that you take it or leave it as advice, but they can actually really change where you land in your future. So that is why I always tell my students to just trust the process. Because even though you have something in mind of where you want to go, life will actually redirect you to where you have to go.

FO 8:50
Yeah, sometimes it's hard to see that in the moment and then you're like, you realize that oh, it's gonna happen. So, can you walk me through, kind of, what a typical day looks like for you? I know you're a very busy person. But like, from when you wake up to kind of like when you leave the hospital, like, what does that look like?

LC 9:09
Oh, it's complicated. I'm gonna try to do my best. No days are equal for me, but I am a woman of routine. So, I like routine in the sense that even though my schedule changes a lot, I like to have some sort of routine. So, I'm usually up by 6:00 or 6:15 AM. I have to drop my oldest kid off at school by 7:30 AM. So, we usually leave the house at 7:00 AM because we have a long drive to

his school. Then I drive to work. So, I'm usually here by 8:00 AM in the morning. I usually have a lot of meetings throughout the days that are very diverse in nature. So, I have meetings with students. I have meetings for my research team. I have meetings for my other leadership work. And that's pretty much how my day goes. In between those meetings, I also have to incorporate my patient care. So, checking my inboxes and making sure I answer my patients' messages and so on. And then around 4:30 or 5:00 PM, I start driving home to pick up my kid, my oldest child. And then I usually go home. Try to, I don't cook, but I try to feed my kids in some capacity. And then sometimes, depending on how much work I have, I will put them to bed at night. And then I will start answering emails or doing work related stuff. So that's kind of like my typical day. Wednesday is a little bit different, because it's my clinic day. So, I usually get here at 8:00 AM, go straight to the clinic, and start seeing patients. And that day is fully dedicated, most of the time, to patient care because I finish clinic [duty] and then I have to finish my notes. So, by the time I finish my notes, it's 5:00 PM. So, I try not to schedule other meetings during those days, but that's kind of my typical day. Weekends, I try not to do work, but they're part of the time of the year that I do have to work depending on what I'm doing. So lately, I've been working on grants that I'm trying to put together. And then because we are in the admissions season for the Master of Biomedical Science, because I don't have time during the week, then Sunday morning is when I do my admissions. For MBS that has to be completed by Tuesday. So that's kind of how my weekends go.

FO 11:26
Well, that sounds like a very eventful day. So how do you like, kind of, balance between clinical practice, research, teaching, mentoring?

LC 11:38
Yeah, so I think it fits my personality. And what I mean by that is, I am someone that has to be active. I have to be always doing something. And it also helps that my personality, that it changes what I do. So, I don't get bored, because I get bored very fast. So, if I have to do the same thing over and over, I will be so unhappy. So, when I get bored of doing leadership stuff, then I can move to my patients, and I engage with that with enthusiasm for a fresh kind of thing. So that really helps a lot. I love that about my job that I can just move from one thing to another. When I feel overwhelmed by this part of my role, then I could just be fulfilled by answering patients' emails or writing or reading. So that really helps. And I think that's key, as people listen to this. As you get older and start to know a little bit how you are and what works for you, to find a job that actually allows you to do work that is in alignment with your values, but also in alignment with your personality and how you enjoy life. Because it would be really hard if I had to do only one thing every day.

FO 12:55

Yeah, so how do you perceive the intersection between your passion for addressing health disparities and your commitment to enhancing diversity in the medical school? Like how do those, kind of, relate to you in your everyday roles?

LC 13:07
Yeah, so that's a question that I asked myself. Back in 2016, when I transitioned from being a full-time physician-scientist to embark more in education and health professional education. Because at that time, when I made the decision, I got a little bit of a pushback from some people [who] said, "Oh, but you're kind of on the right trajectory to be a successful physician-scientist and now you're changing path." And I put it in a framework saying, okay, these are my values, and this is what I am passionate about. And I see it as a multi-layer thing. By helping others get into health professions and diversifying the workforce, I also have an impact on health disparities, right? Because the hope is that some of that diversity will trickle to patient care, and equal health care. So, I see that as a very critical component of a bigger picture in my mind of how I want to see an impact. And I felt like research, only, was not gonna get me there. I felt like I needed to kind of include all the layers of influence to be able to make a bigger change. I don't know if I'm making a bigger change, to be honest, as I realized, this is a problem that is bigger than what I can solve, but at least a little bit of my contribution hopefully will make a difference in the future.

FO 14:38
I definitely believe that you will make a contribution to Duke Health. Um, so can you. You talked a little about the challenges that you faced, like a kind of push back about transitioning. Can you talk a little bit more about anything people said to you about, like you don't have to name people specifically, but what were those challenges that you faced? Was it more of like an inner challenge where it was more about like, I don't know what I want to do right now or more of like people telling you should pursue research instead of educating others.

LC 15:15
Yeah, I think though the challenge for me and I think other people might agree or disagree is that sometimes when you're a physician-scientist, the path is very linear. In people's eyes, you have to identify a niche. You have to be the expert in "X" thing and get all your grants in the same niche and be famous for "X" thing. By switching gears, I was actually compromising my ability to be recognized as someone that was like a diabetes Hispanic expert, right? And then I was for some people diluting my niche by doing too many things. And for some people that represented a challenge, because they were wondering, okay, how are you going to be known for? And how that's going to have an impact on your ability to actually get promoted in an environment where the expectations were different? And I think that's where the comments and advice were coming from. They were not malignant. They were just worried that if I switch completely gears, how am I going to create a name that will allow me to get promoted. But the

reality is that I wanted to do what I was passionate about, and I didn't care much if people put my name next to an expertise. That was not- it's never been my goal. I think my goal is to just contribute in any capacity possible to make a difference. And if I get promoted, great, if not, then maybe not. But that was where that was coming. That it was like, it shouldn't be very linear. And that was kind of a very diluted way of doing so many different things that people were having a hard time putting it together, how that was gonna look like for me. And I think I, I've been lucky that people have recognized that every diluted or crazy path I took, they're all interconnected with the same goal. And it makes sense. So, I'm trying to be better at explaining how they're all connected. So, people that see it from the outside are not that lost of what I'm doing.

FO 17:23
Yes. So, would you say like today, most of your advocacy work is focused on like education of the next workforce of doctors, more so than research?

LC 17:38
Well, yes, the big bulk of my work now has to do with students, and advancing students and helping students achieve their own goals. But I still do research in some capacity. But now, I just do things that I really want to do, kind of. It has to be a very specific project that I feel like yes, I want to put all my energy into. Like these grants that I've been working during my free time on weekends because I feel like it's a unique opportunity where I can actually make a difference and put in that effort. And I still do a lot of patient advocacy behind the scenes that sometimes people don't see any other volunteer work that I do. But yes.

FO 18:26
Since joining Duke, how have you seen the landscape change in terms of diversity and inclusion in medical research and education?

LC 18:35
Oh, it's a significant change. So, when I came to Duke in 2006, I want to venture to say there was nobody else doing any Hispanic and Latino related research. We did have a social worker. They used to run, for the health system, the Latino Health Project. And she was kind of like the to-go person for Latino related stuff because there were not even a lot of faculty that were self-identified Hispanic or Latino. We had faculty but they were doing other things and perhaps not as vocal about Hispanic and Latino things, without offending anybody, with all respect to all of them. And then I started with the idea that I wanted to do Hispanic or Latino work. So, my mentor knew that from the get-go. And then we started working with the community, identifying people outside Duke in the community that will help me engage in that. And then obviously, I had to look for mentors outside, to look at other cities that also were doing the same type of work to help guide me. But yes, it has changed significantly. Now I think we have more faculty that are self-identified Hispanic and Latino, that are interested in Hispanic and Latino health and

research. In the medical school, we have made a significant change when it comes to the number of medical students that are self- identified Hispanic or Latino. So, I see a, I don't want to say drastic because that's too big. I don't think we're at a drastic level. But there's been a significant difference since I came.

FO 20:14
So, I know you were one of the early advisors at the inception of the Latino Medical Student Association, here, at the School of Medicine. So, I was wondering, what did that organization look like early on? Who were the people like, who were those early participants? What were their concerns about diversity in the school?

LC 20:37
Yeah, so I'm still working with LMSA, as an advisor. So back in 2009, if I recall correctly, there were like five or seven medical students that were self- identified Hispanic or Latino, that had the interest to actually work with the Hispanic and Latino population. And I was approached by a medical student. He wanted to revitalize the Latino Medical Student Association at Duke as a chapter, and he needed a faculty advisor. And as I mentioned earlier, there were not a lot of people that were self- identified [Hispanic or Latino] that wanted to do that type of work. So, I agreed with hesitation because I didn't feel like I was the right person to be the advisor. But we started working. And that student's goal and his peer's goal was to increase the number of medical students that were Latino or Hispanic. So, we did a lot of work by calling applicants, following up with applicants after interviews, doing second looks. So, they did a lot of work. And throughout the years, we were also advocating to have a LMSA representative in the admissions committee. And that was successful and made a difference. And a lot of this is driven by students. I don't think I deserve all the credit. They did a lot of the heavy lifting and work with this. I was there just to advise them and help them navigate a very big institution. But I think that's how we started, and I think they are successful at all the work they do. Now we have a lot of students. We are not where they probably want to be. But I think those five or seven students did make a huge difference.

FO 22:30
Along the way, were there any challenges that you faced in terms of increasing representation that the School of Medicine didn't want you to do or any?

LC 22:41
I don't think we had any pushback, though. I think the school was very supportive. I have to acknowledge that publicly. We did get a lot of support. I think the challenge for me is like all of this was free labor. So, in my early role as a LMSA advisor, you don't get effort, you don't get paid, it's free. So that means this in addition to my expected role, as faculty. To this day, it's still free labor because I don't have a designation payment for this role. I did get a lot of support at

one point from the formerly known Office of Diversity and Inclusion, where I had a role as a diversity strategist and from my role as the Department of Medicine Minority Recruitment and Retentions Committee but initial all the work was free labor.

FO 23:44
Yeah, I couldn't imagine how many hours you put in that you didn't get paid for. And your role as a mentor and Associate Director of the Duke School of Medicine Masters in Biomedical Sciences Program (MBS). How do you encourage and support aspiring medical professionals?

LC 24:04
The MBS, I want to say, is a very unique 10-month program. We work very, very one-on-one with our advisees. We help them even after they finish their masters. We stay in touch with those students years after. And we guide them through the process of, is medical school really the right path for you? Or if they want to pursue something else, we try to guide them, who might be the best person to be in touch with if they change their mind and want to do PA [physician assistant] or PT [physical therapist] or any other healthcare profession. But we work with them. As advisors in MBS, we meet our students every month and we guide them through the process. And that includes when to take their MCAT [Medical College Admission Test], if they're going to medical school, when to apply. We review their application. So, it's a very hands-on mentoring-advising relationship. And I think it makes a difference because sometimes students land in MBS because they didn't have the best advising in undergrad to be able to actually pursue a career in healthcare profession. Some come from very big institutions where perhaps the advising was very diluted. Others come from institutions that are not heavy into the science. So, they have no idea of how to move forward with this. And I think MBS offers that for the students. In addition to being very rigorous, because they do a lot of basic course work that is hard. But I think that, I see it as the best part, is the advising that a lot of students didn't get in undergrad.

FO 25:50
What do you believe is the most rewarding part of that role?

LC 25:54
Working with students. Of all my roles, my role as an advisory dean and MBS Advisor, I think that right now, as of 2024, is the part of my job that I enjoy the most.

FO 26:07
Do you ever get messages or emails from them saying, oh, I got into medical school. And how does that feel when you can see their success and knowing that you were kind of part of that?

LC 26:20

I think I don't do my job to get those messages, but they do make me happy when I get them. So, I do get a lot of text messages. I think a lot of students prefer texting. So, a lot of text messages, I got into medical school. I got a text on Friday from one of my MBS students who got an interview at Duke for medical school. So, they texted me, I can't believe I got an interview at Duke. This is a dream come true. I got one two weeks ago, from one student that got into dental school. I was not her advisor, but I worked with her through one of the classes that I teach for MBS. And in that class, we get to know the students very well. So, she just wanted to let me know she got in and how impactful her experience was. So those little moments make it very worth it. People don't know them but when we do, it really makes it very worthy, all the work we do, to see people achieving their goals.

FO 27:20
Yes, it must feel like a proud parent.

LC 27:24
Yes, I tell my medical students that all the time. I don't know if they like it or hate it. But I'm like, I'm your proud mom. I'm your cheerleader in the background. I'm happy for everything you achieve in life, even if it's personal.

FO 27:36
Yes. What inspired you to initiate the Latino Initiative within the Department of Medicine Minority Recruitment and Retention Committee?

LC 27:46
Yes. So that's a great question. Because as I mentioned earlier, there were very few Latinos in the Department of Medicine. I was one of the few. I could probably count them with my hands. And I was like, oh, we need to recruit more people. This is crazy. So, with my mentor, who's the Vice Chair for the Department of Medicine Diversity, Equity and Inclusion. We came up with an initiative that we were going to actually have a strategy to recruit residents, fellows and faculty. We were going to put a lot of emphasis into recruiting residents with the hope that they were going to stay as fellows and then subsequently as faculty. [This] is what people call a pipeline. I don't like the word pipeline, per se, but it was a kind of strategy to increase the numbers. And at that time, I was interviewing all the Latino Hispanic people that applied to internal medicine residency. So, we did increase significantly, the number of residents that were self- identified Hispanic and Latino. We were successful keeping some of them as fellows and subsequently as faculty. So, in that regard, I think it helped. In the Department of Medicine at the time, we were also seeing that difference that we were seeing also in the medical school.

FO 29:06
What are your hopes for the future? And what role do you hope to play in that evolution?

LC 29:13
That's a tough question because I don't think, lately, I've been thinking a lot about the future. Just because there's so much going on in the present. As I get older, I try to think less about the future and more about the present and what I can do today to make a difference. When I was younger, I would try to plan my next five years, 10 years, and I realized that doesn't work. So, I really don't have a lot of thoughts for the future, but I can tell you for my present. My hope is that we continue to be a good role model for others, that we can influence others in a positive way, and that we can support people, especially in a world that is full of challenges. These days, we all have a lot going on. At the national level, that has a huge impact on our personal well-being and life. So, I try to approach every day with doing whatever I can do today to help someone feel better and hopefully, that will make a difference for the future.

FO 30:31
Can you elaborate on your research at Wayne State University focusing on health disparities affecting African American and Latinx communities? What made you specifically want to pursue this field?

LC 30:44
Yes, the mentor I mentioned earlier, he was doing a lot of hypertension related work. And I started working with him. And he was looking at differences in medication response by race and ethnicity, blood pressure control by race and ethnicity. And he had a big team of people. It was a big lab. And then by working with him, that's when I started looking. Okay, so are the differences we see in African Americans also apply to Latinos and Hispanics? So I started doing that. We did a project looking at hypertension control in patients with diabetes. And we saw that patients with diabetes require at least one extra medication to achieve the target goals for blood pressure. So that's kind of how all that work started.

FO 31:35
So how do you believe that your mentorship, early on, affected the way you look at mentorship, like today? And what type of methods do you employ? Is it more like a tough love or like?

LC 31:51
I don't do tough love. I'm not good. I wish I could, sometimes, I want to shake some people, but I don't think I'm good at tough love. Well, my kids would disagree with that, but anyways. I think having mentors that were really good role models and they were not like your hand holding type of mentor. I don't think I ever had a mentor that was hand holding. But I think seeing them being successful at what they were doing was very inspiring for me. Also, I think what makes a difference for me, as someone that has an accent, was having mentors that believe that I have the capacity to do everything I put my mind and effort into. I think all my mentors have been people

that always encouraged me to do things. I don't think I ever had a mentor that made me feel that I couldn't do something. I think that would be very bad. Because it would add to or confirm the imposter syndrome. But they were always encouraging me to pursue what I wanted. They were all supportive. So, I think that really makes a huge difference in someone's life, having people that believe you will be what you can see yourself achieving.

FO 33:21
Yeah, like what you mentioned [earlier], the person who told you to apply for US residency.

LC 33:26

Yes

FO 33:27
You only need that one person.

LC 33:29
Yes

FO 33:30
And I'm sure you would love to be that, or you probably are that one person, for many people going through all the programs and the roles that you have. So, your research focuses on health disparities for diabetes, obesity and related complications. Can you share specific projects you found particularly impactful or meaningful to you?

LC 33:51
All the projects that I've have done, I think some of my earlier work in Durham working with the Latino population back in the day in early 2007 [or] 2008, I did a lot of community engagement working with El Centro Hispano and Lincoln Community Health Center. I think that was impactful because back then I learned a lot. Although I'm Hispanic and Latina, I didn't know a lot about Hispanics or Latinos in the US. To be honest, I knew about Dominicans and maybe I knew about Mexicans. But I didn't know a lot about how different we are, coming from other countries. And a lesson I learned early, as we were doing a project was the Hypertension Improvement Project- Latino (HIP). And I was working with a research assistant from Colombia, and we were doing what we call, a culturally adapted intervention. And we were doing like, you know, different words for fruits in different countries and all that work. And we were engaging participants in the conversation, and we assumed, as ignorant, that everybody was a Spanish speaker. And voila, the surprise of my life was that a lot of people that we were enrolling that were from Mexico, Spanish was their second language. I was ignorant, even though I knew we have natives in Latin America. For some reason, you can call it ignorance or stupidity, I don't

know. I had that assumption; we were all speaking Spanish. And then, in that project, I realized, well, assumptions are always a bad thing in life because there were a lot of people that were native from Mexico, and their Spanish was very poor. So, we had to pivot the intervention to actually accommodate their low Spanish literacy. So that was a big eye-opening learning lesson for me as someone that was trying to do work with Hispanic and Latinos.

FO 35:58
Would you consider yourself an activist? Or would you use a different term?

LC 36:02
I do not consider myself an activist or a politician. I hate politics. Although people will say I should, but I don't. I hate conflict. And sometimes I think, being an activist, and a politician, you have to feel comfortable with conflict and I'm not. I would call myself more like an advocate, not an activist. And as an advocate, I'm always sitting at tables where maybe I'm the only one and I always raise questions that I think might help minority populations, or even the majority population, like anybody. By feeling comfortable asking, sometimes tough questions, I think I make other people think about them, and hopefully change systems to make it better for everybody. But yes, I don't think I'm an activist. That requires more intentionality to be in conflict. I don't know. Maybe that's an assumption that I got wrong, but I don't know, yeah.

FO 37:12
How do you believe people would describe you?

LC 37:16
Hyper. I think people see me as a very hyper, high-energy person, and I don't think that's a wrong assumption. I am and I own it. I am also very organized. And I think people that work with me recognize that I'm very organized and full of ideas. And that for some people could be challenging because sometimes I have more ideas that I can actually follow through or complete. Yeah, I think that will probably be it.

FO 38:00
Perfect. I can definitely see how all of these values, kind of, intertwine with your different roles, like you said, on a day-to-day basis, you're doing a lot of different things. So, your personality very much fits all the different things you do in a day.

LC 38:15
Yes.

LC 38:17

Reflecting on your career path, are there specific interactions with patients that you view as pivotal in shaping who you are as a medical professional?

LC 38:24
I have those interactions every Wednesday. Every Wednesday, when I go to clinic, I always learn something from my patients. And I have a lot of patients I've been seeing for a long time. I have patients I've been seeing since I was a fellow. So that is like 2006 [or] 2007. And I always learned so much from people's kindness. I want to say I have never. Well, never say never. I've had interactions with patients that haven't been pleasant. But most of my interactions with my patients have always been pleasant. And people are so grateful for what you do. So, every Wednesday, it's like new learning for me. And I enjoy that a lot. I wish I could do more clinic. But I realized that if I want to do all these other things, clinic has to be less because it does take a lot of time. I think I have shared, or I don't know, in the past like, now that I'm getting old and my patients are getting old, those interactions are more meaningful because we tend to talk a lot about our own lives, not a lot about what brings them to the clinics. They always ask me about my kids because they see me pregnant, or they want to know how I am doing. And that is very meaningful for me that I feel like my patients trust me and I trust them. We can have that type of relationship. I don't know if that answers your question.

FO 40:03
No, yes it did. Thank you. Beyond your professional life, could you provide details about the communities or interests that are integral to your personal life?

LC 40:15
Well, I don't do a lot of stuff that is not work related. As you can imagine, a lot of my work is work related or [related to] my kids. I have a 12-year-old and a seven-year-old. But outside my work, some things that I enjoy that everybody that knows me knows, it's like I love interior designing. I love to have an organized room. I love shopping for home related stuff and decorating. I used to be a very avid reader. I don't read that much anymore, but I try to read at least a couple of books a year. And then I do a lot of Netflix when I get the chance, but that's kind of my life outside work.

FO 41:04
Perfect, I think that's all the questions I have for this interview.