Latinos Rising: Building a Cohesive Culture for Health Equity in the U.S.

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Logistics

- Participants will be muted
- Ask any tech or logistics questions for the host in the chat bar
- 10-15 minutes of Q&A at the end of the webinar – ask questions for the presenters in the Q&A bar
- Recording and slides will be available at [http://healthyeatingresearch.org/](http://healthyeatingresearch.org/)
Agenda: Latinos Rising

- About *Salud America*
- The Diverse U.S. Latino Population
- Mechanisms of Discrimination
- Overcoming Discrimination, Moving to Cohesion
- New and Future Directions
About Salud America!

Inspire people to drive community change for the health of Latino and all families

Activities Digital content curation and multimedia communication for health equity advocacy

Topics Healthcare, edu, trauma, housing, transit, green space, food, discrimination, civics, etc.

HQ: Funder:

salud-america.org
About Salud America!

We digitally curate Latino health equity stories, research, and tools to a network of 400,000+ advocates to inspire healthy community change.
Agenda: Latinos Rising

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Selected Spanish Settlement Dates in the Americas: Late 1400s-1700s

- Santo Domingo: 1496
- San Juan: 1521
- Santa Marta: 1525
- Baracoa: 1511
- St. Augustine: 1565
- Veracruz: 1518
- Santa Fe: 1609
- Natchitoches: 1713
- San Diego: 1768
So who are “Latinos”? 

**HISPANIC**

- **1930**: Color or race
  - Mexican

- **1970**: Is this person’s origin or descent
  - Mexican
  - Puerto Rican
  - Cuban
  - Central or South American
  - Other Spanish
  - No, none of these

- **1980**: Is this person of Spanish/Hispanic origin or descent
  - No (not Spanish/Hispanic)
  - Yes, Mexican, Mexican-Amer., Chicano
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, other Spanish/Hispanic (w/write-in line in 1990)

- **1990**: Is this person of Spanish/Hispanic origin or descent
  - No (not Spanish/Hispanic)
  - Yes, Mexican, Mexican-Amer., Chicano
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, other Spanish/Hispanic (w/write-in line in 1990)
So who are “Latinos”?

- **Color or race**
  - Mexican
  - Puerto Rican
  - Cuban
  - Central or South American
  - Other Spanish
  - No, none of these

- **Is this person’s origin or descent**
  - Mexican
  - Puerto Rican
  - Cuban
  - Central or South American
  - Other Spanish
  - No, none of these

- **Is this person of Spanish/Hispanic origin or descent**
  - No (not Spanish/Hispanic)
  - Yes, Mexican, Mexican-American, Chicano
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, other Spanish/Hispanic

- **Is Person 1 Spanish/Hispanic/Latino**
  - No (not Spanish/Hispanic/Latino)
  - Yes, Mexican, Mexican-American, Chicano
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, other Spanish/Hispanic/Latino
  - (w/ a write-in line)

Census salud.to/censushist
Pew, 2020, salud.to/pewcens
UC, 2019, salud.to/uclatinx
So who are “Latinos”?

**HISPANIC**
- Color or race
  - Mexican
- Is this person’s origin or descent
  - Mexican
  - Puerto Rican
  - Cuban
  - Central or South American
  - Other Spanish
  - No, none of these
- Is this person of Spanish/Hispanic origin or descent
  - No (not Spanish/Hispanic)
  - Yes, Mexican, Mexican-Amer., Chicano
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, other Spanish/Hispanic

**LATINO**
- Is Person 1 Spanish/Hispanic/Latino
  - No (not Spanish/Hispanic/Latino)
  - Yes, Mexican, Mexican-Amer., Chicano
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, other Spanish/Hispanic/Latino (w/ a write-in line)

**LATINX**
- Is Person 1 of Hispanic, Latino, or Spanish origin
  - No, not of Hispanic, Latino, or Spanish origin
  - Yes, Mexican, Mexican Am., Chicano
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, another Hispanic, Latino, or Spanish origin (w/ a write-in line)
Whatever You Call Latinos, You Must…

Recognize their preferences

Hispanics have mixed views on how they describe their identity

% of Hispanics saying they describe themselves most often as …

<table>
<thead>
<tr>
<th>Country of origin/heritage</th>
<th>Hispanic/Latino</th>
<th>American</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50</td>
<td>23</td>
</tr>
</tbody>
</table>

Do you prefer the term “Hispanic” or “Latino”?

<table>
<thead>
<tr>
<th>No preference</th>
<th>Hispanic</th>
<th>Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>51</td>
<td>32</td>
</tr>
</tbody>
</table>

Note: “No preference” is a voluntary response. Other voluntary responses not shown.

Proportion of all monthly Google searches in the U.S. that contain the term …

Larger proportion of searches

Smaller proportion of searches


“About One in Four U.S. Hispanics Have Heard of Latinx, but Just 39% Use It”

Pew, 2020, salud.to/pewcens
UC, 2019, salud.to/uclatinx
Whatever You Call Latinos, You Must…

Recognize their growth (in total)

Latino Population: 1970-2060 (millions)

- First year “Hispanic” or “Latino” used
- Census
- Census Projections

Census, 2020, salud.to/censuslibrary; Pew, 2020, salud.to/pewpop
Whatever You Call Latinos, You Must…

Recognize their growth (by geography)

Increase in Latino population by state, 2010-2019

Pew, 2020, salud.to/pewbycounty
Whatever You Call Latinos, You Must…

Recognize their diversity

- Cuban, 4%
- Salvadoran, 3.9%
- All other Latino, 3.8%
- Dominican, 3.5%
- Gutamalan, 2.5%
- Colombian, 2.1%

Not shown: 15 other groups, each 1.6% or less

Mexican 61.9%

P.R. 9.7%
Whatever You Call Latinos, You Must...  

**Recognize their disparities**

**Obesity**
Obesity rates are higher for Latino kids (20.7%) than for white kids (11.7%) ages 10-17.

**Diabetes**
Over the life span, Latinos have a 40% chance of developing type 2 diabetes.

**Cancer**
Latinos have higher rates of liver, cervical, and stomach cancers than the general population.

**Alz.**
Latinos are 1.5x more likely to develop Alzheimer’s disease than white non-Latinos.

**COVID**
COVID-19 hospitalization rates for Latinos are 3.9x the rate among Whites.

*Salud America!, 2020: salud.to/socoreport; salud.to/diabtool; salud.to/alzclinicaltrial; salud.to/coronarates*
Whatever You Call Latinos, You Must…

Recognize the inequities behind the disparities

Poverty
Unstable housing
Food Swamps
Lack of healthcare
Unsafe transit
Exposure to toxins
Lack of early education
No place to play
Exposure to discrimination

Source: salud-america.org
Agenda: Latinos Rising

- About *Salud America*
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- New and Future Directions
Achieving a Cohesive Culture for Health Equity in Latino and All Communities

Abstract

Health inequities are persistent in the United States.

A widening socioeconomic gap, extensive poverty, and multi-level racism, discrimination, and segregation contribute to inequitable distribution of healthcare, resources, and a significant disparity in mental and physical health outcomes among Latino and other population groups.

In a society characterized by income segregation and information “bubbles,” it is easy for those who are more fortunate and/or whose hard work has been amply rewarded to fail to perceive
Racial/ethnic discrimination impacts educational attainment, which, in turn, impacts future educational, health, social, and career opportunities for people of color.
Most people of color say they’ve experienced discrimination due to their race or ethnicity from time to time or regularly, including 76% of Blacks and 58% of Latinos, compared to 33% of Whites.
A cohesive culture for health equity is one where everyone works individually and as a group to ensure that each person has a fair, just opportunity for health and wealth.
Mechanisms of Discrimination

1. Implicit Bias
2. System Justification
3. Moral Disengagement

Salud.to/cohesion
Implicit Bias

What is it?
Implicit bias is preconceived notions, or stereotypes, that affect our understanding, actions, and decisions about others—and which operate beyond our conscious control.

What is implicit bias?
Implicit bias is preconceived notions, or stereotypes, that affect our understanding, actions, and decisions about others—and which operate beyond our conscious control.

Why is it problematic?
Studies show primary care doctors had implicit bias against Black and Latino patients, and favored white patients. Implicit bias by healthcare providers contributes to significant health disparities that exist in the U.S. across a range of illnesses.

How can we address it?
Implicit biases can be changed. Interventions aimed at “rewiring” implicit biases toward more compassion and understanding for the impoverished and people of color may lead to more equitable distribution of resources and access to health and wealth.

Test yourself for bias... then read amazing stories of people who have overcome bias and help others do the same: salud.to/biastesting

This info is based on the Salud America! “Achieving a Cohesive Culture for Health Equity in Latino and All Communities: A Research Review.” Read the full review w/ citations: salud.to/cohesion
Implicit Bias

Why is it problematic?
Studies show primary care doctors had implicit bias against Black and Latino patients, and favored white patients. Implicit bias by healthcare providers contributes to significant health disparities that exist in the U.S. across a range of illnesses.
System Justification

What is it?
System justification theorizes people will rationalize the status quo, believing the social, economic, and political systems must be fair and advantageous, or they wouldn't be in place.
System Justification

Why is it problematic?
System justification can make people feel better about the status quo on an emotional level. But it also can also hinder efforts for health equity, such as racial justice, reducing the rich-poor gap, or curbing Latino health inequities.
Moral Disengagement

What is it?

Moral disengagement is the cognitive process of decoupling one’s internal moral standards from one’s actions, thus allowing one’s self to conduct unethical behavior without feelings of guilt or distress.
Latinos and other out-groups suffer consequences of biases, racism, and discrimination that result in negative interactions with those acting with moral disengagement, including doctors, police, during the hiring process, or at the workplace.
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Social cohesion represents the capacity of a society to ensure the long-term physical and psychological well-being of its members.
Intergroup contact, peer modeling, and awareness-provoking interventions can improve social cohesion and compassion toward minority and impoverished out-groups.
How to Improve Social Cohesion

- Intergroup contact theory
- Peer modeling
- Implicit bias training
- Effective communication
- Social media for social change
Intergroup Contact Theory

What is it?
Members of one group, having incomplete or inaccurate ideas about members of another group, can positively change their beliefs and attitudes toward that group via contact.
Intergroup Contact

Contact with Immigrants

One study found that more interpersonal contact with Latino immigrants predicted fewer calls for lower immigration rates, fewer calls for increased border security, and fewer calls for increased workplace raids.
Peer Modeling

What is it?
Peer modeling promotes positive intergroup attitudes via the knowledge that an in-group member has a close relationship with an out-group member.
School Peer Modeling
An intervention with U.S. ninth-graders used peer modeling via authentic stories of changed behavior to overcome prejudice, promote positive intergroup interactions, and reject moral disengagement processes.
Implicit Bias Training

What is it?
Implicit bias training programs aim to improve intergroup attitudes and relations by “rewiring” subconscious associations.
Pasha’s “Unlocking Implicit Bias” incorporates storytelling, events from national headlines, and Pasha’s personal anecdotes featuring his own experience as both the perpetrator and the victim of implicit bias—removing feelings of shame and guilt that many people associate with implicit bias.
Effective Communication

What is it?
Effective communication allows individuals to voice their points of view without attacking another’s views, and without feeling attacked.
Effective Communication

Facilitates Conversations

The method facilitates conversations that allow participants to truly understand each other’s values, concerns, and motivations, rather than those that devolve into reinforcement of negative stereotypes or assumptions.
Social Media for Social Change

What is it?

Social media can be used to bring people together, and bring about social change.

Salud.to/cohesion
Effective Communication

#BLM

The #BlackLivesMatter movement began on Twitter in 2016, engaging millions and growing into an organization with 30+ chapters. Deaths of Breonna Taylor, George Floyd, and others at the hands of police, illustrated that traumatic events often lead to social sharing and movement for change.

Salud.to/cohesion
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New Tools for Change

Use Salud America!'s Digital Action Pack to:

Get your city to declare racism a public health crisis (and commit to real action)!

salud.to/endracism
New Tools for Change

Use *Salud America!*’s Digital Action Pack to:

**Start a “Handle With Care” program** where police alert schools when kids are at a traumatic scene, enabling schools to support these kids, even if virtual!

[Salud.to/traumakids](http://salud.to/traumakids)
New Tools for Change

Download a “Health Equity Report Card” w/ local data on:

• poverty
• housing
• transit
• health care
• environment
• food access
• healthcare
• Schools

salud.to/equityreport
Equitable Response to COVID-19

↑ Income, ↓ Poverty

• Increase SNAP Benefits by 15%
• Address Affordable Housing
• Support Disadvantaged, Immigrant Families
• Maintain Focus on Education
Equitable Response to COVID-19

Improve Working Conditions

- Expand Health Care Coverage
- Protect, Support Struggling Workers
- Add, Strengthen Paid Leave Policies
Equitable Response to COVID-19

Ensure health equity is a big part of the recovery

- Advance Task Forces on COVID and Health Equity
- Vaccine Uptake Equity
- Civic Engagement
- Involve Planners, Transit Leaders in Unlocking Health Equity
Equitable Response to COVID-19

Tackle Systemic Racism, Bias

- Address Gaps in Coronavirus Relief for Immigrants
- Count Latinos in 2020 Census
- Increase Equity in Voting Opportunity
- Narrative: “Virus is the Enemy, Not the Person Infected.”
How to Address Academic Bias

Systemic racism in universities is visible in that students are often not given equal opportunities.

<table>
<thead>
<tr>
<th>Professors give students with “white-sounding names” more attention</th>
<th>Black faculty are paid less grants than white faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>$$$ spent on Black, Latino students is more than $1,000 less a year than white students</td>
<td>HBCUs and HSIs are consistently underfunded</td>
</tr>
<tr>
<td>Standardized tests like the GRE are often used to exclude women and applicants of color</td>
<td>High costs of tuition create financial burdens for students of color, who incur loan debt</td>
</tr>
<tr>
<td>Campus culture may be unwelcoming to students of color</td>
<td></td>
</tr>
</tbody>
</table>

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How to Address Academic Bias

Diversity & Inclusion
• Recruit more students of diverse backgrounds
• Hire more faculty/staff of diverse backgrounds
• Include classes on diversity as required curriculum

Resources & Support
• Designate resources to diversity and inclusion offices
• Increase mental health support for students of color
• Create a transparent hate/bias reporting system to support victims

Funding & Investments
• Increase grant opportunities to research racism and race studies
• Establish connections and invest in schools that serve communities of color to create a pipeline to higher education
• Fund webinars teaching the community about racism
Latinos:
US population: 18.5%
NCI clinical trials: 10%
FDA drug trials: 4%

How Can We Diversify Trials, Studies?

Identify Barriers

- Lack of awareness of trials
- Lack of knowledge about disease and treatment options
- Cultural, language, literacy
- Cost, insurance, travel to trial center

Identify Enablers

- Trusting in the doctor
- Trusting the trial center
- Feeling that joining a trial will give hope and help future cancer patients
- Having clear information
- Encouragement from family members

How Can We Diversify Trials, Studies?

Our Clinical Trials Outreach for Latinos (CTOL) Manual gives tips, resources, and other help to incorporate CT outreach into an organization.

- Learn about CTs, need for Latino outreach
- Start CT outreach activities
- Adapt CT outreach materials and evaluations to org needs
- Increase the number of Latinos who participate in CTs
How Can We Diversify Trials, Studies?

More culturally sensitive interventions

• Cultural competency training for healthcare providers, researchers

• People-first interventions, where providers were individual characteristics vs. group membership (and are aware of own bias)

• Interventions to improve the ability of providers to provide health care services to patients who are unlike the providers

• Interventions that help communities of color competently navigate the patient-provider relationship and the larger health system

• Interventions that address physical barriers to access

Source: AHRQ, https://salud.to/ahrqcomp
How do We Diversify Higher Education?

<table>
<thead>
<tr>
<th>Population</th>
<th>White</th>
<th>Asian</th>
<th>Hispanic</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>61%</td>
<td>6%</td>
<td>18%</td>
<td>13%</td>
</tr>
</tbody>
</table>

**College Enrollment**
- White: 57%
- Asian: 7%
- Hispanic: 19%
- Black: 14%

**Graduate or Professional School Enrollment**
- White: 61%
- Asian: 13%
- Hispanic: 10%
- Black: 13%

**Application to Medical School**
- White: 48%
- Asian: 20%
- Hispanic: 6%
- Black: 8%

**Matriculation to Medical School**
- White: 52%
- Asian: 21%
- Hispanic: 6%
- Black: 7%

Source:
So we’re bolstering the pipeline!

Éxito! Latino Cancer Research Leadership Training program (NCI, 2010-2020) aims to ↑ # of Latino participants who apply or are accepted into doctoral program
Questions

*Salud America!* at UT Health San Antonio

Visit: [www.salud-america.org](http://www.salud-america.org)  Email: saludamerica@uthscsa.edu

Join our network: [www.salud-america.org/join](http://www.salud-america.org/join)

Special thanks to the *Salud America!* team

Rosalie Aguilar, Project Coordinator; Cliff Despres, Communications; Curators: Amanda Merck, Pramod Sukumaran, Josh McCormack, Julia Weis; Tenoch Aztecatl, Video Producer
Thank You!

- The webinar slides and recording will be available at [http://healthyeatingresearch.org/news-events/](http://healthyeatingresearch.org/news-events/)

- Stay up to date on our work and future webinar opportunities at [https://healthyeatingresearch.org/email-signup/](https://healthyeatingresearch.org/email-signup/)