

Not a Monolith: Empowering Latino Health

[Announcer] This program is presented by the Centers for Disease Control and Prevention.

[Intro] Stuck? Wish you knew more? Well, listen up. The information landscape is changing rapidly and the communicators of today want the latest and greatest insights for action at their fingertips. Listen Up! is a podcast series brought to you by the CDC Office of Communications. In this series we highlight hot topics with thought leaders, innovators, practitioners, and more. So, listen up and lean in as we share information to help you grow your knowledge base and improve your practice. And don't forget to tell your colleagues about us.

[Betsy Mitchell] Our culture plays a big part in shaping who we are from the foods we like to eat to the languages we speak to, how we connect with one another, and importantly, culture can influence what we believe about our health. According to the US Census Bureau, the Hispanic population makes up the largest racial or ethnic minority group in America at 19.1% of the population. But this group is not a monolith. Joining me today for an important conversation about culture and empowering Latino health is guest, doctor Amelie Ramirez. She is an internationally recognized health disparities researcher at the University of Texas Health Science Center San Antonio, where she is chair and professor of population health sciences and director of the Institute for Health Promotion Research. Amelie leads a multidisciplinary team of public health researchers, data scientists and communication specialists in addressing the cancer experience of Latinos. She is also director of Salud America!, a national multimedia program to empower its vast network of 300,000 community leaders to drive healthy policy and system changes to promote health equity and support for Latino families. Amelie, it's an honor to have you here with us today.

[Amelie Ramirez] Thank you. Thank you. It's pleasure to be here with you, too. Thank you.

[Betsy Mitchell] Public health communicators understand the importance of being audience centered, but the Latino population is very diverse. Where do communicators begin?

[Amelie Ramirez] You know that's a great question, Betsy, because we have different terms that are being used to refer to the Latino population. You've heard of Latino, Latina, Latinx, Latine with an E now is a new term that is being used, as well as Hispanic. So I wanted just to share a little bit of history on where the term Hispanic came from. That was really a government term that was established back in the 1980s, to begin defining us, and it's still in the NIH language, that when you see, you know, grant proposals, the word Hispanic is still in there. But we saw differences. I'm in San Antonio, TX, so kind of the lower Midwest and it's very different from the east and west coast. There my colleagues who represent a lot of different Latin origins, prefer the term Latino or Latina. And now Latinx was to be kind of cross gender, but when you think about the actual terminology of Latino, it represents both men and women. So, I think that when our community is working in these different Hispanic Latino audiences that they should ask their community, what do they prefer to be called, because we see differences. News media is going to use these new terms, but the older Hispanic population might not identify with those terms, because they've never really quite understood them. And so I think this is a nice place to start to

better understand. And we had a conference back not long ago, where people were telling us that there are regional differences on how the Hispanic Latino population would like to be referred to.

[Betsy Mitchell] Switching gears a little bit, tell us about the importance of ancestry as it relates to audience segmentation.

[Amelie Ramirez] Our population is quite complex in terms of ancestries because we represent a lot of different origins, for example, anywhere from European to potentially Native American to Central African, because we're coming from different regions that have been influenced by these populations, you know, hundreds of years ago, thousands of years ago. So it's important to, again, understand the differences in population groups. For the longest time, we only had data, you know, back in the 80s and early 90s, that referred to white, black and other and we were in the other category. Finally, data started to be available for Mexican Americans. But when we look at differences among our different groups, and I led a large NCI study called Redis En Acción for 20 years, and we looked at different regions across the United States where we recruited participants from Florida, from New York, from California, San Francisco, San Diego, and then San Antonio in South Texas. And we did that specifically to look at some of the similarities and differences in our population with regards to cancer. And what we found was that, yes, there's some commonalities in language, but even language had unique reference beings as referred to in different ways. You know, again, depending on the population group that we were working with. We saw demographic differences in terms of economic differences between our Puerto Rican, our Cuban, and our Mexican American populations. So these are things that we need to take into account. There's also kind of an age difference in some of our population groups, particularly now with the new migrant population that is coming in tends to skew to a younger age. And so these are things that we need to take into consideration. But as we get more technical with our healthcare delivery and talk about precision medicine, this variation within our ancestry is going to be something that's very important because we may be carrying, you know, genes that may influence how some of these therapies may affect our treatment outcomes.

[Betsy Mitchell] Okay, building off those points, tell us about the cultural considerations that communicators should be mindful of.

[Amelie Ramirez] I think, you know, culture is that we're very family oriented, you know, so that our appeal should be not only for the head of the household, but truly how it might impact the family, why it's important to the family. Language is important, although some of that is beginning to shift because they again, in the early years of individuals who originally arrived to the US were predominantly Spanish speaking, but politically they were chastised for using Spanish. And so they encouraged their children not to speak Spanish, you know, and to make English the predominant language. But still, some of our older population groups kind of revert back to their cultural language and prefer to be referred to, or spoke to in Spanish when we're dealing with some critical issues. And again, so we may have a different wave, right now changes are occurring within new migrant population coming in from Latin America where Spanish is the predominant language. We may begin to see a shift and I think we as health educators and health providers need to be sensitive to those potential changes that are going on.

The other is our faith. Sometimes our community members might say, you know, it's God's will and therefore, you know, what happens happens and that I don't, they don't feel like they are empowered to make change. So how do we work by integrating some of their faith into some of our messaging, to help them encourage that you do have, God wanted you to take care of your temple, you know, your temple is your body and how do you go about doing that? So these are some of the, you know, strategies that I think is important, you know, it's family, faith, and language that are key, important cultural issues to keep in mind. And then they also rely on health information from family members, you know, people close to them. Even though they'll say, yes I believe in what the doctor tells me, they don't see the doctor very often because of lack of health insurance and things like that. So they can tend to rely on what family members are telling them. And sometimes that information may not be as accurate as we would like it to be.

[Betsy Mitchell] Let's talk about your program Salud America!. What is it and why has it been so impactful in empowering Latino health?

[Amelie Ramirez] We have been fortunate that we have had Salud America! now for a number of years. Originally, it started as a program to educate our communities about how childhood obesity was increasing. And what we did hear is identified positive role models that were making positive changes in their food practices and how what kinds of foods they were giving to their children. And we have continued to expand that model. It's based on Albert Bandura's theory. And we actually, back in the day, when I first started with Dr. Alfred McAlister, who was my mentor at the School of Public Health in Houston, we did a tobacco study. And in that study, we compared positive role modeling, and compared it to mass media back in the day, radio, television and newspaper. And then, and then we compared it to the mass media plus having a community health worker reinforce the messaging that we were given, compared to small classroom settings. And what we found is that, even though classroom small settings are effective, you're only reaching about, you know, 20 people at a time. With our mass media approach, we were reaching larger numbers. And so if in each of these different settings you were only in a mass media or small classroom, you are affecting, say 10% change, which would be great, right? You would be reaching a larger number through the mass media approach versus the classroom approach. And then we found that by adding some positive reinforcement, such as a community health worker to reinforce that messaging, we got even greater behavior change. So Salud America! has really been now amplifying this model that's based on the Albert Bandura cognitive theory. And, and we identify individuals that we call Salud Heroes. And these are everyday people who represent our community talking about how they've integrated positive lifestyle changes into their lives to make a difference. And now we're taking it a step further to how can we empower them with knowledge, so that they can be a stronger voice in their community and advocate for more positive changes in their community, such as encouraging to their city council to put more sidewalks, for example, you know, or to bring in those small grocery stores that will offer fresh fruits and vegetables to their community, these kinds of things. And, and we're just seeing, you know, wonderful success with that.

[Betsy Mitchell] Amelie, share more about the role of Salud Heroes.

[Amelie Ramirez] The individuals that we identify of our Salud Heroes are our role models. They are our individuals that are already in the community, that are embodying the health behavior that we want to exemplify. And we give them the opportunity to share that, in their words, what convinced them to, you know, take on this specific action. So that that could be used to perhaps motivate others to do the same. And so when people hear and see our messages, they say, well that person is like me perhaps you know, I can try it too. So the whole idea behind our messaging is to increase self-efficacy.

[Betsy Mitchell] And so I imagine, there is careful consideration of who gets selected to be a Salud Hero.

[Amelie Ramirez] It's the we exactly, you know, it is so important in terms of working together to create that credibility and that trust that we want to get across. And we have heard from our communities, that it's not always that the fancy movie stars, yes, or the, you know, that other voice that you hear. You know, yes, you kind of can see them, but you know, ah maybe they were paid. Or ah, you know, they were told to say that, you know versus ours is really built on that honesty and you know, piece. And we have to be careful, because again, we want to make sure you know, when we were doing our tobacco messaging that, that person was not then smoking in another setting, right, because they would discredit the messaging that we were trying to get across. So again, we're very careful in terms of the selection of our role models.

[Betsy Mitchell] And building off that point, it seems that the authenticity of the Salud Heroes makes them especially trustworthy messengers. Is that correct?

[Amelie Ramirez] It's 100% correct, Betsy. And we take time to finding out who that role model Salud Hero is, and it's individuals from the community. They are sharing their story about what motivated them to take a specific action, and they're saying it in their own words, and this, and by doing that, sometimes they can feel free to throw in a Spanish term, or you know, a little bit of English and Spanish. We take it, because that's them and that's their way of communicating. And so that brings the authenticity to the message. You know, it's showing empathy, and we're building trust with the community, because that's the way our community speaks. And so all of these things come from that individual themselves. And part of the social cognitive theory is imitation and role modeling. And so that's exactly what we're trying to do, you know. We have specific goals and objectives for our programming, so we have to find that right role model that, that is really embodying some of those elements that we want.

[Betsy Mitchell] Despite having enormous trust as we've been discussing, are there times where the Salud Heroes receive push back or are met with skepticism from the community? How would they handle that?

[Amelie Ramirez] Well, one of the things that for sure in terms of building trust, you know, during COVID, there was so much misinformation going on, right? And so we actually found a role model, that it was okay for her to say, well, you know, initially, I had heard, you know, some negative things about the COVID vaccine. And I personally decided not to, but then I came across some other health information, where I decided, you know what, I want to protect my

family, and I'm going to go in and get the vaccine. So we try to present different viewpoints that that are honest, right, that we know that are in our community so that we can build that trust. We know everybody's not just going to go straight to, to knock on the door and say I want it. That they have these feelings that we have to better understand what our community is thinking about so that we can overcome some of those barriers and help guide them further to the right action.

[Betsy Mitchell] They're reflecting the sentiments of the community—yes. And to follow up, can practitioners tap into your network of Salud Heroes right now?

[Amelie Ramirez] Yeah, Salud America! is free. And we really encourage people to sign up for it to be part of our network, it's salud-america.org. And we really have become one of the major sources of information for Latino audiences. And we've been able to cover a large number of different topics. During COVID, we became almost a go to source for Latinos to get information on COVID, you know, where they could find the vaccine, you know, what kinds of actions they could take, and we really built on that trust. And the trust is built upon seeing an individual like yourself delivering that message, even if it's in a photograph, in a short, capsulated way. But where we give the information, we give the positive behavior and we encourage them to take action.

[Betsy Mitchell] So Amelie, are there any stories that you're hearing from community members that you'd like to share?

[Amelie Ramirez] There's a couple that I'd like to share. One is with Salud America!, when we were intensively promoting cancer preventative screenings in the community and connecting our community with their primary care providers. And one of the providers came to me and shared he says, Amelie, my patients are now telling me is that they heard it on Salud America! and that's the reason they're here. So that was very important for us because at that time we were getting patients into the clinic, but we didn't know what the clinic response was, right? We didn't know if they were actually getting into a clinic, we hadn't done that piece. That was one example, and another is where right now we're doing a survivorship epidemiologic type study with the University of Miami, looking at Hispanic cancer survivors. And we have to recruit a large number of our survivors across eight different types of cancers. But what our survivors are telling us, is that this the first time they are able to share their story. And once we've kind of interviewed them and they participated in our study, we're asking, would you like to share your views with our audience? So that, perhaps we can help promote the study because we've got to recruit 1500 Latinos into the study from just south Texas. And so now they have become a role model for us to share why they want to say how important the study is to the community.

[Betsy Mitchell] Thank you so much for this really important conversation.

[Amelie Ramirez] Thank you, Betsy. I've really enjoyed it, and it's just a pleasure to be here with you today.

[Outro] Findings and conclusions in this discussion do not necessarily represent the official position of the Centers for Disease Control and Prevention. We hope you enjoyed this podcast.

You can find past episodes of Listen Up! archived in the CDC Public Health Media Library and at cdc.gov/listenuppodcast. CDC protecting health, improving lives.

[Announcer] For the most accurate health information visit cdc.gov or call 1-800 CDC Info.