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### Health Equity Module: The Latino Paradox

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# Health Equity Module: The Latino Paradox

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*The Health Equity Module was created as part of the Latin American Caribbean Studies Senior Culminating Experience in which students apply their knowledge, skills, and experiences in Ibero-American cultural contexts to collaborative, projects-based endeavors that require translingual and transcultural competence. This course was developed through a generous Mellon Foundation grant for general education.*

*Health Equity Module: The Latino Paradox*

Team Members:

Wofford Student Researcher: *Jackie Carman*  
Wofford Student Researcher: *Noel Tufts*  
Wofford Faculty Research Mentor: *Dr. Barbas-Rhoden*

Brief Description of Project:

This project aims to educate participants about health inequities and the Latinx community, particularly first and second generation immigrants. Participants may be students who plan careers in health care or professionals and community experts new to working with Latinx community members. The module equips participants with foundational knowledge; shares resources for continued learning; and invites participants to reflect critically about their own intersectional identities and how different intersectional identities impact health care experiences.

List of Materials:

*Unnatural Causes: Becoming American* film (available on Kanopy.com in 2022), distributed by California Newsreel & Vital Pictures. Materials may be printed or provided digitally for participants. Print copies are not integral for the success of the module.



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Thank you to those who have supported our work:

*Wofford faculty members : John Moeller, GR Davis, Tim Brown, & Robert Moss*

*Alumni Reviewers: Laura Kate Gamble & Armando Llorente*

*Student Peer Reviewers : Tatiyana Adkins, Grayson Murray, Lilly Hatton, Alexis Tomlin, Kimberly Tovar, Isaiah Franco, & Dr. Moss' Public Health Course*

## Sequence for Health Equity Module : The Latino Paradox

Student activities to complete prior to class:

1. Research and write definitions for the 12 keywords.
2. Watch *Unnatural Causes: Becoming American* film on Kanopy.com.
  - a. <https://wofford.kanopy.com/video/becoming-american> (Wofford College credentials required)
3. Answer *Becoming American* comprehension questions and application question.
4. Read Scenario 1 and Scenario 2.

Instructor guide:

1. Review **Becoming American Comprehension Questions** with the class.
2. Diagram **Application question** on intersectional on the board with the class.
3. Lead a guided discussion in class using the **Analysis and Reflection Questions For Becoming American Film**. Allow participants to share and organize their ideas in groups of 2 or 3.
4. Begin discussion on Scenario 2, have participants comment on key ideas that were resonant for them.
5. Use **Discussion Questions for Scenarios** to guide conversation.

The instructor may wish to include the following statement when introducing the module:

*This course includes readings, media, and discussion around topics such as immigration status and experiences, identity-based discrimination, and health disparities. We acknowledge this content may be difficult. Participants and the instructor are encouraged to keep in mind the diversity of experiences of participants. We also encourage you to care for your safety and well-being.*

## Health Equity Module: The Latino Paradox

### Learning objectives:

By the end of this module, you should be able to say ...

- I can understand key terms relevant to Latinx populations, particularly first and second generation immigrants.
- I can talk about my own intersectional identity.
- I can recognize opportunities to improve health care approaches for Latinx individuals and/or their families.
- I can explain the Latino paradox and why it might exist.

### Introduction for the student:

*Latinx includes people who are not immigrants, such as Permanent Residents, people whose family roots pre-date US westward expansion. | The term Hispanic, coined by the US census, groups all people with descent from Spanish-speaking countries. The term Hispanic does not effectively underline the different cultures between Spain, Latin American countries, and Caribbean nations.*

- **Instructions:** View the film *Unnatural Causes: Becoming American* and search for the definitions of the keywords online, answer the comprehension questions, and answer the application question before coming to class. <https://wofford.kanopy.com/video/becoming-american>

**Before watching the film** write down definitions for each of the keywords:

*Reminder:* A reliable source is free from bias, backed by factual evidence, and is written by a trustworthy person or organization. To ensure the credibility of your source use sources with a URL signifying its trustworthiness (.edu or .org), sources with current data, and sources with easy to find citations.

Continuity of medical care		Limited English proficiency	
Latinx		Language of proficiency	
Intersectional identity		First generation	

Indigenous		Second generation	
Monolingual		Cultural competence	
Language of preference		Cultural humility	

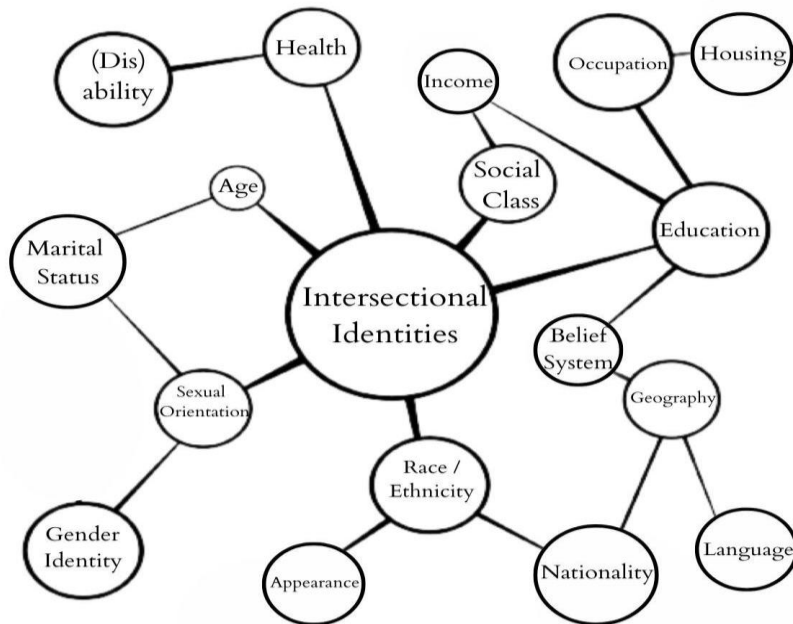
**Becoming American Comprehension Questions**

1. What is the percentage of Mexicans that live in Kennett Square?
2. What is the Latino Paradox?
3. How many years did it take for approval for Bernal's family to move to the US?
4. What does Kennett Square do to create a more united community?
5. After 5 years in the US immigrant populations are \_\_\_\_ more likely to have high blood pressure and be obese than when they arrived.
6. Which family members are the most vulnerable to mental health struggles after immigration to the United States?

7. What does Project Salud offer in Pennsylvania?
8. By 2050 what percentage of Americans will identify as Latino?
9. What did the film explain is a reason for the immigrant population having better health than the rest of the population?

**Application Question:**

10. What are some aspects of Amador Bernal's intersectional identity? On a separate sheet of paper make a diagram like the one below for Amador. Then draw a diagram for your own intersectional identities. (Please only include aspects of your identity you feel comfortable sharing in the context your instructor has offered.)



**Analysis and Reflection Questions For *Becoming American* Film**

(instructor use in-class, guided discussion)

1. Keeping Amador's intersectional identity in mind, how might aspects of his identity shape Amador's transition to life in the United States?
2. Besides working a similar job to Amador, what challenges might Bernadita run into that are unique to her?
3. With the Bernal parents working long hours away from home, what dynamic might this create within the family? How might this shape their relationship with their children? In your opinion, how might this affect the physical and mental health of family members?
4. Why might families similar to the Bernals be hesitant to see a medical provider in the United States?
5. In a town like the one featured, how might public health approaches need to adapt to a large and growing Latinx immigrant population? How might approaches need to change over 10, 20, 30 years?



**Instructions:**

Before coming to class, read the two scenarios below. Begin to think about the differences between the two scenarios and how those are connected with public health. We will primarily discuss Scenario 2 in class.

**Scenario 1:**

Carmen is a first generation immigrant woman from El Salvador. She received Temporary Protected Status (TPS) in the United States after the 2001 earthquakes in El Salvador. Her husband also has TPS, as does her eldest child. Her other two children were born in the United States and have US citizenship. Though Carmen has been in the United States for a long time, she has limited English language proficiency because she has worked long hours in part time jobs and also been a parent to their three children.

About 8 months ago, Carmen began noticing changes in her sleep pattern, as well as fatigue and hair loss. In discussing these changes with a coworker, the coworker advised her to go to the doctor. Carmine's earnings are insufficient to purchase private health insurance, and she is exempt under the Affordable Care Act from the obligation to do so. Her workplace does not provide health insurance.

Carmen asks around and learns that there is a free medical clinic in her community that sees patients on certain days of the week. She asks her boss for the time off, even though she knows she can't really afford to give up her wages for the two hours she requests off. She goes to the clinic, sees a nurse practitioner promptly, and the NP orders blood work. Fortunately, the attending NP is able to accommodate her blood work draw at the clinic so that she does not have to go to another site. The NP communicates with the help of a trained medical interpreter who volunteers two days a week at the clinic. With the help of a bilingual administrative assistant, Carmen schedules a follow up appointment in three weeks.

When Carmen returns to the clinic, again having requested two hours off from work, she sees the same nurse practitioner. The NP informs her that there has been a problem with the lab, and her blood work has returned as “unable to process.” This time, Carmen and the NP are relying on interpretation via a language line, which they access in the patient room. The nurse practitioner does not understand why the paperwork reads “unable to process,” and she is frustrated. Carmen understands the words of the interpreter, but like the NP, she does not understand what has gone wrong and fears asking for more time off to come back for yet another appointment. As she explains her worry about missing work to the NP, Carmen begins to cry. The NP hands her tissues and tells her she will see what might be done. She steps out and asks the bilingual receptionist to try to get someone from the lab on the phone to explain the reason for the error code. While she is on hold with the lab, the bilingual receptionist flips through the paperwork.

She notices that Carmen's birth date has been entered in two different ways in her medical files. Carmen's birthday is June 2nd, 1980, and the has been entered 6/2/1980 on the free clinic paperwork and 2/6/1980 on the form for the lab. When their receptionist is able to get through to the lab, they are able to correct the birth date within a matter of moments and release the results by secure electronic transmission. Carmen is diagnosed with a thyroid condition and prescribed medication, which she is able to get at reduced cost at the pharmacy that the clinic has.

**Scenario 2:**

Carmen is a first generation immigrant woman from El Salvador. She received Temporary Protected Status (TPS) in the United States after the 2001 earthquakes in El Salvador. Her husband also has TPS, as does her eldest child. Her other two children were born in the United States and have US citizenship. Though Carmen has been in the United States for a long time, she has limited English language proficiency because she has worked long hours in part time jobs and also been a parent to their three children.

About 8 months ago, Carmen began noticing changes in her sleep patterns, as well as fatigue and hair loss. In discussing these changes with a coworker, the coworker advised her to go to the doctor. Carmen's earnings are insufficient to purchase private health insurance, and she is exempt under the Affordable Care Act from the obligation to do so. Her workplace does not provide health insurance.

Carmen asks around and learns that her community has a community health worker (CHW) program that is staffed by a team of bilingual CHWs who are also first generation immigrants from Latin America. She learns from a friend that she can call the cell phone number of one of the community health workers on the team and speak to them about her medical concerns and that they will help her navigate the healthcare system. Carmen calls and describes she needs a medical appointment for some symptoms she is having. Martha, with whom she speaks, asks if she has any other concerns. Carmen explains that yes, she does, but she is not sure if they are related to her other symptoms or if anyone can help her. She describes that she feels discouraged and depressed and states that because of the mixed status of different members of their community, the precarity and expense of TPS, and the anti-immigrant slurs that she has heard from customers in her place of work, she is worried about her future. Martha says she understands, and Carmen's voice cracks as she thanks her. Carmen goes on to tell Martha that everything feels so stressful: her eldest daughter would like to go to college but because of her status, she is having a hard time finding out if she could qualify for financial aid. Carmen explains she and her husband want that for her daughter, but that she and her husband don't know how to help her: they work a lot of hours, know little about the US education system, and need to pay attention to their other two teenage children, one of whom has been having trouble at school. Martha asks Carmen if she would like to attend a support group for women that meets

## *Health Equity Module*

once a week, and she lets her know about an upcoming workshop the community health workers will be hosting in a few weeks to help Latinx immigrant families fill out the FAFSA with a local organization working to increase college access and attainment in the community. She also lets her know that she will call her back within 48 hours to let her know where she can be seen with her initial concern.

Martha connects Carmen to a medical provider through a program that matches uninsured and underinsured individuals with providers for continuity of care. Carmen is diagnosed with a thyroid condition. She also begins attending the support group for women, and when the community health worker tells her that her whole family has the opportunity to participate in a free, evidence-based program in Spanish, Familia Adelante, for effective youth and family life skills, she discusses it with her husband. They agree they want to make that a priority for their family and begin to attend; her son's work in school begins to improve as they adopt strategies they learn together. Her eldest daughter attends the FAFSA workshop, gets help completing the forms, and qualifies for a tuition waiver program at the local community college. Though the days and weeks still often feel hard, and she still worries about their status, Carmen is relieved to feel like the dreams they have had of a good future for their family feel within reach and that she has met other families with similar hopes and challenges.

**Discussion Question for Scenarios**

(instructor use in-class)

1. What differences do you notice between the first and second scenarios?
2. Where do you observe a two-generational or multigenerational approach to health outcomes being used, and how is that approach being implemented?
3. Describe some of the skills and collaborations that are being utilized to provide care and improve public health outcomes in the second scenario.
4. The daughter in the second scenario is directed to assistance (with her FAFSA) that is not focused primarily on health. Why do you think it might be worth a community health worker's time to offer that connection to assistance?

PARTICIPANT DOCUMENT

Health Equity Module: The Latino Paradox

Name:

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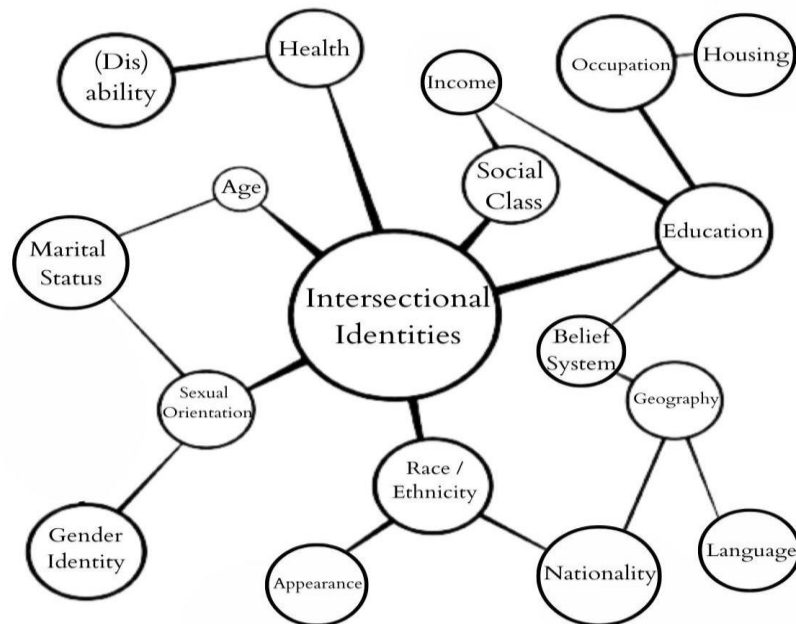
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