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**Reflections of the Scientific Panel Speaker Series on Health, Health Care, and Health
Disparities Among Latinx Populations, in New York City – 2021**

Andres Valcarel, Maria-Isabel Roldos, and Judith Aponte

Background

Substantial evidence exists that examines the racial-ethnic and immigrant-native disparities among Latinx residents of the United States (US). According to the 2020 US Census Bureau, there are approximately 62.1 million Hispanics, representing 19% of the US population.; and are the fastest-growing ethnic group, expected to grow to represent 28.6% of the US population by 2050 (Funk & Lopez, 2022; United States Census Bureau, 2022).

Research suggests that health disparities affecting Hispanics are influenced by a complex set of social, environmental, and economic factors including poverty, lower educational attainment, English proficiency, barriers to accessing health care, among others (Brown et al., 2012).

Despite Hispanics facing a number of significant health disparities, the overall death rate for Hispanics is lower than that of the average U.S. population — a protective effect known as the Hispanic paradox (Brazil, 2017; Franzini et al., 2001). The multifaceted and multipronged causes of Hispanics and Latinx health disparities may reflect a life course of disadvantage where the magnitude and direction of the ethnic disparity depend on the nativity status, social and environmental determinants and structural causes that perpetuate inequality (Boen & Hummer, 2019; Brown et al., 2012).

To this end, on September 28, 2021 the City University of New York- CUNY's Institute for Health Equity (CIHE) hosted the online panel: Health, Health Care, and Health Disparities Among Latinx Population as part of a Speaker Series for Hispanic Heritage Month. CIHE is a CUNY-wide institute that coordinates research, teaching, service, and community collaboration

to eliminate health inequalities and promote health. The Speaker Series was endorsed by CUNY's Dominican Studies Institute; Center for Puerto Rican Studies (CENTRO); CUNY's Mexican Studies Institute; and Lehman's Department of Latin American and Latino Studies. This effort is within CIHE's scope of work. The four goals of CIHE Strategic Plan goals includes: 1) promote workforce skills development related to Health Disparities Research and Health Equity; 2) advance the of health disparities research and health equity – promote health disparities research to achieve health equity; 3) foster CUNY students to develop analytical skills to address health disparities and inequities – promote diversity and health equity knowledge and skills development among CUNY students and alumni in an environment that fosters wellness, inclusion and belonging; 4) develop successful outreach and engagement strategies with internal CUNY partners and with external community stakeholders, academic, and political partners to improve population health and community accountability. The Speaker Series falls under the umbrella of the CIHE Strategic Plan and its goals.

Speaker Series Organization

The purpose of this perspective is to summarize the key salient discussion points presented by four panelists with expertise in Hispanic and Latinx health of those residing in urban settings; and lessons learned from the Speaker Series.

Panel Creation: The CIHE director called for volunteers among affiliated and collaborating faculty from CIHE's, to conform the Speaker Series planning committee. The planning committee comprised five members from two CUNY schools (i.e., Lehman and Hunter Colleges), four faculty from Lehman College's School of Health Sciences, Health Services and Nursing; the School Economics and Business; and the Department of Latin American and Latino Studies and one from Hunter College's School of Nursing. During a period of 3-months, weekly

meetings led by the CIHE director were held. The members made recommendations on the delivery method of the Speaker Series (e.g., in-person or virtual), topics and of expert speakers. The committee's goal was to have a diverse representation of panelists with different roles, a scientist, hospital administrator, researcher, and research assistant/student. For the event, the CIHE's director and associate director of scientific research contacted speakers and coordinated the logistics which included the creation of a promotional flyer, organized the technology and conducted the recruitment of CUNY students, faculty members, alumni and staff.

Panelists: The panel was formed of four experts representing scientist, hospital administrator, researcher and graduate nursing research assistant/student that included a: Clinical Investigator from the National Institutes of Health (NIH); Chief Executive Officer (CEO) of a New York City (NYC) public hospital; an Associate Professor and researcher working with sexual and gender minorities in a private university; and a research assistant/graduate nursing student. All panelists are health disparity researchers with experience working with Latinx communities.

Panel format: The CIHE's director and scientific research associate director drafted specific questions for each panelist (See Figure 1 in appendix) and moderated the event. Panelists received the questions in advance, but also addressed questions posed by the attendees during the concluding remarks of each presentation.

Speaker Series Attendees: Attendees were CUNY students, faculty, and individuals from the broader NYC community affiliated with CUNY college campuses. There were a total of 107 attendees, with 68% affiliated to one of the four CUNY colleges: Lehman College in the Bronx; Hunter College in Manhattan; NYC College of Technology in Brooklyn; and Queensborough

Community College in Queens. Lehman College had the highest representation. Close to 30% of the participants were not affiliated with a CUNY college.

Panel evaluation: The evaluation was a one-time survey via SurveyMonkey to the email of the attendee enters when registering for the Speaker Series. The survey was on the overall satisfaction of the Speaker's Series and the panel. There was a 98% response rate to the survey. To this end, four questions using a 4-point Likert scale comprised the survey. The results were: 1) This webinar was effective and useful: score of 3.79; 2) Speakers demonstrated mastery of topic: score 4.0; 3) Speakers responded appropriately to participant's questions: score of 4.0; and 4) This webinar format engaged my attention: score of 3.83.

Results and Discussion

The following section describes the five most salient discussion points made by the panelists related to their roles and experiences in working with Hispanics and Latinx populations. Below each discussion point are a few quotes that illustrate the panelist's point of view during the discussion.

Societal Factors

During the presentations, the panelists identified societal factors as a major determinant affecting health outcomes of Latinx populations. Some of the societal factors most mentioned were: a lack of affordable healthy food options; homelessness; English language proficiency; street violence; and limited access to primary care services. Furthermore, the panelists recognized that health disparities result from systemic issues that are unable to be solely solved by individual-level interventions. Housing instability and structured discrimination were other contributing factors identified and discussed. The panelists pointed out the need to develop structural interventions that address societal factors that can maximize the effect of clinical and

individual-based interventions. In addition, the panelists agreed on the need of cultural competency and sensitivity in the provision of delivering services.

- “East Harlem has the second highest concentration of public housing in New York City. The area has suffered from a variety of socioeconomic issues, including high rates of incarceration, violent crime, drug addiction and unemployment. Our community has identified concerns about environmental and quality of life issues including noise, air pollution, poverty, high rates of childhood asthma and a history of over-policing practices.”
- “The truth is our patients in these communities are at higher risk of worse health outcomes due to the high levels of comorbidities that exist throughout these specific groups; add to that immigration status stigmas, language barriers, food insecurity & food deserts, economic struggles, etc and its all a recipe for disaster.”
- “Language interpretation services are essential if we are even going to communicate effectively with our non-english speaking patients. A lot of the needs of our Hispanic patients have to do with education surrounding topics like diet, sleep and exercise and how those affect their health. Also connecting them to other services besides medical care is something they need help with, resources like legal services, programs that address food insecurity like City Harvest, linking them with agencies that address housing insecurities.”
- “I wanted to share with the audience and highlight how trans folks are disproportionately impacted by HIV.... And if you look at the data, if you look at the percentage and the numbers, most of the new infections occur among black and Latina trans women... highlighted the social and structural factors driving the HIV epidemic among sexual and gender minority Latinos, is not only to put on a condom right. There are these forces, these social and structural forces, that impact HIV prevention and care.”

Hispanic and Latinx Subgroups

The panelists discussed issues related to health disparities regionally and in the US. They recognized the need to have a demographic perspective when working with Hispanic and Latinx populations in the US, by placing special attention to circumstances such as: place of birth, length of time residing in the U.S. and immigration status. The NIH researcher centered her discussion on the negative consequences of grouping all Latin American populations under one label. Latin American populations include diverse Latinx subgroups representing distinctive nationalities and ethnicities. Each of these subgroups are capable of having unique health needs, approaches and outcomes. The research assistant panelist provided examples that showcased this point by describing the need to develop different Spanish survey versions to address the linguistic variations present in their unique nationalities. Furthermore, the panelists discussed the need to advocate for health disparities research in the Latin American region. One of the issues discussed is the lack of research that includes Latin American populations. For example, all panelists expressed their concern on a lack of research including gay, bisexual, and transgender women of Latinx descent from Latin American.

- “That is something I alluded to earlier in terms of not really lumping everyone in the same category, just really to making efforts to really understand the nuances of the community, like maybe the experiences of someone that is of Puerto Rican descent that lives in the South Bronx, or in Manhattan might be very different than someone from the mainland.”
- “We are Latinos or Latinas...Hispanics, but we even, we need that categorization. Just really going in and realizing that we need to separate this in order to understand how their disparities may differ in the different communities.”

- “One particular thing that I can tell you is, we needed to develop tailored interventions-
- We were working, in particular, with a community that was Mexican American, you know, lots of carbs and things like that. So, we can’t tell individuals not to eat it right so how can we strategize the intervention where we still have good outcomes, and at the same time, we honor what is important to the community.”
- “I think COVID really created an opportunity for us to understand more about taste and smell in the context of disease. So, one of the things that I really had to think about myself, and other colleagues, on how do we reach the different communities globally and what differences are there among the array of Hispanic and Latinx populations affected by COVID.”

Community Engagement

All panelists discussed the role of community engagement in health disparities. Community collaborations were discussed within the framework of Community Based Participatory Research (CBPR), as well as what community means to Hispanics and Latinx groups. The key components highlighted include: building trust with the communities when partnering and conducting research; engaging and assisting communities in understanding the purpose and impact of the research, and ensuring that the community is informed of the research findings. In addition, the hospital CEO concurred and described the importance of informing the community of all available social assistance and services. The panelists suggested a hybrid model that includes advocacy and community-centered research components as a promising model to community-based participatory research for Latinx communities in NYC. For example, incorporating feedback from Community Advisory Board members to adjust outreach and research efforts to better reflect community concerns.

- “I really like to engage with the patients and community outside of the confines of our hospital... So every chance we get our Public Relations team to coordinate and communicate findings at community events that we can go and speak to our patients are opportunities we use. I find this is the best approach when it comes to reaching our communities, I don’t want to sit around waiting for patients to come in through the doors, I want us out there interacting with them and being part of the community so they see us as a partner in their care.”
- “The research questions must be drafted by community members, the research questions don't come from the ivory tower. That's true CBPR, the promotion of processes that actively addresses social inequities so inequity research is embedded as part of the process, and approach to health from both a strength and ecological perspective and dissemination of study findings making sure that you have an ongoing dissemination process and share research findings to all the stages of the research process.”
- “I can talk to them about what I do in terms of my research, this is one of the particular things that we do to build trust with the community. So, we have individuals from our research group, really engage with the community. Be able to explain the different nuances of the study.”

COVID-19

The panelists described the different ways the COVID-19 pandemic impacted their research and practice. The Panel took place in the midst of the COVID-19 pandemic. Each panelist discussed how the pandemic affected their professional roles, research, and ways it affected Hispanics and Latinx communities. For example, some panelists had to pivot their research in creative ways, finding other opportunities to serve Latinx populations. The NIH

researcher pivoted her research to study chemosensory functions (taste and smell) within the context of the condition and COVID-19; contributed towards the creation of a Global Consortium for Chemosensory Research to track the different ways of coping with chemosensory disruption caused by COVID-19 across the world. An HIV researcher mentioned the need to delay ongoing research in order to seek other monies to combat COVID-related vaccine hesitancy and misinformation among Latinx communities. The research assistant/graduate nursing student panelist spoke about ways she and her research mentor studied the intersection between diabetes and COVID-related issues.

- “We’ve seen these health disparities play out within our communities for so long. And the pandemic was not the great equalizer that many would have us believe, it actually highlighted the disparities these communities face. Yes the virus affects everyone regardless of circumstance, and it does not discriminate but where the inequality comes into focus is when underserved populations in these communities are the ones experiencing excessive mortality rates.”
- “The impact of this disease has been starkly unequal across many cross-sections of society, but Hispanics and people of color have borne the brunt of COVID-19.”
- “Misinformation on COVID-19 within our communities is a major barrier against the prevention and COVID-19 care. .. misinformation associated with vaccine effectiveness ...via social media. There's pros and cons, and one of the downsides of social media is how easily misinformation can be spread, especially Latino networks, and Latino groups.”
- “.... taste and smell have come up as one of the symptoms of COVID-19. So how do we really go into the community and explain, you know, after you lost your sense of taste

and smell, what do you do, and what does that really mean.”...“Within our communities, people really care about food and just not being able to taste certain things can be a bit detrimental, for their health and health outcomes, and their mental health, so I think it’s just critical to go to the community and really explain these nuances.”

Mentorship

All panelists advocated for mentorship and greater participation of students and the need for Latinx investigators in health disparities research. One of the principal goals of the panel was to ignite research among CUNY-wide faculty and staff and student involvement in research with Hispanic and Latinx populations and groups. Questions and comments from participants focused on student involvement. All panelists stressed the importance of having diverse pools of students studying health inequities, as well as encouraging all participants attending the session to seek careers in health disparities and population-health research.

- “Some of the messages I have for students... are get involved in your community. Find a mentor. I know that sometimes you hear or find a mentor or may not have some guidance on how to do that. But don't be afraid to reach out, even any of us that is in this panel today, and just do an informational interview and learn how we have gone about our career trajectories”
- “I'm a firm believer that lack of knowledge perpetuates disparities and if we can share what we know with members of our community, we may not even help you directly, but it might help your cousin, or your brother, somebody else that might be also interested in this type of career trajectories.”

- “We have lots of opportunities for students within NIH. Be involved and be curious and just know that your contribution matters, your perspective matters, and just don't be afraid to speak up.”
- “I want to highlight the power of a mentorship. I'm a consultant to the HIV intervention science training program for underrepresented minorities at Columbia University, and we have established a core component on addressing issues of discrimination in higher education, how, we black and brown scholars, are constantly challenged by micro aggressions that are rooted in discrimination, in racism. So in thinking beyond the box, when we train our scholars on HIV prevention and research, we also need to train as polar to cope with this microaggressions that are real, that we live on the daily.”

Lessons Learned and Limitations

The Speaker Series was received positively by the CUNY community. There are a number of lessons learned from the Speakers. The advantages include: 1) the online platform facilitated the logistic participation of the Speakers and of the participants who were from across the CUNY colleges and partners outside of CUNY; and 2) a multidisciplinary planning committee allowed for a diverse representation of different departments (i.e., Lehman College: Health Sciences, Health Services and Nursing; the School Economics and Business; and the Department of Latin American and Latino Studies and Hunter College: School of Nursing); and the opportunity to bring diverse perspectives and make a broader outreach to recruit participants. Two disadvantages included: 1) attendees were limited to the number of questions they could ask due to the pre-prepared questions the speakers received in advance; and 2) to the format of the survey having to be quantitative, and not allowing for the opportunity to collect comments and qualitative feedback with open-ended questions.

Conclusion

The panelists represented different professional roles, fields and interests. The common denominator among them was their personal and professional commitment to serving Latinx populations. The main discussion focused on: the need to develop structural interventions that address societal factors to maximize the effect of clinical and individual-based interventions; the role and importance of community engagement; the need to use advocacy and community-centered approaches; the significance of flexibility to adapt research portfolios and geographic location, which COVID-19 highlighted; and the need and urgency to increase the pool of Latinx health disparities researchers and practitioners at all levels and in all stages of the career pathways.

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Appendix: Figure 1

Figure 1: Panel Guiding discussion questions

- How are Hispanic/Latinx communities portrayed/represented in research?
- Why are Hispanic/Latinx representation in developing science?
- What research methods or interventions have you found to be successful in recruiting Hispanic/Latinx in research and/or interventions?
- How did you pivot your research in the face of COVID-19?
- What message do you have to these students, as you know, potentially going to graduate school or potentially pursuing a career in science as a Latinx student?

- What are some of the health inequalities you have seen in these communities and that affect these populations?
- What have you found to be some of the needs of Hispanics that enter the hospital system?
- What are some of the obstacles/challenges Hispanic/Latinx communities experience with the health care system? (What have been some ways hospitals under your leadership have addressed these obstacles/challenges for these communities and populations?)
- What are some of the unique barriers you've seen in individuals Hispanics in dealing with insurance and, and if you could just tell me a little bit more
- How do you think the health care system addresses the disparities in the Hispanic/Latinx communities?
- What approaches have you implemented in the health care system to better reach the Hispanic/Latinx communities?

- After 30+ years of research examining health disparities among sexual and gender minorities (SGM), there are still some groups that have been little researched.
- What SGM subgroups do you see as in most need of health disparities research?
- Can you highlight some of the existing interventions, programs, and initiatives to address structural racism and discrimination?
- Can you share some of the work you are doing to address structural racism among SGM communities of color?

- Tell me what type of research activities have you participated in as an undergraduate student and research assistant?
- Have you continued to conduct these same activities as a graduate student, or have you done additional ones?
- During these activities, have you found similarities among Hispanic/Latino/Latinx populations in both the South Bronx and East Harlem communities?
- As an undergraduate and graduate nursing student and research assistant how have these experiences benefited you as an undergraduate student, nursing student?
- How have these experiences helped or changed your thinking or practice as a nurse and graduate student?
- What inspired you? What motivated you to be a nurse? And then second question, to get into research will become a research assistant?
- Can you expand on what a research assistant day looks like? What does it include?