



**LATINO RESEARCH AND POLICY
ALLIANCE**

EXECUTIVE SUMMARY

**LATINO RESEARCH AND POLICY *PLÁTICA*:
CAPACITY TO INFORM AND INFLUENCE HEALTH
DISPARITIES POLICY**

OCTOBER 2010

Preface

This report would not have been possible without the participation of eleven (11) individuals with demonstrated experiences and histories of contributions to help improve the bienestar (well-being) of Latinos. The range of their research, policy, programming, networks, and advocacy work is vast cutting across disciplines, demographics, and health and social issues. It's an understatement to say that they took a chance to be involved in a *Plática* (discussion) with a purpose not unlike many others in which they have participated. We are very appreciative of the time and experience they contributed.

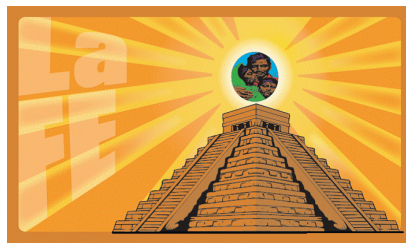
The *Plática* goal was simply to respectfully challenge ourselves to a candid dialogue on what impact Latino-based research has had on informing and influencing policy. In addition, depending on the discussion content, reflections, and outcome whether or not there is a need to pursue the building of an infrastructure that provided expanded and stronger capacity to bridge Latino-based research with policy making.

We hope that a comment shared by one of the participants reflects their perspective about the value and potential impact of the *Plática* results.

This Plática today is not our daily reality, it was just a moment of heaven and very important.

Juan H. Flores

Prepared by



La Fe Policy Research and Education Center

“As important as rigorous scientific research is, science doesn’t carry the day; if it did we’d have very different policies...stories carry the day.”

Introduction

Latino advocates have called for an effective approach to challenge the current social and health service delivery system in the United States, in order to reduce or eliminate health disparities and inequities among Latinos. While there has been significant Latino-based research over the last ten years, particularly in education, health and social sciences, the continued perception among advocates is that these studies have contributed minimally toward improvements in the *bienestar* (well-being) of Latinos.

For two days in May 2010, an interdisciplinary group of researchers, policy analyst, advocates, and foundation representatives recognized for their demonstrated commitment to addressing Latino inequities and disparities participated in a *plática* which identified strategies to build a Latino-based infrastructure to improve the successful incorporation of Latino research outcomes in policy making and implementation.

A core issue in which the *plática* was intentionally framed relates to weaknesses in our capacity to influence policy in ways that:

- ✓ More closely reflect the material conditions and health needs of Latinos by geographic regions;
- ✓ Serve as a catalyst for both research and policy through political action;
- ✓ Contribute to the translational ability of research results to move into policy actions and implementation;
- ✓ Significantly respond to and are positively received by varied Latino communities; and
- ✓ Meaningfully impact the social and health conditions targeted in the community.

Issues, Perspectives and Recommendations

The group offered perspectives regarding the results to date in the elimination of disparities in the Latino community. It was noted that not much progress is being made on the elimination front because there continues to be a call for more research instead of more policy and program actions. There has not been any significant effort made to apply existing research outcomes regarding Latino environmental, social and health conditions to inform policy development and program impact.

In addition, current efforts have not adequately taken into account the diversity of Latinos and the influx of immigrants in developing or prioritizing approaches.

Another area of critical discussion centered on the dominant approach being used to eliminate disparities for Latinos inclusive of implemented interventions. Participants observed that it is easy for researchers to get connected to the medical model because the health care system is in need of much improvement. This has been the conventional method; however it has had virtually no success. Improvements to social justice or social determinants for Latinos are more difficult to address, since they are positioned in a policy or political context. As such, researchers have not explored paradigms that incorporate these conditions.

The current trend toward macro-oriented models which attempts to incorporate social determinants of health in program interventions appears to show promise. With this trend, programs may be better able to address context and environmental concerns, involving and empowering the Latino community to address disparity and inequity issues including policy and political engagement to influence decision-makers.

A third segment of the *plática* identified the dominant players driving and

influencing disparity research, policies and interventions, as well as any concerns or issues with these current approaches.

“We just have to put the homogenous approach and many of the culturally base models into the garbage, then start exploring and developing new approaches which contextualize and incorporate social factors.”

There is a substantial amount of research conducted by Latinos in a variety of social, education, and health disciplines, but which have not gained traction in the larger research community, or in policy-making. The National Institutes of Health continue to have issues with their internal priorities, in that they appear to be focused on biomedical interventions invariably tied to marketing opportunities for pharmaceutical and biotechnology companies, which have little to do with addressing fundamental issues of underlying social factors that predispose health outcomes.

Members of the group noted that empowering Latino communities to advocate for appropriate policies must be a part of the charge in translating research to inform policy and making real change. Otherwise, we return to a “majority” framework that continues to nullify the “minority” perspective by undercutting contextualized Latino paradigms and suppression of known facts.

In regard to differences that exist between the Latino community's experience with inequities and the disparities as defined by researchers and health professionals, the group revealed that funding agencies, including large foundations, have made efforts to engage the Latino community, but it seems to be the case that once community voices try to define the problems from their own perspectives, they are, most often, subtly and incrementally shoved aside.

Even though there is vast discussion regarding social determinants of health, programs often go back to using models and paradigms that create more social service delivery which is fragmented and not comprehensive: some communities receive services, and others do not. As a result, less attention is paid to truly addressing social inequality, particularly as defined by the recipients of services themselves.

“Rather than thinking about how you’re going to change the community why not think about a research agenda that says how the health infrastructure is going to adapt to the population and the populations’ issues.”

To the question “has Latino-based research had an impact on policies to eliminate health disparities?” the group responded that impact has been limited. Latinos do not currently have an organized capacity to assess and address systemic issues

from a policy perspective. In many ways, when scholars speak, there are few who listen. Research results must be translated for and marketed to different audiences of policy makers, organizations, and institutions, as well as community advocates.

There was recognition that improvement in the Latino community has come more from activist leadership and organizations, and less from researchers and their work. The issue becomes finding the best methods for Latinos to utilize to more effectively partner and support each other's work to inform and influence policy.

The Latino community's capacity (in the form of research centers, think tanks, and advocacy organizations) to use Latino-based research to influence policy-making is also inadequate. New organizing strategies and partnerships are necessary for developing an unencumbered policy research capacity.

Members of the group stated that while volumes of very good Latino-based research covers social determinant and health areas, the information sits idle without an audience, particularly at the policy, institutional, and community constituency levels. Existing research must be inventoried, translated for multiple audiences, framed appropriately, and delivered as a strong message for policy support.

There continues to be a weakness in the Latino community as a whole, in regard to messaging and framing who the Latino community is and what issues and solutions are important to the community. Latinos are fighting all of the stereotypes and negatives images that appear in the media and movies. Top stories about Latinos tend to focus on crime and immigration.

While there is some national and state level Latino organizations engaged in the policy arena that use research data on behalf of Latino policy needs, much more needs to be done. Limited resources, insufficient partnerships, inadequate organizing, incomplete constituency-building, and co-opting are challenges that often limit capacity.

For the most part, Latino researchers generally do not participate or engage in the policy development process. This is problematic in that it denies opportunities to inform and influence policy makers. There is currently a difficult political environment created partly by the perception and fear that a growing power shift is occurring solely based on population transfer and growth.

There is a strong need for Latino researchers to organize as a group and join with Latino advocates to explore effective methods to support one another and pursue a

coherent Latino policy agenda. New skills may need to be developed to make this work.

“My sense now is that our focus not be more research, we need to sort of stop and really look at this tremendous amount of research that has been done by Latino researcher that’s not visible in dominant culture.”

A final discussion point centered on key elements or components required to build a vehicle with the capacity to bridge Latino-based research and the policy making process. In visualizing this vehicle, it was determined that it must be nimble and have the right people involved, including those who self-identify as dedicated to the cause, having common principles and goals, as well as a willingness to be immediately mobilized. Only then can the moment be seized to grasp policy opportunities and use the right platform for the right audience. The infrastructure to be developed does not have to be a think tank or a central entity in the traditional sense, although it may have some similar components and attributes. More important are the principles and ethics which will guide it.

Infrastructure Framework

Participants of this *plática* support the need for applying rigorous research methods targeting Latino concerns and issues, and using the results to develop meaningful and responsive policy.

They underscored that science and research, education, media, policy, advocacy, community engagement and social change strategy must serve as drivers to address and resolve social and health inequities.

“We need new paradigms grounded in ethics that acknowledges Latino diversity and complexity, plus acknowledge that social justice issues exist and must be addressed to achieve improved bienestar and health outcomes”.

Six elements of a draft framework for a capacity-building model for Latino-based research to inform and influence policy making were cited as follows:

1. Latino-based Research Interdisciplinary Foundation

An interdisciplinary research foundation is critical to help explain causal factors associated with health disparities. Existing Latino-based research provides a rich source of information in this regard, and can facilitate expanding the utility of research results to inform policy and help guard against limiting research approaches to behavioral and cultural paradigms, which tend to focus on individual rather than population and/or environmental interventions.

2. Social Justice, Organizing and Political Engagement

Research must incorporate ‘social injustice’ as a causal factor for inequalities and disparities, to include institutional

barriers, gender and race/ethnic-based biases, racism and discrimination. The research contributes to a process in which community-driven issues converge with policy research and political action to create change. The interplay of research and policy as influenced by money, lobbyists, ideologies, and power structures is understood and considered.

3. Social Determinant Factors

Social factors such as education, employment, income, neighborhood conditions, family wellbeing, and health resources) precede and contribute significantly to inequalities and disparities. Identifying and understanding the causal relationships and what short and long range changes can improve the conditions that create inequalities and disparities in health status and health care delivery will help guide policy research, advocacy and change.

4. Health Care Reform – Addressing Health and Health Care Disparities

The recent health care reform process provided a vivid demonstration of the politics of health care: research, ideology, messaging, power and money. The reform proposes to improve health care access, preventive care and cost-effective management of chronic conditions. The reform’s implementation will occur over period of years and will present opportunities to impact policy decisions.

5. Policy Research Infrastructure Components

Infrastructure components include a) an alliance of researchers and partners; b) coordination support for the alliance; c) an action plan with strategic and operational priorities; d) methodology for prioritization of research areas and results applicable and amenable to inform policy making; and e) a communication capability in order to translate, frame and develop effective messaging targeting multiple audiences using multiple methods and tools, as well as media.

6. Policy Research Technical Support

The policy research infrastructure is intended to provide technical policy support in addressing inequalities in partnership with community groups, social service and policy organizations, and policy makers. Examples of support include preparing policy briefs, conducting policy forums and providing testimony to help inform policy. Support services will also include assisting with data gathering, delineation of issue/policy connections, and policy education and training.

Conclusions

Participants of the *plática* concluded that current strategies utilized by power structures such as the federal and state governments, educational institutions and

health care delivery systems are incomplete and disconnected, therefore unable to understand the diversity and reality of Latino populations and their needs. Therefore, there is a well-entrenched inability to successfully address health inequities and disparities.

New models must be developed. Macro-population based approaches that incorporate social determinant factors. There is a strong need to develop a communication capacity which can effectively translate research results for multiple audiences and to impact policy. A set of ethical principles must guide the development and implementation of any Latino research and policy network or alliance that is developed. Involvement in policy development and political processes, as well as media engagement, and strong partnerships with community advocates is requisite to any research-to-policy endeavor.

Plática members are committed to follow-up and continued involvement in this effort, and have pledged to assist in the identification of others willing to network and participate in capacity-building efforts for Latino-based research to inform and influence policy making. The dialogue of May 2010 was the beginning of a process to build a visionary vehicle with the capacity to transform research outcomes to timely policy actions.

Platica Participants

Hector Balcazar, Ph. D.
Professor and Regional Dean
El Paso Campus UT School of Public Health
1100 N. Stanton, Ste 100
El Paso, TX 79902
hbalcazar@utep.edu

Felipe González Castro, Ph.D., MSW
Professor of Clinical Psychology
Arizona State University
411 N. Central Ave, Suite 700
Phoenix, AZ 85004-0693
Felipe.Castro@asu.edu

George R. Flores, MD,MPH
Senior Program Officer
The California Endowment
Bay Area Regional Office
1111 Broadway 7th Floor
Oakland, CA 94607
gflores@calendow.org

Raquel Marquez, Ph.D.
Associate Professor
Chair, Dept of Sociology
University of Texas at San Antonio
6900 N. Loop 1604 West
San Antonio, TX 78249-0655
Raquel.Marquez@utsa.edu

Rosamaria Murillo, Ph.D, LMSW
Director of Special Initiatives
Deputy Director Preventive and Public Health
Residency Program
Department of State Health Services
PO Box 149347
Austin, TX 78714-9347
rosamaria.murillo@dshs.state.tx.us

Yolanda C. Padilla, Ph.D.
Professor of Social Work and Women's Studies
The University of Texas at Austin
1 University Station D3500
Austin, TX 78712
ypadilla@mail.utexas.edu

Robert Santos
Senior Institute Methodologist
The Urban Institute
2100 M Street, NW
Washington, DC 20037
RSantos@urban.org

Federico Subervi, Ph.D.
Professor and Director
Center for the Study of Latino Media & Markets
School of Journalism and Mass Communication
Texas State University
601 University Dr.
San Marcos, TX 78666
subervif@gmail.com

Robert Otto Valdez, Ph.D.
Executive Director, The RWJF Center for
Health Policy
Robert Wood Johnson Foundation Professor,
Family & Community Medicine and Economics
Associate Director, University of New Mexico,
Office of Community Health
1909 Las Lomas, N.E. Building 152
Albuquerque, NM 87131
ROValdez@aol.com

Ruth Enid Zambrana, Ph.D.
University of Maryland
Professor, Department of Women's Studies
Director, Consortium on Race, Gender and
2101 Woods Hall
College Park, MD 20742
rzambran@umd.edu

Amy Casso, M.P.A.
Senior Policy Analyst
La Fe Policy Research and Education Ctr
1313 Guadalupe, Suite 102
San Antonio, TX 78207
acasso@lafepolicycenter.org

Juan H. Flores, M.U. P.
Executive Director
La Fe Policy Research and Education Ctr
1313 Guadalupe, Suite 102
San Antonio, TX 78207
jflores@lafepolicycenter.org

**La Fe Policy Research and Education Center
1313 Guadalupe Street, Suite 102
San Antonio, Texas 78207
www.lafepolicycenter.org**

La Fe Policy Research and Education Center works to continually improve the *bienestar* (well-being) of Mexican Americans through policy analysis, education, leadership development, civic involvement and advocacy. *Bienestar* affirms our culture, community experience, and values to achieve equality of opportunity through responsive social and health policies. La Fe PREC is part of the Centro de Salud Familiar - La Fe (La Fe), organizational family based in El Paso, Texas. La Fe has over 40 years of social justice, advocacy and direct service delivery experience in health, education and training, cultural arts, and economic development.



**Quetzalcoatl
Warrior and Wisdom**