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Research: How to Achieve a Cohesive Culture for Health Equity in Latino and All Communities

New research review by Salud America! at UT Health San Antonio describes and proposes recommendations to address three key mechanisms by which people discriminate against people of color and/or justify people being in poverty.

(Sept. 15, 2020)—Do you notice how much some of your neighbors are suffering?

A widening socioeconomic gap, racism, and discrimination contribute to inequitable distribution of healthcare, resources, and mental and physical health disparities among Latinos and other people of color and those in poverty, especially amid COVID-19, according to a new research review from *Salud America!*, a national network for health equity at UT Health San Antonio.

Salud America!'s review, "Achieving a Cohesive Culture for Health Equity in Latino and All Communities," examines the latest available science to highlight the health and social impact of racism, discrimination, and poverty, particularly on Latinos.

The review covers three key mechanisms—implicit bias, system justification, and moral disengagement—people use to discriminate against people of color and/or justify poverty.

See the full research review: <https://salud.to/cohesion>.

"To achieve a cohesive culture focused on health equity—where everyone works individually and as a group to ensure each person has a fair and just opportunity for health and wealth—we must help people understand and overcome the mechanisms by which they excuse discrimination and make justifications for poverty," said Amelie G. Ramirez, DrPH, lead author of the new research review and director of *Salud America!* and the Institute for Health Promotion Research at UT Health San Antonio. "This is especially timely during both the rising wave of racial justice and the arrival of Hispanic Heritage Month Sept. 15 to Oct. 15."

Research Review: The Health Impact of Poverty, Discrimination

Poverty and discrimination are key drivers of health inequities.

Poverty's material hardships—difficulty meeting basic food, medical, housing, and transportation needs—lead to worse health outcomes. Child poverty rates are more than twice as high for Latino children than white children (23.7% vs 8.9%), according to the new review.

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 have experienced discrimination or unfair treatment 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.

But too many people overlook these conditions.

Research Review: Three Key Mechanisms People Use to Justify Discriminatory Behavior, Existence of Poverty

Here are three key mechanisms people use to excuse poverty and discrimination:

1. Implicit Bias. Bias is the tendency to favor one group over another. Implicit bias is preconceived notions, or stereotypes, that affect our understanding, actions, and decisions about others—and which operate beyond our conscious control. 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. Implicit biases can be changed.

Read the [full review](#) or our [implicit bias guide](#) for more

2. System Justification. 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 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.

Read the [full review](#) or our [system justification guide](#) for more

3. Moral Disengagement. 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 work place.

Read the [full review](#) or our [moral disengagement guide](#) for more.

Research Review: How to Address These Mechanisms

These strategies and practices can be implemented to reduce bias and discrimination, and increase compassion to contribute to a cohesive culture for health equity:

Intergroup contact. 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 (either face-to-face or other interactive, even digital, methods). One study found that more interpersonal contact with Latino immigrants predicted fewer calls for lower immigration rates, fewer calls for increased border security, etc.

Peer modeling. Peer modeling promotes positive intergroup attitudes via the knowledge that an in-group member has a close relationship with an out-group member.

Implicit bias training. Interventions aimed at “rewiring” implicit biases toward compassion and understanding for people of color or in poverty can be useful tools within a comprehensive

organizational training program for understanding and addressing individual unconscious bias.

Effective communication. Effective communication allows individuals to voice their points of view without attacking another's views, and without feeling attacked. Key elements include: setting ground rules for speaking; listening; allowing equal participation; sharing core beliefs; exploring uncertainties; asking genuine questions of others; and avoiding inflammatory language.

Social media for social change. Social media can be used to bring people together, and to bring about social change. One example is the #BlackLivesMatter movement, which began on Twitter in 2016 after the shooting death of Trayvon Martin. Amid the subsequent deaths of Freddie Gray, Breonna Taylor, George Floyd, and others at the hands of police, the movement has reached and engaged millions of people across America, becoming an organization with chapters in more than 30 cities across the United States.

Building social cohesion. Social cohesion is the capacity of a society to ensure the long-term physical and psychological well-being of its members. A cohesive society is an inclusive one; a society without significant disparities in health, wealth and income, one that values individuals' backgrounds, integrating those from different backgrounds in such a way that everyone can relate to one another. However, social cohesion has declined in the U.S., mainly due to deprivation and inequality experienced by those in poverty amid a widening rich-poor gap.

Ramirez hopes people, organizations, and communities use these strategies to increase social cohesion, which can create feelings of solidarity.

“Social cohesiveness manifests as eagerness to help others, on an individual level, and enhanced social support systems, on an institutional level,” Ramirez said. “Social interaction with others does affect health outcomes, as relationships can facilitate the sharing of resources, help increase opportunities, and improve livelihood.”

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About Salud America!

Salud America! is a national Latino health equity organization that creates culturally relevant and research-based stories, videos, and tools to inspire people to start and support healthy changes to policies, systems, and environments where Latino children and families can equitably live, learn, work, and play. Latinos are a rising U.S. powerhouse, but they face barriers to be their healthiest and suffer high rates of obesity and other health disparities. *Salud America!* and its award-winning multimedia communications help our social and online network—more than 300,000 moms and dads, providers, and community and school leaders—push for healthy changes in schools and communities for Latino and all kids. *Salud America!* is led by health disparities researcher Dr. Amelie G. Ramirez and supported by a passionate team of communicators at UT Health San Antonio, thanks to funding from the Robert Wood Johnson Foundation. Visit *Salud America!* at salud-america.org or on social media @SaludAmerica.