

SPRC

Health, Culture & Society

Typical Western value systems make individuals responsible for managing their own health. For many years, public health campaigns have attempted to motivate people to stop smoking, eat a healthy diet, and exercise. A broader view, however, is critical. The role of economic, cultural, and social influences in preventing disease has become increasingly apparent. Such factors—e.g., educational attainment or language spoken—can markedly change the risk of disease. Preventing disease and promoting health in the broadest possible ways requires attention to these important social and environmental factors.

Stanford's Approach

From its inception, SPRC has included ethnically diverse populations in its research. SPRC has also focused many research projects on medically underserved groups. The results document a disproportionate risk of disease as a function of social and economic factors and suggest a need for culturally relevant health promotion programs.



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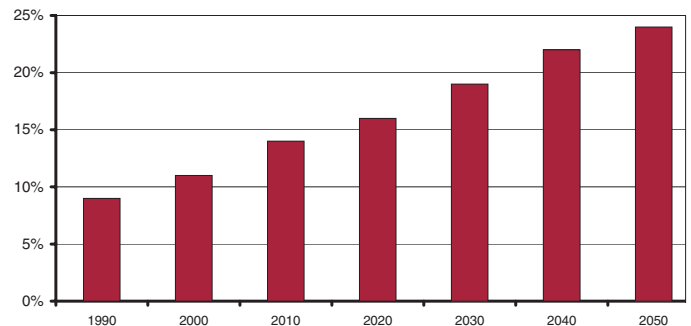
“Stanford continues to bring the science and research base to our community, allowing us to compare data with statewide and nationwide studies, and to design and implement community-based programs that are culturally appropriate and sensitive to the needs of the Latino community.”

John Snider, MPH, MPA
Chief, Division of Health Promotion
Monterey County Department of Health

The Latino Community: Growing & Needing

SPRC has made a particular commitment to understanding the needs of the Latino community, which despite a decade of growth (see chart below) has remained largely invisible to the traditional health care delivery system. Latinos face language barriers and economic difficulties (22% live in poverty) that limit their access to health resources and information. This situation will present a significant public health challenge for the 21st century.

Latinos in the U.S. Population



By the middle of the century, Latinos will comprise about a quarter of the U.S. population.

SPRC began exploring and addressing health needs in the Latino community thirty years ago. Its largest and best-known study—the Stanford Heart Disease Prevention Program (1979-1990)—led the way in developing community-based methods for lowering cardiovascular risk in a multicultural setting. This included pioneering culturally appropriate health communication techniques for Latino populations. The result? Levels of risk reduction approaching that of middle-income populations. Led by Dr. Marilyn Winkleby, SPRC is using its years of expertise in a variety of current studies and interventions in Latino and other medically underserved communities.



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Monterey County Latino Behavioral Risk Factor Survey

The center has done a great deal of work among the growing Latino population of Monterey County, California, which could be considered a bellwether for the Latino population throughout the American West. SPRC has found that although many Latinos are employed in agriculture, where they harvest some of the most abundant vegetables in the world, they eat a high-fat diet with a markedly inadequate intake of healthy fruits and vegetables. More than 60% of Latinos in Monterey County are overweight or obese. More than one third have no health insurance, and similar numbers report being unable to afford a doctor or fill a prescription in the past year. These insights are shaping current public health efforts to address the social context of disease.



Kathy Sloane

High-Risk Teens Tobacco Study

SPRC is also working with ethnically diverse teenagers at alternative or continuation high schools in San Jose, California, to reduce and prevent tobacco use by addressing both the social and behavioral aspects of smoking. Smoking among low-income teens increased by 29% between 1991 and 1999. Teenagers in alternative schools are particularly vulnerable to tobacco addiction; over 65% currently smoke. Of these, however, many are experimental or light smokers, suggesting that, with the right intervention, their behavior might be altered before it becomes more addictive. The SPRC program engages these teens in advocacy activities aimed at curtailing tobacco access and pro-smoking influences in their schools and neighborhoods.

Interview with Marilyn Winkleby



Marilyn Winkleby, Ph.D., came to Stanford after earning her doctorate in epidemiology at UC Berkeley. Drawing upon a lifelong interest in and commitment to working with economically disadvantaged groups, she began to study various topics relating to the health of these groups. Dr. Winkleby is perhaps best known for her work in founding and directing the Stanford Medical Youth Science Program, an innovative program for low-income high school students seeking careers in health.

What special insights does your background in epidemiology give you in your research on the health of diverse populations?

Epidemiology exists only because patterns of health and disease differ in population groups. Epidemiologists are committed to improving the health of medically underserved populations. This is the basis of “barefoot” epidemiology, where one goes into communities, learns from

the residents, and applies this knowledge to improve the health of people who have different living conditions, exposures to disease, health beliefs and behaviors, and access to health care.

What is the biggest challenge facing public health research related to chronic diseases?

There are two related challenges. The first is getting people to understand that we know how to prevent much of heart disease and cancer, the leading causes of death in both women and men. All we have to do is adopt healthy behaviors such as eating healthy foods, drinking in moderation, exercising, and not smoking. The second is getting policy makers to address the social, political and economic factors that greatly impact these health behaviors and affect an individual’s ability to enhance his or her health. Such factors include the promotion of tobacco and alcohol, the availability of fast food, and increased food portion sizes.

“The health needs of underserved populations are complicated by the extra burdens of their daily lives, brought on by the demands and the lack of resources associated with poverty.”

How are the health needs of underserved populations often different from those of other populations?

The health needs of underserved populations are complicated by the extra burdens of their daily lives, brought on by the demands and the lack of resources associated with poverty. This is a social class issue that affects children, adolescents, adult women and men, and the elderly, regardless of ethnic background.

What impact can SPRC have on giving ethnic minorities a greater stake in our health care delivery system?

We must encourage and mentor ethnic “minority” students (who will soon become the majority) to enter health care professions because they have a unique understanding of their culture and a commitment to improving the health of their communities. SPRC is highly involved in training young, talented students from diverse ethnic backgrounds who become leaders in public health and related fields.