



Episode Three: Becoming American

THE MYSTERY: Why do recent Mexican immigrants to the United States, though typically poorer, have better health than the average American? What conditions in America erode their health advantages over time?

THEMES:

1. There is an “immigrant paradox” when it comes to health:
 - a. Recent new immigrants have, on average, better health than native-born Americans, even when though they are poorer.
 - b. After living in the U.S. five years or more, their health outcomes become markedly worse, especially those of the next generation.
2. Economic mobility and health are intertwined.
3. Strong social networks and hopefulness may promote better health, not only in immigrant communities but for all of us.

COMPREHENSION QUESTIONS:

- What is the difference between social support and social inclusion? How are they both important to health?
- What is the “Latino paradox?” Why are recent Latino immigrants healthier than the average American, even though they are less well off and come from poorer countries? How does this notion challenge claims that Latino immigrants are a drain on the U.S. medical system?
- According to the film, Latino immigrants who have lived here five years or more are one and half times more likely to have high blood pressure than when they first arrived. What are other examples from the film of how health outcomes get worse, not better, over time?
- Public health official Dr. Tony Iton says of immigrant health, “They’re doing something right.” What conditions in the Bernal’s lives protect or promote their health? What do these conditions protect them from? What might cause their health to decline over time?
- Describe the role that each of the following might play in eroding the family and social supports that help keep immigrants healthy:
 - Poverty
 - Discrimination
 - Low-paying jobs
 - Ineffective schools
 - Substandard housing

- Epidemiologist Lisa Berkman says: “Overall, people who are really isolated are at increased risk not only for cardiovascular disease, but for infectious diseases, for diabetes, for strokes, for cancer. They were at increased risk from almost every cause of death.”
 - What are the causes of social isolation and exclusion in America?
 - Why are Americans on average more socially isolated today than 20 years ago?
 - How does a strong community network support social inclusion?

DISCUSSION QUESTIONS:

- Dr. Iton says, “When you’re a new immigrant, the relationship between wealth and health is relatively loose. As you become more American, that relationship becomes tighter and tighter and tighter.” What does he mean?
 - What forces in society cause the tightening of that relationship?
 - What interventions might prevent this from happening?
 - What can we learn from immigrants that can help improve health for all Americans?
- Amador Bernal says: “I water the mushrooms with a hose and watering can by myself... I earn \$9.03 an hour. I work 8 hours a day, 7 days a week.”
 - How does economic need influence the Bernals’ ability to parent their children?
 - How do economic circumstances influence the children’s ability to succeed at school?
 - What steps can a community take to support parent-child bonds and increase the chances for all children to succeed in school?
- The film notes that workers at the mushroom farm get no paid sick days and that the U.S. is alone among wealthy nations in not legislating paid sick leave. In your view, what are the consequences for working families in America of not having paid sick days? How would families benefit if these were guaranteed by law for everyone?
- According to the film, three out of four Americans who were at the bottom of the income ladder in the late 1980s were still there a decade later. What conditions limit economic mobility? How do current U.S. economic and labor policies “stack the deck” for or against working families?
- In describing neglected neighborhoods, Dr. Iton says that if your “environment is giving you cues that you’re not valuable, that you have little prospects for a good future, that starts to build up and you internalize that devaluation.” What specific things about a neighborhood can make one feel valued or devalued? How might resources be allocated so that people from every neighborhood in your city or town can feel valued?
- The film reports that social isolation is on the rise in the U.S. What are the causes of social isolation? What efforts or opportunities exist in your community to decrease social isolation and provide members with a sense of belonging and connection? What might be done to strengthen, sustain, or expand those efforts?

- Dr. Iton says: “In America, wealth pretty much equals health.” Consider how the following might reduce economic inequality or make health less dependent on a family’s personal wealth:
 - Living wage laws
 - Single payer health care
 - Development of affordable housing
 - Equal funding for schools across communities
 - Paid sick leave
 - Intra-neighborhood gatherings organized by civic or church groups
 - Universal pre-school
 - Paid vacation, parental and family leave

SUGGESTED ACTIVITY: SUPPORT NETWORK DIAGRAM

1. Social support is about having people we can turn to in a time of need and social inclusion refers to the degree and extent to which we are allowed to participate fully in society. In this activity, participants will chart who and where they might turn to for different needs.
2. Photocopy and distribute the following grid to participants. (We recommend that you create and copy your own document using these categories or your own.)

	Family & friends	Co-workers, teachers & employers	Community or religious groups	Civic or professional organizations	Government agencies & services
Financial					
Medical					
Children / Family Issues					
Schools / Education					
Current events / politics					
Fun / Entertainment					
Jobs / Labor					
Food / Meals					
Transportation					
Emergency Shelter					

3. Ask participants to come up with examples of different types of needs they might have that fit the categories on the left. Then ask how they might turn to one or more groups at the top of the column to fulfill that need. Try to fill all the boxes by coming up with a need for each category that corresponds to each group.

For example, under the Financial category, you might turn to family or friends to borrow a little cash if you are short one month or get laid off from your job, or talk to your co-workers or employers to push for a raise. Government agencies might help you with workers compensation or social security, a bank might give you a car loan, and a professional or community organization might get you discounted insurance rates.

4. Encourage people to define needs broadly and creatively – the idea is not to focus on emergencies but to identify different types of need and map relationships between different groups that you can trust or draw support from.
5. After about 20 minutes or when most people have finished filling out their charts, come together as a group to discuss the activity:
 - What did you notice about where you might turn for different kinds of needs? Did any patterns emerge?
 - Which boxes were hardest to fill? Why?
 - Where is support most lacking? Are these different for everyone? If so, why?
 - How does insufficient support in different areas create stress?
 - How can you improve or sustain support in different areas?
 - Which areas require collective action or different policies to change or improve?
6. At the conclusion of the activity, brainstorm some next steps to take as a group or as individuals to increase levels of support. What are some organizations working to strengthen community capacity? Will government decision-making processes need to be made more accessible and open?



WEB SITE TIPS:

Online Activity: Play the **Game of Life Expectancy** to see how social and economic factors affect how long you'll live.

Action Center: Read **Inspiring Stories** about promising initiatives that are helping to transform health and social conditions around the country.

Action Center: Use our **ConnectUp!** directory to find organizations working to advance health equity in your geographic or subject area.

KEY REFERENCES:

Berkman, Lisa. "Assessing the Physical Health Effects of Social Networks and Social Support," *Annual Review of Public Health*, 5 (May 1984): 413-432. (This is a follow up to Berkman and Syme's original study of Alameda County residents published in the *American Journal of Epidemiology*, 109 (1979): 186-204.)

Cabrera, Yvette. "Latina Mothers Poor in Wealth, Rich in Health." *Milwaukee Journal Sentinel*, August 11, 2002.

Markides, K.S. and J. Coreil. "The Health of Hispanics in Southwestern United States: An Epidemiological Paradox," *Public Health Reports*, 101 no. 3 (1986): 253-265.

McPherson, Miller, Lynn Smith-Lovin, and Matthew E. Brashears. "Social Isolation in America: Changes in Core Discussion Networks over Two Decades," *American Sociological Review*, 71 (June 2006): 353-375.

Schmid, Randolph A. "Health a Challenge for Hispanic Immigrants." Associated Press, 2006.

From the film:

- The average American spends 50 minutes a day commuting to and from work. For ten million Americans, the commute is now two hours or more.
- One in four Americans say there is no one with whom they discuss important matters. That number nearly tripled in the last 20 years.
- After five or more years in the U.S., Latino immigrants are 1½ times more likely to have high blood pressure than when they first arrived.
- The depression rate among immigrants who have been in the U.S. less than 13 years is 8%. For the general U.S. population, the depression rate is 20%.
- Three out of four Americans who started out at the bottom of the income ladder in the late 1980s were still there a decade later.