

NEW HEALTH RESEARCH PARADIGM SEEKS TO FREE LATINOS FROM DOUBLE JEOPARDY

By: Michael Montoya, Assistant Professor, UCI Departments Chicano/Latino Studies and Anthropology



human health – the conditions under which humans live. In spite of the billions spent on biomedical research and the dedication of generations of intellectual talent, we can predict only a fraction of who will become ill and who will remain healthy. We do know that minorities suffer from the most common illnesses. Researchers report that behavior (e.g. diet, tobacco use) and social factors (e.g. poverty, education, environmental exposure, health care) account for at least 70 percent of premature death. These factors, however, account for approximately one third of the federally funded research budget. The discrepancy between what we know accounts for premature death and those factors on which we spend our precious resources, acts as a double jeopardy for Latinos. Most disturbingly, the research disconnect between the social and biological worlds increasingly leads to the wrong headed pursuit of linkages between illness and the Latino body itself. The quixotic pursuit of racialized genes for diseases are but one of many trends that are at best a distraction from real public health research, and have been shown to reinforce racial stereotypes.

Wading in to this conundrum, my work seeks to develop an empirically grounded, interdisciplinary, multileveled research approach that focuses on the behavioral and social factors that cause most disease. I am currently creating a research protocol for type 2 diabetes. There is a long tradition of epidemiological research into the effects of social context on health. Yet research into many of these diseases and deploy top-down rather than locally derived social constructs. Thus, by characterizing and identify and operationalize health variables derived from locally manifested social and historical forces.

According to the United States Centers for Disease Control and Prevention (CDC) diabetes is the seventh leading cause of death in the United States. Type 2 diabetes is a late-onset chronic disease that is associated with risk factors such as increased obesity, dietary fat intake, smoking, and low physical activity. Risk conditions such as racism, stress, and socio-economic status have also been implicated in the development of diabetes. The National Institute of Diabetes Digestive and Kidney Diseases (NIDDK) reports that over 8 percent of all Latino Americans aged 20 years or older have diabetes. Mexican Americans are over twice as likely to have diabetes as non-Hispanic whites of similar age. Some predict that without intervention, half of all Latino girls will develop type 2 diabetes.

Building upon my ethnographic research into the misidentification of Mexicano ethnicity as a *de facto* cause of type 2 diabetes, I seek to develop a model for the identification of causal biocultural variables for type 2 diabetes and other chronic diseases. Biocultural variables are interlinked biological, social, and ecological phenomena. Biocultural phenomenon can only be derived by a careful attention to the ways of living of a particular set of people. Biocultural phenomena are reflections of the biological dimension of economic and sociocultural changes for human life. After all, humans are biological and social beings.

