

## **Bridging Worlds/Conectando Mundos: Yucatecans in San Francisco, California**

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### **Abstract**

***Bridging Worlds** is a binational participatory action research project aimed at developing a cadre of globally competitive, diverse university students in the U.S. and México, charged with collecting data and communicating findings to bridge traditional and new knowledge systems. These Mexican and U.S. university students worked in collaboration with faculty mentors to develop skills and knowledge on research methods appropriate for gathering local knowledge about traditional Mayan life via digital video and audio files that captured snapshots of healthy living. These students also enhanced their knowledge about effective editing and translation of audio files to include Yucatec Maya, Spanish, and English. Teams of local community members (Mayan speaking children/adults) in San Francisco, CA partnered with university researchers to strengthen awareness of healthy lifestyle topics, particularly issues pertaining to mental, emotional, and behavioral health, as well as stressors and challenges related to immigration. The training modules were designed by teams of graduate students and faculty from two academic institutions in Mexico and in the US two nations in close collaboration with Asociación Mayáb, in San Francisco, California.*

**Key words:** Yucatec Maya, migration, barriers to health care, global health, Participatory Action Research, health education, promotoras, intercultural communication

### I. Introduction

Compared to other indigenous migration patterns such as the Mixtec or Zapotec, the Yucatec Maya migration phenomenon is much more recent, irreversible and growing trend. Many Yucatecans are no longer migrants, and have become permanent residents of large urban centers such as San Francisco and Los Angeles, California and Portland, Oregon. This contemporary migration pattern began in the 1980s as migrants aimed for the tourist destinations in Cancun and the Mayan Riviera. Currently, there are more than 20,000 Yucatec Mayans in the San Francisco Bay Area (SFBA) who have migrated from four municipalities such as Oxkutzcab, Akil, Santa Elena, Tzucacab, and Peto within the last twenty years (Gomez-Pineda 2007).

Bridging Worlds is a binational project aimed to increase and improve access to health-care services for immigrants of Yucatec-Maya origin living in San Francisco, California. This project linked the University of Texas at El Paso (UTEP) in El Paso, Texas, the Universidad Autonoma de Yucatan (UADY) (Autonomous University of Yucatan) in Merida, Yucatan, Mexico, and Asociacion Mayab (AM) (Mayab Association) in San Francisco, California. This interdisciplinary team was comprised of researchers from the fields of education, social-medical anthropology, social work, sociology, communications, and community-based practitioners specializing in public health and

Yucatec Maya immigrant communities. Through this binational collaboration, research and innovative practices were shared across borders to produce public health resources in Yucatec Maya, Spanish, and English. This binational partnership effort signifies a marked reality of the global implications of indigenous immigrant diasporas in the 21<sup>st</sup> century.

Studies on transnationalism have contributed to our understanding of globalization's fragmenting impact on local communities. Transnationalism involves migrants crossing national borders while synthesizing two societies into a single social field. Migrants in transnational networks are linked to their countries of origin and to the countries to which they have migrated. Migrants' everyday lives are defined by the social processes of displacement and re-articulation that take place within the social arenas they occupy. This work contributes to the literature on indigenous transnational migration in the United States. It discusses how Yucatec Maya immigrants negotiate barriers to health care in the receiving community of San Francisco, California, and their reflections of life in the US after they return to their communities of origin. Members of the binational research team gathered data from migrants who returned to Yucatan, either through deportations or choice, and conducted ethnographic research in the municipality of Oxkutzcab to gather narratives of the migrants' health seeking experiences, how they negotiated health care, and the main reasons why they under-utilized services or did not get any services at all while in the U.S.

## **I. Purpose**

The overall objective for the Bridging Worlds partnership was to promote access to health for the large and growing Yucatec Maya immigrant community in San Francisco, California. The project also enhanced the capacity of two higher education institutions – Universidad Autonoma de Yucatan (UADY) and the University of Texas at El Paso (UTEP) – to develop a unique and innovative effort to enable Yucatec Mayan community members in San Francisco to develop skills and knowledge as health promotoras, with an emphasis on strengthening their capacity in native language communication. Working in close collaboration with our community partner, the Asociacion Mayab, each of the four health promotoras provided training and information that impacted more than 100 Yucatec Maya families in San Francisco. Our project surpassed these goals and expectations.

The central focus of this Participant Observation Research project was to expand health promotion among Yucatec Mayan immigrants living in San Francisco, California. PAR is X, Y, Z. The notion of health promotion is defined as the process of empowering individuals and communities to increase control over determinants of health, (Wallerstein & Bernstein, 1988), building on commitment to full participation. This built on our shared commitment to Freirean principles (1970), which see the empowerment of learners as crucial to the educational process. The goals imparted by *Healthy People 2010 and Healthy People 2020* (United States Department of Health and Human Services [USDHHS], 2000, Y), played a pivotal role in the health modules, one of the final outcomes of this binational, bicultural, bilingual project.

The purpose of the binational research project, linking two universities and a community-based center, was to support health education and access to health resources for the large Mayan Yucatec immigrant community located in San Francisco, California. While a non-profit association, *Asociacion Mayab* has worked with public and private partners for years to respond to some of the most pressing and urgent healthcare and health education issues faced by this immigrant community, additional culturally relevant resources facilitating access to health education and health care are needed. Through the use of research-based health promotion approaches, including Photovoice, YouTube, and community exhibits, the research project aimed to link Yucatec Maya-speakers in Mexico and the U.S. to develop culturally relevant health promotion resources to be used in the immigrant diaspora (i.e., San Francisco).

The overarching research question was:

How can a binational, participatory action research project increase access to health care, health education and other social services among Indigenous Maya immigrants in San Francisco?

## **History of the Project**

Bridging Worlds was created from collaborative planning across multiple borders: US and Mexico, English/Spanish/Yucatec Maya languages, institutions of higher education and community activist groups, rapidly changing ‘majority-minority’ urban populations. Prior to this grant funded initiative, the University of Texas at El Paso (UTEP) engaged in intensive dialogue and planning with partners in the Yucatan over a period of 18 months to develop collaborative and sustainable bi-national agreements and bi-national research on a variety of interdisciplinary themes in 2009. The key focus of this collaboration was the facilitation of in-depth understanding of the roles of native language literacy and family/community engagement in the development of cognitive skills. The planning visit project focused on children, families and schools located in the Yucatan/Campeche region of Mexico where the native language is Yucatec Maya. In March 2011, partners from Merida visited the El Paso/Juarez community to present findings from the Mexican community on the critical roles of language and culture in informal education settings. In November 2011, the team organized a community forum, in collaboration with the private and public sectors in Merida, YU to bring about a wide-ranging dialogue on the intersecting and overlapping roles of language, linguistics, culture and health in the Mayan educational community. Although linguistics was a point of initial interest, it was the non-profit organization’s leadership that pointed out the current public health concerns faced by Yucatec Mayan speaking immigrants in San Francisco, CA. The pressing health concerns included issues on mental health, mainly depression, domestic violence, substance abuse issues, and interpersonal violence experienced by a young, mostly male immigrant population in the city of San Francisco.

From singular to comprehensive focus: The interdisciplinary view

The Bridging Worlds project moved in organic fashion from its focus on bilingual education to a broader, interdisciplinary comprehensive program involved scholars from

anthropology, public health, sociology, STEM, and education. Institutional funding, provided by UNAM, UADY, and the INAH in Mérida provided institutional support for arranging community level interactions and meetings to fully understand the nature, intent, process, and potential for collaborative research. After each on-site visit, the Merida and El Paso teams met with top administrators to share the outcomes, outline preliminary steps in developing a collaborative research agreement (convenio), and begin the process for attracting support for this effort from the Consejo Nacional de Ciencia y Tecnología. New partners have become engaged in this initiative, each bringing unique contributions to this interdisciplinary collaborative partnership: (1) UADY's Director of Social Services; (2) INAH. At UTEP: College of Education; College of Liberal Arts; and School of Nursing.

**The project** followed basic principles underlying “best practices” in community engagement. Keeping the focus on deeper understanding of the role of native language literacy development, the scholarly community included anthropologists, sociologists, political scientists, linguists, public health and health education specialists. A pervasive theme in these efforts has been applied research, with particular attention to education, biliteracy, curricular improvements, and preservation of the Yucatec Maya language.

**Broader Impacts:** This project created short- and long-term opportunities for strengthening binational cooperation, with the development of formal agreements between UTEP and UNAM-Mérida. Other impacts include providing advanced training for U.S. graduate students who will participate in cross cultural communications, data collection and teamwork in this international planning visit, with a focus on research and study on the effects of supporting native language literacy in a unique linguistic/cultural community. Other broader impacts include the potential for promotion of mutually beneficial collaborative partnerships among schools-communities-universities, in Yucatan, Mexico and El Paso, Texas, with binational and collaborative leadership from two IHE's – UTEP and UNAM-Mérida.

## **II. Studying Yucatecans in a transnational perspective**

There are immigrants with ties as early as the Bracero period of X and Y. Guemez-Pineda (2007) indicates a peak in the immigration in 2000 with a major shift that took place in the Mexican political landscape with the election of the PAN, altering more than seventy years of political rule by the PRI. Guemez-Pineda (2007) notes that migrants leaving Yucatan do so without finishing their middle school education while speaking Maya first and Spanish as a second language. As they arrive to work in the US, migrants develop basic functional English as a strategy for communicating and building relationships with their employers. Critical to their integration into life in the city is their affiliation with civic and cultural organizations formed by migrant leaders to provide support services and orientation to a new way of life. The goal of these organizations is to help strengthen the immigrants' cultural roots and sense of identity. Also key to these immigrant-community organization partnerships is the role of Presbyterian churches, whose members offer new migrants with emotional and spiritual support in

neighborhoods such as the Mission district in San Francisco, CA.

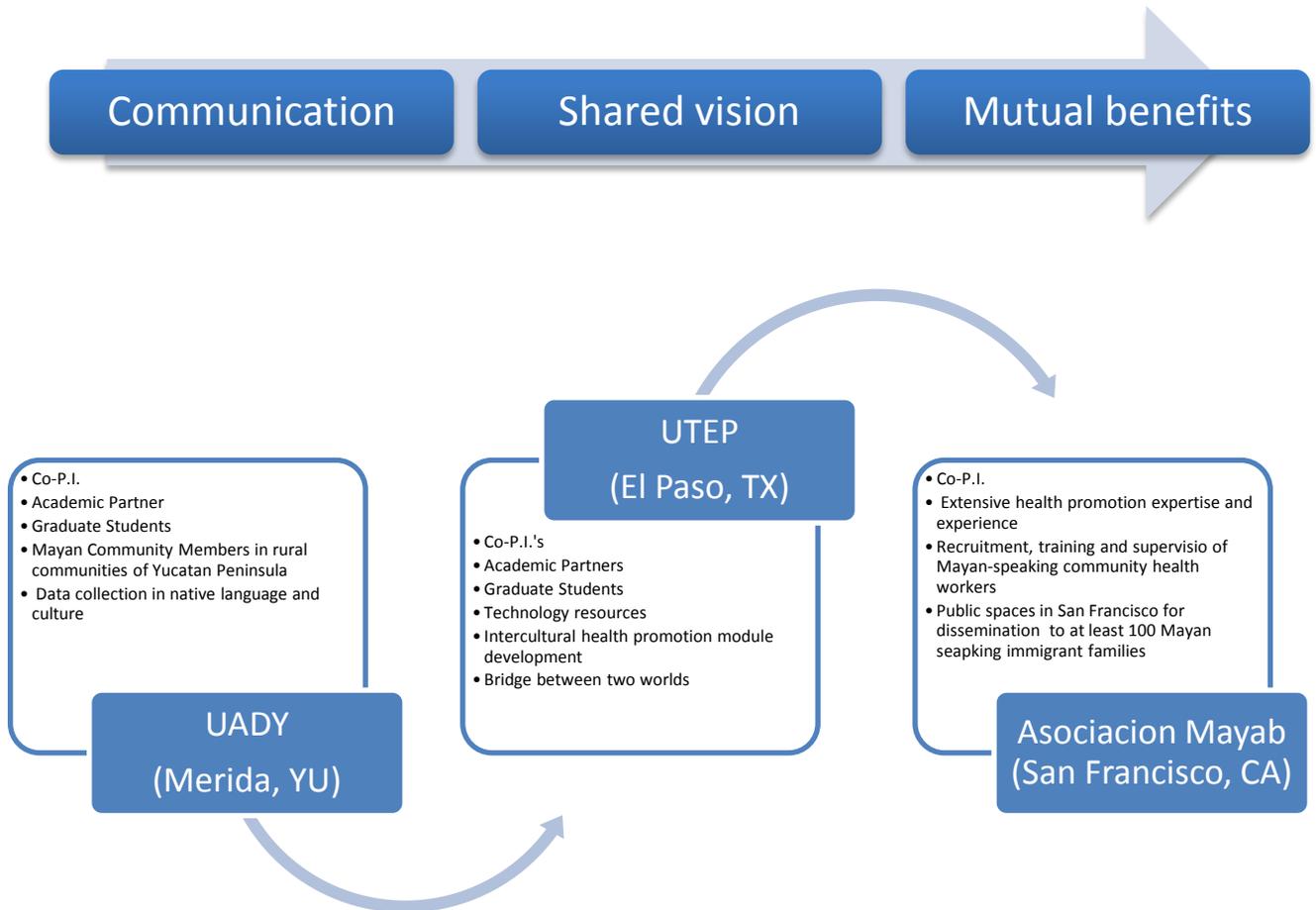
### **Methods and Design (3-4 pp)**

This action research project was a key component of a participatory action research (PAR) long term initiative, seeking to understand health challenges, as well as barriers to access and health education faced by Indigenous Maya immigrants in California through the engagement of a diverse community of students, scholars, community health educators, and Yucatec Maya community members in a multidisciplinary, community-based project. A central goal of the project was to serve as a model for the development of binational, multilingual approaches to health promotion for an indigenous diaspora in the U.S. Two universities, one located in Merida, Mexico and one in El Paso, TX collaboratively developed a series of training modules to empower Mayan-speaking community health educators (*promotoras*) in San Francisco (SF), California.

Over the past decade thousands of indigenous Maya immigrants have made the San Francisco Bay Area their new home. Although the exact number of Maya immigrants in the area and their demographic composition is still unknown, the large and growing numbers of this community in areas such as San Francisco are dramatically and rapidly transforming these communities. As the numbers grow, so does their need for products and services; furthermore, to ensure that these services are accessible and that they respond to the lived experience of these immigrant populations, they must be culturally and linguistically responsive (Casanova, 2011; Millender, 2012)).

Since its inception, Bridging Worlds was grounded in new approaches to scholarship in higher education. These new directions do not begin or end with laboratory experimentation or in theoretical criticism and speculation. The new scholarship implies action and impact. Scholars, students, and community members have been linked together as co-equals throughout the project. The public universities involved in this project (in Texas and in the Yucatan) are among the growing number of IHE's today that are expected to play leading roles in addressing problems of the larger community by direct engagement with practitioners outside of the 'ivory tower'. In institutions such as these, faculty become involved in applying their expertise to real-world problems and collaborating with partners in other sectors to bridge the gap between theory and practice, applying knowledge to real-world issues and generating new understandings, a practice that may be described as *community-engaged scholarship* (CES). CES combines the principles of community engagement with accepted standards of scholarship, with action research as key mechanism.

### **Bridging Worlds, The Model**



#### IV. Primary activities of the partnership:

In Mérida, México, our project objectives were achieved by: Training a group of 3 – 5 graduate students enrolled in the Universidad Autónoma de Yucatán (UADY) Department of Social Sciences. These individuals, under the supervision of Dr. Miguel Güémez Pineda, received instruction and training in ethnographic data collection appropriate for Mayan-language communities in the Yucatán Peninsula.

These graduate students engaged in an extensive review of the literature, including examination of census and statistical reports of the migratory phenomenon (INEGI, IMSS, Indemaya, CDI, INM, etc.). From these sources the team developed statistical tables that provide a general panorama of the dynamics that have impacted overall economic, health, and linguistic situations of the immigrant population.

Insert tables here

The Merida/UADY research team moved into action from the earliest stages as well,

also engaging in a series of in-depth interviews in Mexican communities with Yucatec Mayans who have lived in San Francisco, CA and returned to the Yucatan Peninsula. The themes that were uncovered generated important findings about the lived experiences of this group. For example, in more than three separate fieldwork visits to rural communities in Oxkutzkab, the district from which many have migrated to San Francisco, California, the researchers conducted in-depth interviews with deportees, many of whom were young men who had lived for one year or more in San Francisco. The interviews sought to develop deeper understandings about how the immigrants accessed health services while living in San Francisco, and how they resolved personal or family health issues as immigrants in a foreign land.

Insert key findings from Guemez and Nancy's article here

## **II. Perspectives and Theoretical Framework**

In the United States today, poverty, acculturation stress, environmental risks, lifestyle changes, and health care access contribute to declining health for many immigrants in urban communities. While numerous studies have been conducted (Antecol & Bedard, 2006; Derose et al., 2007; Rodriguez et al., 2009) documenting the health challenges faced by immigrant communities, little is known about the lived realities faced by Indigenous immigrants in the United States. These unique communities and their linguistic, cultural and socioeconomic particularities are often underserved, and their voices remain unheard, diluted within those of the broader immigrant communities. As a result, Indigenous immigrants often seem invisible to the mainstream community and their cultural knowledge, linguistic contributions and health needs are frequently overlooked by service providers, policy makers, community organizers and others. This research project focused on the Mayan-speaking immigrant community in San Francisco, California, connecting Mayan-speaking experts in the homeland (Yucatán, Mexico), binational resources from the U.S. México border (El Paso/Ciudad Juarez), and public health experts in Mayan immigrant communities in California to create unique opportunities for enhancing access to health care and health education using innovative technologies connecting traditional and modern approaches to critical health issues facing this immigrant community today.

The impacts of globalization have pushed many of these immigrant communities into extreme poverty in their homelands, forcing them to seek opportunities elsewhere, migrating to larger urban areas and to the United States in search of jobs and other economic opportunities. Immigration itself is a traumatic experience that, along with all the factors mentioned above, puts Indigenous immigrants in an unfavorable position compared to other immigrants, making them more vulnerable to health and psychosocial issues often associated with immigration such as depression, social isolation, substance abuse, cultural shock, stress and violence.

Unlike most of their *mestizo* or mixed race immigrant counterparts from Central and South America, Maya Indigenous immigrants come to this country carrying a long legacy of political, cultural and economic exclusion and oppression. As such, understanding the health challenges, as well as the barriers to health education and treatment faced by Indigenous Maya immigrants in California is direly needed. The

immigration process itself can serve as a catalyst for exacerbating a wide range of mental health challenges, and has been documented in other immigrant populations in the United States. Examples of such mental health challenges include higher rates of anxiety, depression, post-traumatic stress disorder and substance abuse (Duldulao, Takeuchi, & Hong, 2009). In fact, Berry and Sabatier (2010) found that immigrants who are racially distinct from the majority seem to be at a greater risk for experiencing discrimination as opposed to those who are not. Barriers to seeking treatment by immigrants have been extensively documented and include lack of access to culturally appropriate and culturally sensitive mental health services (Wu, Kviz, & Miller, 2009), shortage of racial or ethnic minority persons trained to work with them in the most needed areas (APA, 2009a), and a lack of access to interpreters (Rodriguez, Valentine, Son, & Muhammad, 2009).

The Mayan community is extremely diverse, comprising over two dozen different cultural and linguistic groups that come from at least five different countries, all of whom have confronted very different experiences such as war and genocide, as well as (in some cases) political and economic opportunities and integration into the larger societies where they live. In San Francisco, most of the 20,000+ Maya immigrants come from the Yucatán peninsula. They come from more than two dozen different towns and small villages in the states of Yucatán and Quintana Roo. Many of the members of this community have found a niche in the vibrant restaurant and service industries of San Francisco and work long hours and multiple jobs to make ends meet in one of the most costly cities in the United States, while still managing to sustain their families back home in México. Composed of mainly young solo-males ages 18-35 years old, a rapidly growing number of women and small children have also been coming to join their husbands and fathers in the U.S. diaspora over the last few years.

#### **IV. Data Collection and Analysis**

Data collection was conducted in this binational project in two different settings, both in Mexico and in the U.S. Participants in this project (in Mexico) consisted of Yucatec Mayans who returned to their homeland from SF (*'repatriados'*); and (in the U.S.) a group of Yucatec Mayan immigrants residing in SF. Data collection consisted of field notes, digital video and Photovoice interviews, and narratives that provided in-depth understanding of the informants' cultural background. The team used skype, email, and google resources to maintain constant and ongoing communication; additionally, selected members of the team traveled to the various program sites. Throughout the data collection/analysis phases, team members conducted extensive reviews of the literature, including examination of census and statistical reports of the migratory phenomenon (INEGI, Zoya, 2007)-INEGI, 2014; Solis & Fortuny, 2010; Zoya, 2007); ) From these sources, we developed statistical tables that provide a general panorama of the dynamics that have impacted overall economic, health, and linguistic situations of the immigrant population.

To analyze the data, we applied ethnographic analysis to interviews. (LeCompte & Schensul, 2010). During the preliminary stages of analysis we focused on recurring

words, concepts, or phrases used by the participants to describe their experiences as immigrants in SF. Later and ongoing data analysis phases include member checking and cross referencing of the entire data set in order to clarify key patterns across all the research participants to generate the final findings.

The Yucatecos who had returned home to their towns and villages were primarily male, young, and single. Approximately 70% of them were born and raised in Mayan-speaking families; many of them reported using Mayan with friends, roommates, neighbors while in San Francisco. For some, the social/cultural connection with other Mayan speakers provided a sense of grounding and security. On the other hand, few of the returned immigrants reported having learned English, and those who had developed basic English skills had done so out of necessity. Most had worked in the service industry as cooks, dishwashers, ...

## **V. Outcomes**

Obtained additional funding to cover expenses related to equipment

La Raza Family Resource Center and Mission Neighborhood Health Center agreed to host promotoras for a 6 month period of time

San Francisco Needs Assessment of Yucatec Mayan Community, translated to Spanish

Bridging Worlds Promotoras presented outcomes of the project at the La Raza Family Resource Center and Mission Neighborhood Health Center in San Francisco on two separate occasions. More than 50 Mayan individuals, (children, families and others) attended these community events, where presentations in Yucatec Mayan about diabetes and domestic violence were presented in Spanish and in Mayan. Other friends and supporters from Berkeley and San Mateo attended these events as well. A Yucatec linguist from Merida was present as well, serving as teacher and mentor for the many community members engaged in these high level, updated scientific presentations in the native language of the Yucatec community. Over the lifetime of the project, more than 100 Mayan individuals had the opportunity to participate in these health promotion community events.

## **VI. Findings**

The migration experience had diverse psychological and emotional impacts on each individual. It is a complex, traumatic experience that often results in problems to the person's integral health (including both biomedical, physical health, and mental, psychological, emotional health, with deep, cultural impacts). Some described the difficulties of adapting to life in the US, the feelings of sadness and loneliness for their families and their home. Others talked about the challenges of cost of life in San

Francisco, needing to work long hours to have enough money to live in SF, send money home to their families, and pay the migration and entry to the US. These repatriated migrants in Yucatan were more likely to share their experiences of stress, trauma, and depression in the Yucatec Maya (native language) rather than in Spanish. Discussion of more sensitive mental health issues was more taboo in Spanish, but native language dialogue allowed people to “speak their voice” more naturally. This particularly finding has the potential to influence public health interventions rooted in cultural and linguistic sensitivity to the needs of indigenous immigrants.

Key findings revealed that:

- Most said that health issues experienced during their time in the US were minimal, and were reluctant to describe any ill health during their U.S. stay.
- Those who did open up to describe health problems, limited their discussion to primarily physical health issues (like accidents in the workplace), with little or no mention of stress, and/or health problems related to alcohol, tobacco and drugs
- Some said they were never sick while in San Francisco, and others said they found ways to heal themselves through self-medication, traditional medicines, and phone calls to family in Mexico. While one or two did go to a U.S. doctor and/or hospital, these were rare cases; medical insurance while living in San Francisco was unattainable for most and their savings fell far short of the costs of medical care in the U.S community.

Furthermore, interviews with these informants revealed that the migration experience had diverse emotional impacts on each individual. It is a complex, traumatic experience that often results in problems to the person’s integral health (not just biomedical, physical health, but with deep, cultural impacts). Some described the difficulties of adapting to life in the US, the feelings of sadness and loneliness for their home. Others talked about the challenges of cost of life in San Francisco, needing to work long hours to have enough money to live in SF, send money home to their families, and pay the migration and entry to the US. These returned migrants in Yucatan were more likely to share their experiences of stress, trauma, and depression when the conversation was conducted in Maya (native language) rather than Spanish. Discussing more sensitive mental health issues were more taboo in Spanish than in English.

Additionally, new questions have emerged from these interviews and the binational team plans to follow up in future research. For example:

How do the short-term vs. long-term immigrants to the U.S. compare in relation to health access while in the U.S.?

Does length of stay make a difference?

Does gender make a difference? (at this time, few women have been interviewed).

How do families/friends help immigrants adapt to the U.S. community?

The Merida team will also examine health impacts on those left behind (i.e., the home communities in the Yucatan Peninsula).

Additionally, based on the study findings, the team developed online resources and created printed pamphlets of health modules in English, Spanish, and Yucatec Maya to promote cultural interconnection between the two countries,

## **VI. Significance of the Study**

This cross-cultural project is among the first to connect the lived experiences of Yucatec Mayan indigenous Latina/o immigrants in the U.S. and their extended families/communities in their native homelands in México. Little research to date has revealed the depth, complexity, and lived experiences of the Yucatec Mayan immigrants in diaspora as they (re)create and (re)claim their malleable Indigenous identity across the multiple geographical, social, psychological, and cultural spaces they find themselves in, including responses to the discrimination they face from non-Latina/o/non-Mexican groups and their own Latina/o/Mexican communities (Casanova, 2011; Salgado et al., 2014). Findings regarding health education, access to health care and the negotiations of immigrants' agency contributing to their resilience as Yucatec Mayan immigrants in the U.S. are foundational in continuing research around Indigenous immigrants in today's increasingly linked global world.

Attach as Appendix A

La Mision de La Asociacion Maya-Yucateca del Area de la Bahia es crear las condiciones que permitan el desarrollo optimo de la comunidad Maya-Yucateca residente en el Area de la Bahia de San Francisco.

Nuestra Organización enfoca sus esfuerzos en tres lineas de accion:

- \* Preservación y Promoción Cultural y Recreación
- \* Servicios Sociales y de Apoyo en Casos de Emergencia
- \* Comunicacion y Abogacia Comunitaria

#### Events/Presentations in SF

The BW Project provided unique opportunities for education, enrichment and crosscultural communication in the San Francisco community. The Maya Yucatec population in San Francisco is a vibrant and dynamic community, large and growing, yet recognized by few. While public schools point to the great need for expanding educational services in Spanish for Mexican/Mexican-American children in the school district, few acknowledge the linguistic/cultural diversity that these children represent. The Yucatec Mayans, for example,

Attach as Appendix B (?):

In collaboration with students and faculty members in El Paso, TX, the team developed a set of modules that lead to understanding and action on basic preventive health practices. A summarized version of one of these follows below here:

Ten Health Tips: *In your home every day you can:*

1. Eat healthy

- Eat daily portions of fruits, vegetables, and a variety of whole grains
- Limit intake of beverages and food with a large amount of calories, sugar, salt, fat or alcohol
- Keep a healthy weight with a balanced diet
- The USDA suggests that adults include in their daily diet:
  - 3 ounces of whole grains and 6 ounces of grain
  - 2 cups of fruit
  - 2 1/2 cups of vegetables
  - 3 cups of free/low fat dairy products

2. Be active

- Be active for at least 2½ hours a week or the equivalent of 30 to 50 minutes of cardiovascular exercise a day.
- Help children and teens be active for at least 1 hour a day.
- Include activities that raise their breathing and heart rates and that strengthen their muscles and bones.

3. Protect yourself.

- Wear helmets, seat belts, sunscreen, and insect repellent.
- Wash hands to stop the spread of germs.
- Avoid smoking and breathing other people's second hand smoke.
- Build safe and healthy relationships with family and friends.
- Be ready for emergencies. Gather emergency supplies.
- Make a plan. Be informed.

4. Manage stress.

- Balance work, home, and play.
- Get support from family, friends, and community.
- Stay positive.
- Take time to relax.
- Get 7-9 hours of sleep each night. Make sure children get more, based on their age.

- Get help or counseling if needed.
5. Get check-ups.
    - Ask your doctor or nurse how you can lower your risk for health problems. Take into account lifestyle and family and personal history.
    - Find out what exams, tests, and shots you need and when to get them.
    - See your doctor or nurse for regular check-ups and as often as directed. Get seen if you feel sick, have pain, notice changes, or have problems with medicine.
    - Have a general health exam once a year.
    - Consult your doctor about taking vitamins to complement your diet.
  6. Don't smoke or use tobacco and limit drinking alcohol
    - Smoking and using tobacco are very dangerous habits. Smoking causes 440,000 deaths in the United States every year. More preventable illnesses (such as emphysema, mouth, throat and lung cancer, and heart disease) are caused by tobacco use than by anything else. The sooner you quit the better.
    - Avoid drinking more than 2 alcoholic drinks a day for men or more than 1 drink a day for women. One drink is equal to 1 can of beer (12 ounces), a 4-ounce glass of wine or a jigger (1 ounce) of liquor.
    - Alcohol can damage the liver and contribute to some cancers, such as throat and liver cancer. Alcohol also contributes to deaths from car wrecks, murders and suicides.
  7. Lose weight if you are overweight
    - Many people are overweight. Carrying too much weight increases your risk for high blood pressure, high cholesterol, diabetes, heart disease, stroke, certain cancers, gallbladder disease and arthritis in the weight-bearing joints (such as the spine, hips or knees). A high-fiber, low-fat diet and regular exercise can help you lose weight and keep it off.
    - When the hips hold more fat than the belly, people can develop heart and metabolic diseases: diabetes, high blood pressure or metabolic syndrome.
  8. Protect yourself from sun exposure and use sunscreen.
    - Sun exposure is linked to skin cancer, which is the most common type of cancer in the United States. It's best to limit sun exposure and wear protective clothing and hats when you are outside. Sunscreen protects your skin and helps prevent skin cancer. Make sure you use sunscreen year round on exposed skin (such as your face and hands). Choose a broad-

spectrum sunscreen with at least an SPF 15 or higher and one that blocks both UVA and UVB light. Check the SPF durability and apply again when time expires.

9. Control your cholesterol and high pressure levels.

- If you have high cholesterol, you can keep the level low by eating healthy and exercising. You can also decrease your cholesterol level by limiting cholesterol intake and quitting smoking. Take into account family health history, because this factor alone may affect your cholesterol levels.
- If you have high blood pressure you have higher probabilities to develop a heart disease, stroke, and kidney disease. To control high blood pressure you need to lose weight, exercise, decrease salt intake (including canned food and ready to go food), decrease alcohol intake, don't smoke, and take medicine prescribed by the doctor.

10. Reduce your Risks of Breast Cancer

- **Control your weight.** Being overweight or obese increases the risk of breast cancer. This is especially true if obesity occurs later in life, particularly after menopause. Limit or avoid alcohol drinking.
- Don't smoke.
- Breast-feeding. Women who breast-feed their babies, at least for a few months, can also reduce their risk of breast cancer.
- Do a self-examination. If you notice any changes in your breasts, such as a new lump or skin changes, consult your doctor. Also, ask your doctor when to begin mammograms and other screenings.
- Men can also get breast cancer, although in a lower percentage than women.

### **Terminology**

*Fiber:* A substance that the human body can't absorb or digest. Its main function is mechanical; the fiber also controls the intestinal transit. Fiber is found in whole grain cereals, nuts, vegetable, and tubercles.

*Health:* The WHO (World Health Organization) defines health as «a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity». Therefore, health means wellness on three levels. Physical: not having any illness that limits the body functions. Mind: Be able to deal with life challenges. Social: Be able to have good relationships with people whenever we are.

*Vitamins:* This is a group of substances which play a main role in the cell functioning, the body growth and the typical development. Vitamins get into the body through food. Most of the vegetables and fruits contain vitamins.

### Web Pages

<http://www.nlm.nih.gov/medlineplus/spanish/ency/article/002470.htm>

<http://www.usa.gov/gobiernousa/Articulos/Consejos-sencillos-para-un-estilo-vida-saludable.shtml>

<http://familydoctor.org/familydoctor/es/prevention-wellness/staying-healthy/healthy-living/what-you-can-do-to-maintain-your-health.html>

<http://www.cancer.org/espanol/cancer/cancerdeseno/guiadetallada/cancer-de-seno-causas-prevencion>

[http://www.cdc.gov/cancer/breast/basic\\_info/prevention.htm](http://www.cdc.gov/cancer/breast/basic_info/prevention.htm)

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