



# Kellogg Health Scholars

*Connecting Academe, Community, and Policy*

M E E T   T H E   K E L L O G G   H E A L T H   S C H O L A R S

## Patricia Y. Miranda, Ph.D., M.P.H.

Currently a postdoctoral fellow in the Kellogg Health Scholars Program at the Center for Research on Minority Health, University of Texas M. D. Anderson Cancer Center, Patricia Miranda received her bachelors degree in sociology from Trinity University and her masters and doctoral degrees from the University of Michigan School of Public Health, where she focused on Latino health.

A fifth generation Texan of Mexican origin, Miranda's work stems primarily from her personal background, and examines how natural, social and built environments can help explain Latino health disparities. "As I've met Latinos from diverse backgrounds, I've noticed differences in access to opportunities and resources that go beyond national origin or the language that they speak," she explains. "For example, the resources they had when they went to school, the access to other knowledgeable people -- these have been important factors in their socioeconomic position, and thus health. Place, and the context that surrounds it, matters."

### Research and Results

One aspect of Miranda's work focuses on how sociopolitical context, or the social, economic, political, and historical circumstances that shape an individual's lived experience at time of entry into the United States, contributes to health disparities. In her dissertation, she found that the age at which an individual arrived in the U.S., in addition to the social policies and climate during that time, contributed to differences in number of depressive symptoms.

Miranda's research has also examined the residential segregation by race that exists within the Latino population, and how neighborhoods can influence health disparities. Racial identification of Latinos is strongly predicted by the racial mix of their neighborhood, and differs by region. A greater proportion of Latinos who self-identify as "white" are found in Florida; New York has the highest share of Latinos who self-identify as "black" and California and Texas have the highest share of Latinos who self-identify racially as "other." These findings illustrate

the power of residential segregation by race. As has been shown among African American populations, residential segregation by race together with poverty can exert devastating effects on access to resources and on health and other measures of well being. It is logical to expect similar effects in poor and racially segregated Latino neighborhoods.

This may help explain why some Latinos have successfully navigated social institutions and structures early on in their immigration history, yet others who may have lived in the U.S. for generations continue to struggle and are repeatedly oppressed and denied entrance into these same institutions.

To give a voice to this marginalized group, Miranda plans to use a novel application of community-based participatory research to create a Latino health agenda that targets multilevel policy change. "This approach has been shown to be effective in addressing health disparities in communities of color," she says. "It incorporates the community as a partner in research,

and accepts community members as experts who can help shape policy efforts.”

## Policy Implications

Until now, health disparities have largely been described in black-white comparisons. Miranda hopes her work will help researchers and policymakers better understand how and where Latino populations - the largest minority group in the U.S. -- fit in this equation.

Typically Latino health interventions have been driven by ethnic subgroup and language use. By looking instead at neighborhood and place, Miranda's research emphasizes the dynamic social and political context surrounding individuals. It can help build consensus for action on a community basis and target specific actions, and it can provide information and input about the potential health effects of social, educational and labor policies for immigrant Latinos. Given the opportunity to identify their own health agenda, these communities could seek support from local, state or federal sources. One idea that offers promise is the creation of health empowerment zones that bring together multiple programs and services to improve health in areas burdened by disparities.

To learn more about Patricia Y. Miranda, Ph.D., and her work, contact her at [pymiranda@mdanderson.org](mailto:pymiranda@mdanderson.org) and/or consult the following selected publications:

King, Denae W.\*, **Miranda, Patricia Y.\***, Gor, Beverly J., Fuchs-Young, Robin, Chilton, Janice A., Hajek, Richard, Snipes, Amy, Torres, Isabel, Hernandez-Valero, Maria A. Addressing cancer health disparities using a global “biopsychosocial” approach. (accepted for publication, *Cancer*). \*Co-first authors

Schulz, Amy J., House, James S., Israel, Barbara A., Mentz, Graciela, Dvorchak, J. Timothy, **Miranda, Patricia Y.**, Kannan, Srimathi. Koch, Mary (2008) Relational pathways between socioeconomic position and cardiovascular risk in a multiethnic urban population: Complexities and their implications for improving health in economically disadvantaged populations. *Journal of Epidemiology and Community Health* 62 (7):638-646.

Zenk, Shannon N., Schulz, Amy J., Mentz, Graciela, House, James S., Gravlee, Clarence C., **Miranda, Patricia Y.**, Miller, Patricia, Kannan, Srimathi (2007). Inter-rater and test-retest reliability: Methods and results for the neighborhood observational checklist. *Health & Place* 13(2): 452-465.

To learn more about the Kellogg Health Scholars Program, contact Barbara Krimgold of the Center for Advancing Health at [bkrimgold@cfah.org](mailto:bkrimgold@cfah.org) or visit [www.kellogghealthscholars.org](http://www.kellogghealthscholars.org).