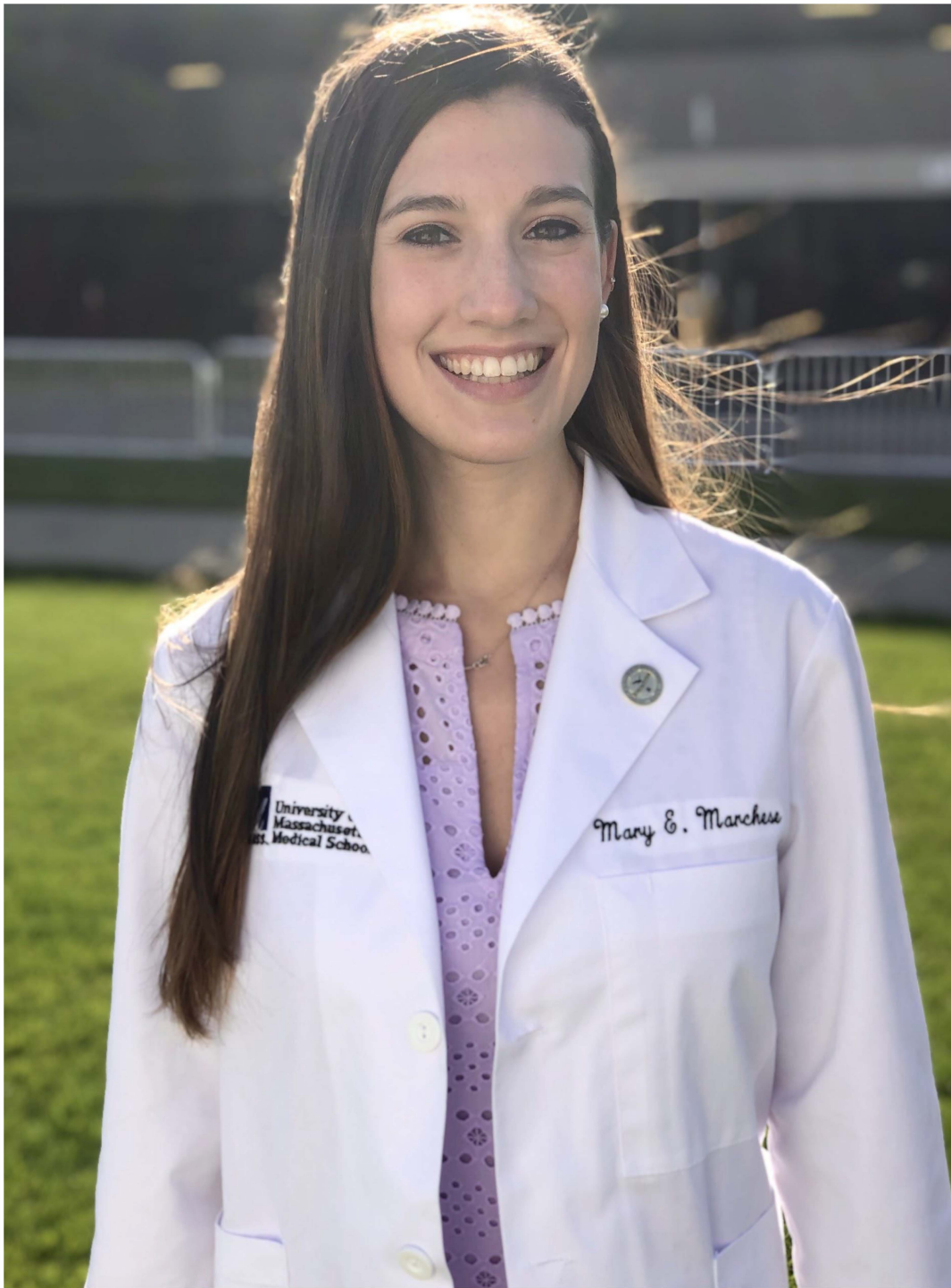


# Mary Marchese

## Interprofessional Health Equity Incubator Student Exhibit



[http://ourpluralhistory.stcc.edu/site%20images/pop%20up%20images/puertorican\\_1.jpg](http://ourpluralhistory.stcc.edu/site%20images/pop%20up%20images/puertorican_1.jpg)  
Photo by Richard Norman, PhD

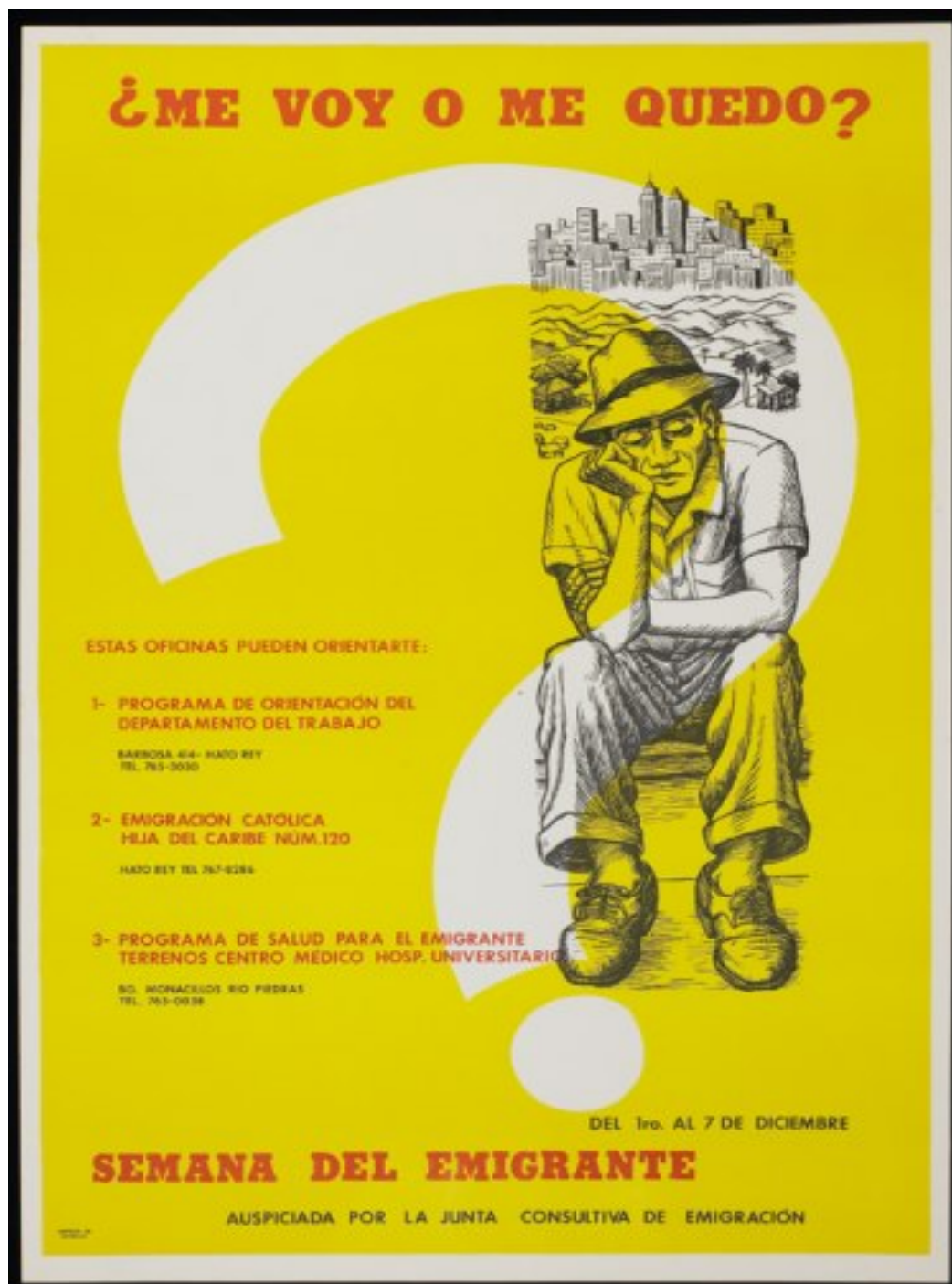


# Mary Marchese

## Interprofessional Health Equity Incubator Student Exhibit

My name is Mary Marchese and I am a medical student at the University of Massachusetts Medical School in Baystate's Population-based Urban and Rural Community Health (PURCH) Track. As a PURCH student who was born here at Baystate and grew up in the greater Springfield area, I am grateful to work on the TD Bank-Baystate Wellness on Wheels (WOW) Bus team, a mobile health unit that will bring preventative health screenings and health education into communities across the greater Springfield area. Through focused efforts on COVID-19 prevention and building upon Baystate's partnerships with local community organizations, our team worked with various communities in Springfield this summer to share information about COVID-19 and provide COVID-19 testing. One of our initial sites was located in the Brightwood neighborhood and predominantly serves the Latino/x community. As part of my role on this team, I had the opportunity to explore the history of the Brightwood neighborhood, and specifically the legacy of Puerto Rican populations in Brightwood and the greater Springfield area. My reflections in this exhibit intend to demonstrate how understanding community history, culture, and context helps medical trainees to consider the historical underpinnings of current health disparities so that they can ultimately provide the most effective, culturally accessible care to patients. In this way, learning community history and sociocultural context helps providers and trainees to become team-oriented, self-reflective, empathetic clinicians who are responsive to the needs of the populations they serve. Ultimately, these skills can enhance provider-patient relationships and better equip providers to engage in health advocacy efforts.

I am extremely grateful to my advisors Jose Claudio of the New North Citizens Council, Yemisi Oloruntola-Coates, and Dr. Sarah Perez McAdoo and to the many members of the TD Bank-Baystate Bus team for their guidance and support for this exhibit!

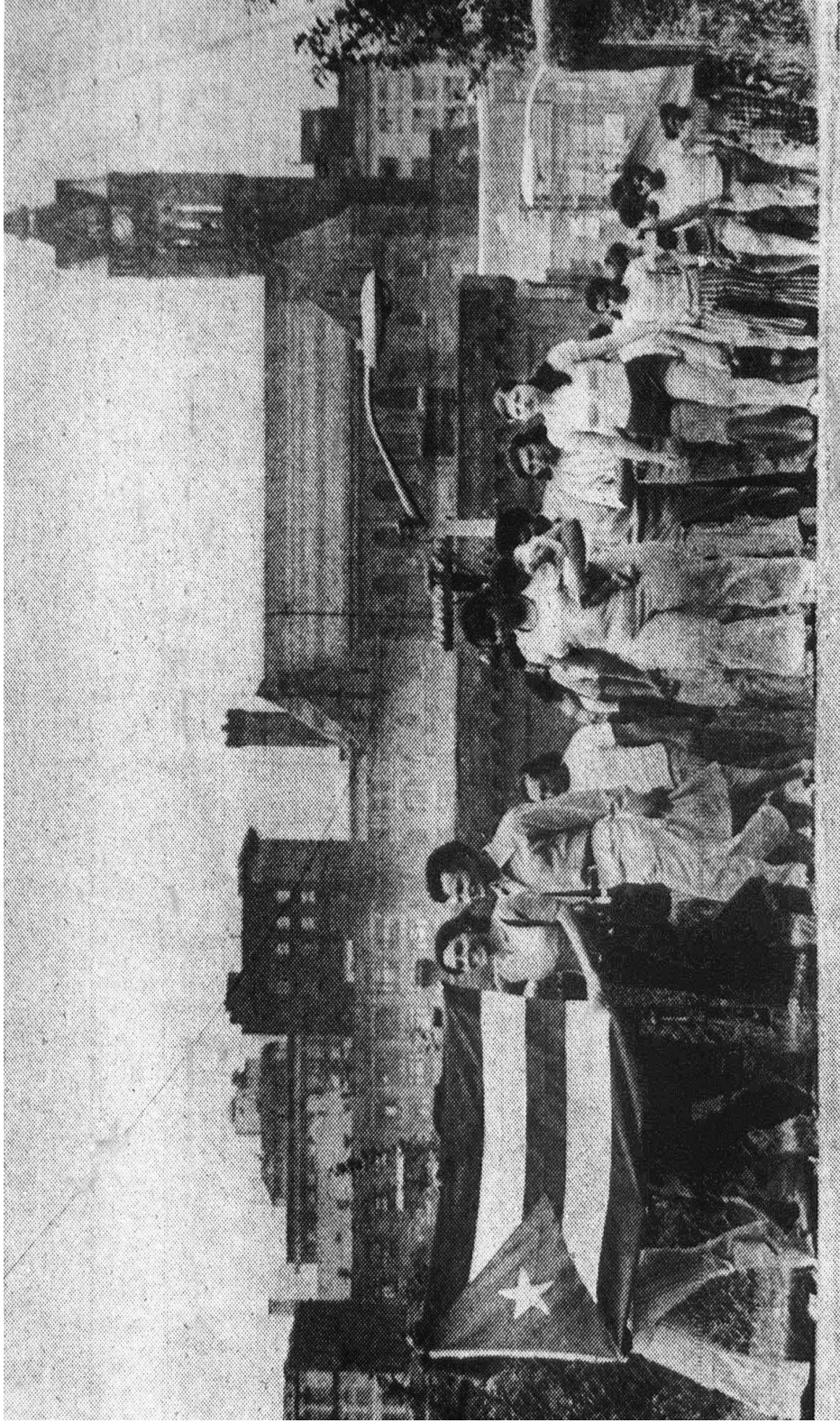


<https://americanhistory.si.edu/blog/through-puerto-rican-lens-legacy-jones-act> Screen print poster by José Meléndez Contreras, 1950. Puerto Rico Division of Education Poster Collection, Archives Center, National Museum of American History

**Photo description:** Although the Jones Act providing Puerto Ricans with U.S. citizenship was instituted in 1917, many Puerto Ricans did not begin to leave the island until after World War II when unemployment rates were high on the island. This poster, one of many from the Puerto Rico Division of Education (DIVEDCO) that targeted primarily rural populations with educational and economic opportunities, describes services for those contemplating migrating from the island of Puerto Rico. An average of over 47,000 people each year migrated from Puerto Rico to the continental U.S. during the 1950s, many seeking to continue their livelihoods as agricultural workers. The Connecticut River Valley, known for its tobacco farms, became a popular destination for those looking for agricultural work.

**Reflection:** In considering how outreach from public agencies helped to inform Puerto Ricans in rural areas about economic, emigration, and health services, I drew a parallel to how government and community organizations share information in current times regarding similar services with our communities locally and nationally. Finding culturally and linguistically accessible materials from trusted sources is paramount to fostering safe, healthy communities, particularly among those of Puerto Rican descent and other Latino/a/x heritages who have historically encountered barriers to health equity. This has been especially underscored by the COVID-19 pandemic, which is disproportionately affecting Black and Latino/a/x communities. To ensure proper COVID-19 prevention, and to promote public health in general, we need to continuously commit to build trust between sources of health education and communities at large. In addition to health promotion and education, this photo encouraged me to consider how bicultural identities influence health behaviors through diet, leisure activities, and community social support.





Art MacConnell - Microfiche of Connor, Russell (August 2, 1973). "Meeting to Weigh Ward 1 Grievances". *Springfield Union*: 1. (Public Domain)

**Description:** This image illustrates a march to Holyoke's City Hall in August of 1973 to call attention to poor housing conditions in Ward 1 of the city that was largely occupied by Puerto Ricans. Many Puerto Ricans who had recently arrived in Hampden County were forced to live in this housing due to urban renewal in neighboring Springfield coinciding with local economic decline due to decreasing industrial jobs. Additionally, this march included demands for larger Puerto Rican community involvement in local politics as well as better relationships between Puerto Ricans and local law enforcement.

**Reflection:** This image demonstrates the importance of community advocacy and coalition building in order to seek change. As a future physician, it is my responsibility to build partnerships with community members by listening to their needs and determining how to leverage my role as a physician to support and meet those needs, whether that is safer, healthier living conditions, access to language interpretation services, or enhanced public education, to name a few. Like clinical medicine, advocacy is a practice, and both of these practices rely on relationship building between individuals, organizations, and communities at their foundation.



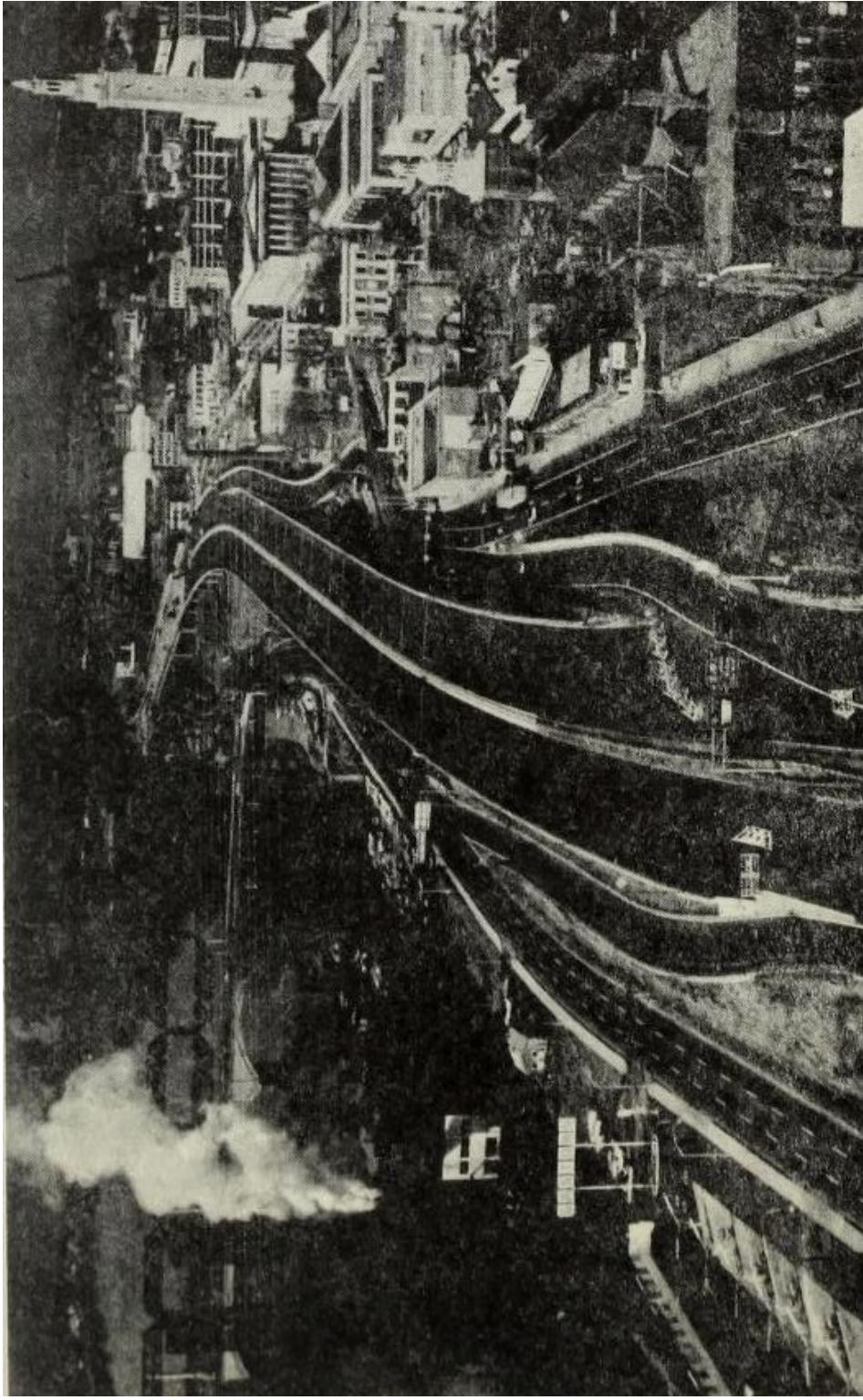


Breitbart, Myrna Margulies and Imre Kepes (2007). "The YouthPower Story: How Adults Can Better Support Young People's Sustained Participation in Community-Based Planning." *Children, Youth and Environments* 17(2): 226-253. Retrieved [09/13/2020] from <http://www.colorado.edu/journals/cye>.



**Description:** The image depicts a youth group, El Arco Iris, in 1995 after finishing their mural illustrating the connections between their Puerto Rican roots and their identity as Americans. Part of this mural depicted both the Puerto Rican and American flags as an attempt to demonstrate unity; however, the way this was painted did not follow flag etiquette guidelines and received subsequent backlash during a mayoral campaign in the city, undermining the youth efforts to depict cultural appreciation and unity.

**Reflection:** Today, we can see that despite the Jones Act providing citizenship to Puerto Ricans and allowing for free migration between the island and U.S. mainland, Puerto Rican identity in the continental U.S. is often still perceived as “foreign” or “other.” This is emblematic of Puerto Rico’s position as a U.S. territory, in being able to share in some of the advantages of being affiliated with the United States, such as citizenship, but not others, such as voting for President and voting representation in Congress. To compound these formalized limitations in political representation, many Puerto Ricans encounter racism that is embedded in many of our institutions, including health care. Experiencing racism not only affects health care access through lack of trust in the medical system, but also contributes to physiological responses, such as elevated levels of cortisol, that correlate with poorer health outcomes. Understanding how this colonial history and current manifestations of racism can shape Puerto Rican identities today is significant to ensure that we are providing the most culturally responsive and empathetic care to patients.



Massachusetts Department of Public Works - Semiannual report to Governor Francis W. Sargent on the highway program : July 1-December 31, 1969 (Public Domain)

**Description:** This photograph shows the newly constructed I-91 along the Connecticut River, a major part of urban renewal initiatives in the 1950s and 60s. Building the highway through the city of Springfield largely separated the Brightwood neighborhood from the remainder of the city, and also displaced roughly 1300 families, many of whom moved north to Holyoke.

**Reflection:** The consequences of urban renewal continue to have powerful implications on population dynamics and health that we see today. Knowing how the construction of I-91 shaped neighborhoods in the greater Springfield area is significant in understanding barriers to transportation access and rates of specific health outcomes such as asthma and COPD that are associated with living in closer proximity to major highways. As recently as 2019, Springfield was ranked by the Asthma and Allergy Foundation of America as the most challenging city in the U.S. to live with asthma, due to air pollution associated with highway traffic, carbon dioxide trapping due to the geography of Pioneer Valley, and high pollen levels. This example of urban renewal also demonstrates the need of elected officials and policy makers who have agency and power to engage in dialogue and seek out community members' input when making decisions that affect the livelihoods of their constituents.





Yaliz Rolon, 15, shows off her sketchbook June 28, 2018, in the West Springfield hotel room where her family is living after fleeing Puerto Rico in the wake of Hurricane Maria. Looking on is her brother, Keriem Rolon, 7. (Greg Saulmon | The Republican)

[https://www.masslive.com/news/erry-2018/09/d1e3c2d4db245/hurricane-maria-one-year-later\\_.html](https://www.masslive.com/news/erry-2018/09/d1e3c2d4db245/hurricane-maria-one-year-later_.html)

**Description:** This photo shows a family living in a hotel room in West Springfield after evacuating Puerto Rico following Hurricane Maria in September 2017. Even one year after Hurricane Maria, over 150 families were still living in hotels in the Springfield area, with many more families having moved in temporarily with relatives and friends.

**Reflection:** This image prompted me to think about how physicians and members of the interprofessional healthcare team can bring screening for social determinants of health to the forefront of patient interactions. For example, if someone is living in a hotel room, shelter, or is unstably housed, we must consider how we can meet our patients' and community's basic needs- particularly in a crisis such as the aftermath of Hurricane Maria. Only when we can support our patients in achieving their basic needs such as shelter, food, employment, transportation, can we most helpfully address their specific health concerns such as chronic disease management and medication adherence. We must also consider this during the current COVID-19 pandemic, as Latinx populations including Puerto Ricans as well as Black, Indigenous, and other communities of color are experiencing disproportionately higher rates of infection than white populations. Meeting our communities' basic needs, such as transportation to healthcare facilities, access to masks and hand sanitizer, and ability to self-isolate from family members if symptomatic is essential in promoting the health and wellbeing for families and communities.





**Description:** David Flores was commissioned by the Holyoke Alleyway Revitalization Project in 2014 to create a mural as a way to bring art into the community, choosing to make a decorative vanity plate that is common in Puerto Rico. These decorative plates often have the name of the town or neighborhood across the front, and in this case, Flores created a mural with “Holyoke” across the front of the plate to highlight the contributions of the Puerto Rican community in the city.

**Reflection:** Providing space for cultural and artistic display and celebration is one powerful way of providing agency and expression to members of our community who are historically marginalized and disenfranchised. Doing so in a way that recognizes and values community members’ talents and contributions is part of expressing empathy that is so critical to developing trust within provider-patient relationships. Empathy is one of the foremost principles of clinical practice, which is why as physicians-in-training, we learn how to establish trust and express empathy before we focus on the science of medicine. In college, I learned a Jesuit saying, “Cura Personalis,” which translates to “care of the whole person.” In medicine, it is critical to learn about and value our patients and communities for who they are outside of clinical spaces. It is in caring for the whole person that we build empathy and trust between doctor and patient as well as between the medical system at large and communities it serves.