

More Hispanics Needed in Public Health

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Closing the Gap, Putting the Right People in the Right Places • May/June 1999

It's been a decade since the Institute of Medicine (IOM) published *The Future of Public Health*. That report noted that our public health system lacked leadership and local public health agencies lack trained public health professionals. We still have a long way to go.

The variations and inadequacies of the public health system are most apparent at the local community level. In Texas, a shortage of public health nurses, social workers, and public health physicians is most apparent in rural areas and the Texas/Mexico border region. With a population of more than one million, the South Texas Border region lacks a public hospital, school of public health, and medical school.

Fortunately, the current workforce's capacity to meet future needs as we approach the 21st century is at the top of the list for state public health officials. The Texas State Health Plan is dedicated to workforce development goals and objectives this year.

A changing population

It's also important to consider the increasing diversity among the country's population. Communities are in a state of continual change with the growing numbers of ethnic, racial, and immigrant populations. It's critical that health educators understand the cultural characteristics and close family ties among the Latino population. For example, treatment and education strategies for diabetics work best in familial rather than in individualistic settings.

Cultural competency skills also mean understanding ethnic variations among the Latinos in this country. Health risks and prevalence of disease vary among Latinos for diseases such as cancer, heart disease, and diabetes.

The Latino population is projected to grow to more than 41 million by the year 2010, or thirteen percent of the U.S. population. This growth is most apparent in the Southwest, California, Florida and New York. Health professionals must resist a "one-size-fits-all" approach to health care because our Latino population is representative of many different Central and South American countries, Mexico, Spain, Cuba and Puerto Rico.

Most Latinos in Texas are of Mexican descent, with a growing population of Central and South Americans in the metro-areas of Houston and Dallas. The changes in population patterns require public health workers to accommodate the changes, remove language barriers, and promote access to care.

In a 1996 report prepared for the legislature, *Texas Challenged: The Implications of Population Change for Public Service Demands in Texas*, the state's demographer reported statistics relative to the population growth for Texas. In 1994, the state's population was estimated

at 18.4 million and is projected to be 33 million by the year 2030. A key factor is the growth in immigration from other states in this country, along with immigration from other countries.

The projected growth among minorities will be 87 percent. The number of Latinos will increase by 25.7 percent and comprise 45.9 percent of the total population. The combination of this growth and projections of low rates of educational attainment, poverty, and high incidences of disease, could have alarming consequences for the state.

Increasing number of public health students and faculty

The challenge we face in Texas is to address those issues that can minimize negative outcomes for Latinos. Currently, Latinos in Texas are among the poorest, most uninsured, underemployed, and uneducated. This trend will not sustain the state's economy in future years.

An educated workforce that can contribute to our economy is an attainable goal if appropriate funded programs are put in place in our educational systems. An educated workforce also presents an opportunity to increase the numbers of Latinos in different health professions. The shortage of Latinos in the health professions is a challenge that cannot be ignored.

A 1995 study on the public health workforce in Texas conducted by the Center for Health Policy Studies, School of Public Health, University of Texas, found that there were approximately 17,700 public health professionals in the Texas workforce. Latinos comprised 12.6 percent and African Americans comprised 10.3 percent of the public health workforce. The appalling underrepresentation is evident when one compares 12.6 percent with the state's population of Latinos—25 percent. African Americans comprised 10 percent of the Texas population in 1995.

The schools of public health in Texas must address and correct this disparity. One Texas institution is already addressing this issue. The University of North Texas Health Science Center at Fort Worth has a new School of Public Health that aims to recruit and matriculate underrepresented minorities to achieve parity with the population. This means minority student enrollment should reach 41 percent by the year 2005. Currently, minority enrollment is at 25 percent in the MPH program. The school also intends to increase minority representation in a faculty that is already one-third minority. The outcome: More trained Latino and African American public health professionals in the Texas workforce.

For more information, call the University of North Texas Health Science Center's School of Public Health at (817) 735-2252.

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