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## A Journey to Better Health: Advancing Latinos in the Health Workforce

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### Executive Summary

- Latinos are very underrepresented in health professions requiring advanced degrees.
- Progress in increasing the representation of Latinos in advanced degree health professions is slow and not keeping pace to reflect the U.S. Latino population.
- There are variations in health and educational patterns between Latino subgroups.
- Just 7% of all physicians and surgeons are Hispanic, and just 9% of all healthcare practitioners and technicians are Hispanic, according to a Pew analysis of federal government data.<sup>1</sup>
- Factors contributing to the shortage of Latinos in advanced-degree health professions include historical root causes, cultural barriers, systemic barriers, and the cost of education and training. Examples that have been documented in previous literature specific to Mexican American students are barriers associated with financial, relational, demographic, separation,

ability, preparation, and motivation.

- Literature points to several short and long-term recommendations that could be taken at the state and national levels to improve representation such as creating pipeline programs in the sciences that are more tailored to Latino students or ensuring that Congress passes the Physician Shortage Graduate Medical Education Cap Flex Act.

### Background

The Latino population, a non-monolithic group, remains to be one of the fastest-growing minority groups in the U.S. As one of the hardest hit groups by the coronavirus pandemic, in 2020 the leading cause of death for Latinos was COVID-19.<sup>2</sup> The leading causes of death for Latinos include cancer, heart disease, stroke, and diabetes, and Latinos have higher rates of obesity than their white counterparts.<sup>3</sup> In addition, Latinos are also less likely to have health insurance compared to White Americans and other minority groups.<sup>4</sup> It is important to acknowledge that health patterns vary by Latino

subgroups. For example, Puerto Ricans are at higher risk of having diabetes, cancer, and cardiovascular disease.<sup>5</sup> These outcomes are also important to understand because research suggests that individuals have better health outcomes when they have a healthcare team that reflects them.<sup>6</sup>

Recent data shows that only 5% of all active physicians are Hispanic/Latino compared to 56.2% who identified as White and 17.1% who identified as Asian.<sup>7</sup> Just 9% of all healthcare technicians are Latino, according to a Pew analysis.<sup>8</sup> The underrepresentation of Latinos in the health professions introduces challenges between patients and providers who do not share a similar background as them. In addition to the language barrier, those who reported Spanish as their dominant language are more likely to report that the process of getting medical care is also hard to understand.<sup>9</sup> This can lead to problems with trust and adherence to proper care. One important aspect of the Latino way of living for many generations that non-Latino providers are often not aware of is how culture, spirituality, and religion play a

*“These deficiencies in the health care workforce pose a significant threat to addressing health disparities and the health system’s ability to care for the Latino population and other URM individuals, especially given their significant projected growth in the U.S. population.”<sup>30</sup>*

major role in care and treatment.<sup>10</sup> This is often referred to as folk medicine, which can include medicinal teas, oils or ointments, and massages.<sup>11</sup> For example, in the 1980s, children of Mexican migrants were often treated for upset stomachs with a popular remedy called “azarcon” (although now known to cause lead poisoning). This folk remedy was commonly used to treat upset stomachs and chronic diarrhea so they became readily available along the border.<sup>12</sup>

For these reasons, it is important that the U.S. have a healthcare workforce that is more accurately reflective of the Latino population and culturally competent. It is well documented that Latinos are overrepresented in the health aide and technician professions, making up 17.1 percent of the U.S. health aide workforce.<sup>13</sup> However, it is necessary to assess the barriers that contribute to the difficulty for Latinos wanting to pursue careers in health professions that require advanced degrees.

### **Policy Analysis**

Decades-long discriminatory policies contribute to Latinos’ struggle to obtain higher education and policies that continue to inadequately prepare Latinos and other minorities for advanced degrees.<sup>14</sup> For example, for decades, some states in the U.S. have used English-language skills as an excuse to segregate Latino students. These states, such as Arizona, uphold a law that prohibits English learners from receiving instruction in their native language

which would require the separation of Spanish-speaking students from the rest of their classmates.<sup>15</sup>

Research shows that 60 percent of Latino adults only have a high school diploma or did not complete high school, compared to 40 percent of the total population.<sup>16</sup> This indicates that Latinos still face many barriers to obtaining a higher education; some of the biggest barriers are financial barriers and a lack of resources and support to prepare for higher education.<sup>17</sup> According to a survey, 74 percent of Latino survey respondents aged 16-25 years old who did not finish high school or did not continue their education after high school said they did so because they had the financial pressure to support their family<sup>18</sup>—despite the fact that 89 percent of young Latinos also more likely than all young Americans to agree that a college degree is important in order to advance in life.<sup>19</sup> For these reasons, eliminating systemic and socioeconomic barriers to improve educational outcomes can encourage more Latinos to fill in many of the health occupations expecting shortages, and can overall help improve the health outcomes of the patients they will serve.

It is evident that the Latino population is not monolithic, and more research is needed to be done on the variations between Latino subgroups. For example, one group that often stands out from the rest of the Latino population is Cuban Americans. Cuban Americans are more likely to have

a higher income and higher education attainment compared to other Latino subgroups.<sup>20</sup> Twenty-five percent of Cubans 25 and older are college graduates—more than double the rate among other Latinos (12%).<sup>21</sup> This could in part be due to the special conditions for Cuban immigration on the island as well as their migration to the US which included many middle-class immigrants.<sup>22</sup> Additionally, reflecting their unique welcome under US immigration policy, about 60% of Cubans are US citizens, more than double the rate of other Latinos (26%) and higher than for non-Hispanic, foreign-born whites (56%).<sup>23</sup>

While Mexican Americans are the largest Latino subgroup, they are not as likely as Puerto Ricans and Cubans to obtain a post-secondary education.<sup>24</sup> In a 2016 study, authors identified some of the perceived barriers and post-secondary plans of Mexican Americans, in comparison to white adolescents; the barriers that were identified were financial, relational, demographic, separation, ability, and preparation/motivation.<sup>25</sup> In another study about Latina adolescents, the researchers identified six barriers that they face in their career and educational aspirations, which were: lack of resources, negative peers and peer influence, school-based barriers, family barriers, individual factors, and macrosystemic barriers.<sup>26</sup> Factors such as low-income status, immigration status, parents’ educational attainment, and even English as a second language can be barriers.<sup>27</sup> However, the most common

*“...systems change to address the underrepresentation of the Latino population in the health professions must start with giving visibility to this disparity and lifting up the history and the effects of systemic racism, discrimination, and colonization on the Latino population.”<sup>34</sup>*

barriers that Latino students on their journey to higher education, are insufficient financial resources and inadequate career guidance.<sup>28</sup> In addition, Latinos are least likely, compared to Asian and Black Americans, to take college entrance exams which hinders them from applying to college.<sup>29</sup> Such barriers as those named above could explain why Latino students are least likely to attend college and are further deterred from obtaining a health profession that requires an advanced degree, but more research is needed to be done to better understand the impact of barriers that Latino students face.

### **Recommendation**

To better understand the root causes of the underrepresentation of Latinos in the health workforce, it is essential to collect disaggregated data on each of the Latino subgroups. This could better inform stakeholders where resources are most needed to increase the representation of Latinos in the health workforce. Recommendations to improve representation can be approached through some short-term and long-term solutions that could be implemented at either the national or state levels.

*Short-term solutions include:*

- Addressing academic and structural disadvantages can be addressed by expanding pipeline programs, and improving ways to provide adequate academic support, advisement, and mentorship

to Latino students in high school and college.

- Improve recruitment and training of bilingual students in a wide range of health graduate programs.
- Ensuring standardized approaches to medical Spanish training in medical schools by producing curricula and programs in Spanish and developing a medical Spanish certification.<sup>31</sup>
- Ensure that graduate programs have diverse faculty and Latinos who can serve as mentors to students.
- Improve resources and increase support for college students, medical students, and healthcare professionals who are beneficiaries of the Deferred Action for Childhood Arrivals (DACA) program.

*Long-term solutions include:*

- Advocate for, create, and pass pieces of legislation such as the Physician Shortage Graduate Medical Education Cap Flex Act, which would address the national physician workforce shortage by encouraging new teaching hospitals in underserved areas to increase the number of Medicare-funded residency training slots in their programs, and the Higher Education Act, legislation that would improve resources for Hispanic Serving Institutions to focus on counseling and mentoring Latino

students on pre-med pathways.<sup>32</sup>

- Increase financial resources available to support underrepresented minority physicians by expanding loan repayment programs and scholarships.
- The medical education system should consider eliminating or significantly lowering the cost of entrance and licensure exams, as well as other costs associated with medical education.

Some research suggests that after attending pipeline programs, high school students have an increased interest in attending college.<sup>33</sup> In addition to pipeline programs, removing educational and financial barriers, especially in health professions requiring advanced degrees, could attract more Latinos to enroll in graduate programs. Another example of removing these barriers is for admissions committees to view applicants through a holistic approach lens. In conclusion, as the US continues to grapple with the lasting impacts of the pandemic, there must be strong efforts to significantly improve the presentation of Latinos in the health professions to keep pace and meet the health needs of the growing Latino population.

## Endnotes

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