enhance and expand the development of Hispanic data by public agencies. We hope to do this by using the existing Federal data systems to establish cooperative agreements with States for developing standard State and local health status profiles for Hispanic communities. Second, establish an inventory of existing Federal, State, and local data resources to identify gaps and areas of improvement. Third, provide government support for a network of community-based health data collection efforts to serve as an early warning system for setting of health policy priorities. Fourth, maintain an advisory board to the Office of the Surgeon General to help oversee Federal, State, and local Hispanic health issues. And finally, establish a Federal interagency task force on Hispanic health-related data with input from appropriate, non-governmental Hispanic advisors.

Research Agenda

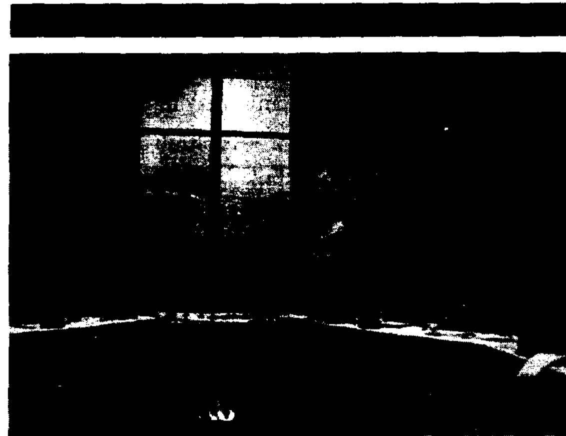
Hortensia Amaro, Ph.D.

Associate Professor
Boston University School of Public Health

Research data provides the knowledge base for forming policy and developing programs. We identified four major problems in the development of a Hispanic health research agenda and developed aims and implementation strategies targeted to specific Federal and private sector institutions.

The first major problem that we identified was the lack of an appropriate infrastructure and human and physical resources or capacity to conduct research. We developed three aims in this area. The first aim is to increase the number of behavioral and biomedical Hispanic scientists. We developed 11 recommendations for implementation strategies related to this aim.

First, to accomplish this aim, PHS [Public Health Service] should develop specific support programs for pre- and postdoctoral training for Hispanics in behavioral and biomedical research to



eliminate their underrepresentation in health-related research. Second, PHS and other Federal agencies must develop programs directed at Hispanic researchers to improve methodological expertise in health-related research. Third, PHS should target and intensify efforts to recruit Hispanics into its existing research and training programs. It was recognized that PHS has excellent research and training programs currently, and we need to actively recruit Hispanics to these programs. Fourth, PHS should develop and fund distinguished research career programs to allow Hispanic researchers to concentrate on research, writing, and mentoring to free them from the multiple requirements and expectations commonly faced by minority academicians. Fifth, NIH [National Institutes of Health], CDC [Centers for Disease Control and Prevention], and other Federal agencies should conduct grantsmanship workshops where Hispanic researchers have the opportunity to learn proposal writing strategies and have their preproposals reviewed by ad hoc IRGs. Sixth, expand and evaluate specific initiatives to ensure that Hispanic middle and high school students take courses essential for entering science careers. We think the Department of Education, and especially the National Science Foundation, should play a leading role in this effort. Seventh, as was noted this morning, there is a need to improve and to assess the effectiveness of existing programs, such as

the Minority Biomedical Research Support Program, the MARC [Minority Access to Research Careers] program, and the minority high school apprenticeship program, for recruiting and assisting Hispanic students to complete research and training careers. Eighth, we need to encourage professional associations to stimulate the involvement of Hispanic students in research careers. Ninth, PHS and other Federal agencies should develop special initiatives to fund grants submitted by new and established Hispanic investigators. We need to engage Hispanic researchers and encourage them to take advantage of these opportunities. Tenth, increase and enhance institutional capacity for Hispanic health research through the establishment of Hispanic health research centers and through support for individual Hispanic investigators. While it is clear that research centers are needed, it was also recognized that many Hispanic researchers make invaluable contributions as individual researchers, and they must be supported. Finally, PHS should provide orientation to public health program staff on Hispanic health and related methodological issues, so that they can better guide program initiatives and review group scientists in these areas. The goal here is to increase the commitment and knowledge of Hispanic health issues on the part of program staff who can be so influential in funding decisions.

A second aim related to the lack of a research infrastructure is to improve cultural competence and sensitivity of Hispanic and non-Hispanic/Latino scientists. The recommendations for implementation strategies are, first, that regional and professional accreditation agencies should require that Hispanic health research issues be incorporated into existing curriculum. Second, educational, institutional, and professional associations and PHS should develop and institute courses, seminars, and conferences on methods for conducting research on Hispanic populations. Third, members of internal review groups must be instructed on the procedures required for culturally competent research that targets Hispanics. The evaluation of proposals should include specific points assigned for culturally appropriate research methods. And fourth, staff should provide appropriate training and guidelines to reviewers in order to improve the ability of IRGs [Internal Review Groups] to evaluate research on Hispanic health. We see this as being consistent with the NIH [National Institutes of Health] guidelines for including women and minorities in study populations.

A third aim related to the lack of a research infrastructure is to improve communication and interaction among Hispanic scientists. The first implementation strategy is to centralize and expand the existing data bank on Hispanic researchers at PHS and to add non-Hispanic researchers conducting research on Hispanic health. The data bank now focuses primarily on individuals who have received grant awards, and we think that this needs to be expanded to other researchers as well. Second, we need to encourage professional associations to facilitate networking among Hispanic researchers.

The second major problem area we identified is the dearth of research relevant to the health of Hispanics. The first aim here is to develop health research that is relevant to the Hispanic population. The first recommended implementation strategy is that the Office of Minority Health commission a number of state-of-the-art papers that critically analyze the literature on Hispanic health in each of the areas identified by previous reports and assess gaps in knowledge. These papers would present a review of current knowledge in each of the areas covered by Healthy People 2000. The papers should be used as guides for funding by PHS agencies. Second, a high-level committee with the appropriate Hispanic health expert involvement must be appointed by the Office of Minority Health to review the outcome of the activities of the first year of the Hispanic/Latino Health Initiative and the information obtained from the state-of-the-art papers. This panel must be charged with developing an outline

of priorities and initiatives for research with Hispanics. Third, special funding programs or initiatives must be developed by the Federal Government to fund research on the role of factors such as acculturation, migration, national origin, socioeconomic status, and their impact on the health status of Hispanics. As part of this, large-scale, cross-sectional, longitudinal studies with Hispanics funded by Federal and State initiatives must be required to include these factors as possible moderators of health status. Fourth, special program initiatives must be developed by the Federal Government to analyze the health status of Hispanics working in high-risk environments, such as migrant agricultural environments, assembly plants, service professions, and other industrial environments, to better understand environmental health risks. Fifth, health services research must be conducted to identify the characteristics of health care delivery, including personnel and facilities that facilitate access, utilization, and effectiveness of health services among Hispanics and Latinos. A meaningful proportion of services research set-aside funds, especially those related to mental health, alcohol, and substance abuse, should be targeted to investigate questions pertaining to Hispanics. Sixth, create an Office of Hispanic Health within the Office of Minority Health in the Office of the Assistant Secretary for Health, to coordinate Hispanic health-related initiatives and to oversee their implementation within the Federal Government. It is critical that this office be properly funded and that it include an advisory board that would review its activities on a quarterly basis. The Office of Minority Health should issue a biannual report to Congress detailing the progress on the Hispanic health agenda and the progress within PHS in meeting the mandates of the Disadvantaged Minority Health Act as they relate to Hispanics. Seventh, PHS should fund research targeted at providing baseline data to enable formulation of Hispanic-specific objectives for the next *Healthy People* report. Eighth, PHS should develop mechanisms to obtain meaningful community input into the formulation of a research agenda.

The third major problem area we identified is lack of culturally appropriate research theories and methods. The first aim is to increase the number, availability, and validity of research instruments used in investigations on Hispanic health. To achieve this aim, the Work Group recommended that Federal programs fund research to test the usefulness of current instruments and to develop new culturally appropriate instruments that meet applicable standards of validity and reliability. Second, PHS must fund a repository of Hispanic health-related instruments to facilitate the use of these instruments by scientists.

A second aim related to the lack of culturally appropriate theories and methods is to study the applicability of existing health constructs and theories that currently guide research and assess their appropriateness to Hispanic populations. PHS should fund research to develop new behavioral models and theories and to test the validity of existing models.

A fourth major problem area that was identified is the underrepresentation of Hispanics in PHS. The first aim is to ensure proportional representation of Hispanic researchers on scientific advisory boards, national advisory councils, and IRGs as well as technical evaluation groups that review contracts. The recommended implementation strategy is that a yearly survey be conducted to identify qualified individuals willing to serve in these bodies. Results of those surveys should be published yearly, and an updated directory should be made available to Federal and State agencies that fund health-related research. It is recommended that the internal review groups, technical evaluation groups for contracts, national advisory councils, and scientific advisory boards within PHS and other Federal agencies, should include Hispanic representation.

The second aim related to the underrepresentation of Hispanics in PHS is to ensure proportional representation of Hispanics on the staff of PHS. One implementation strategy is to expand the short-term service initiatives that allow Hispanic researchers and academicians to serve within PHS without severing ties with their home institutions. Finally, PHS should develop and target efforts to recruit, retain, and promote Hispanics at all levels of the scientific and program staff at PHS.

Health Professions

Rene F. Rodriguez, M.D.

President
Inter-American College of Physicians and Surgeons

In our area, we identified four problems. The first problem was inadequate education of Hispanics to move toward the health profession. Our desired aim is to increase the numbers of Hispanics in the education pathways toward the health profession so that, by the year 2000, the number of Hispanics admitted to health professional schools reflects the percentage of Hispanic population by State. The implementation strategies are (1) to increase parental involvement in children's education through family counseling, dissemination of information, programs like ASPIRAS established by the school's community-based organizations, private sector media campaign, and assisting and monitoring low-income families in planning earlier for later schooling of their children; and (2) to move children into English language competency as soon as possible through early childhood programs.

The second problem is lack of accountability. Our desired aim is that all PHS agency directors should be evaluated annually based, in part, of the following: (1) recruitment and retention of Hispanic staff; (2) representation of Hispanics in review committees; (3) grants, awards, and programs with a Hispanic health focus; (4) grants awarded to Hispanic principal investigators; and (5) grants award to universities with significant Hispanic graduation rates.

Our implementation strategies will be to enact legislation that will require all PHS directors to be evaluated annually based on the criteria mentioned above, or to secure an Executive Order that will achieve the same goals and objectives.

The second desired aim is to significantly increase, by the year 2000, the number of Hispanic full-time equivalent faculty and students in universities and health professional schools to reflect the percentage of Hispanic population in the area. The implementation strategy will be that the schools showing significant increases in full-time equivalent Hispanic faculty and students will receive additional Federal funds, student loans, and assistance.

Our third desired aim is to address the lack of adequate resources for success in preparation of Hispanic students for health professions. Our desired aim is to significantly increase, by the year 2000, the resources assigned to inner city schools, colleges, and universities with large Hispanic student bodies. The implementation strategies will be (1) to stimulate the private sector to invest in supporting inner city schools, colleges, and universities with large Hispanic student bodies; (2) to stimulate the private sector and Government to invest in scholarships to Hispanic students in inner city schools, colleges, and universities with large

Hispanic student bodies; (3) to increase funding and the scope of the health career opportunity programs; and (4) to stimulate Hispanic health professional organizations to develop and participate in mentoring programs on all levels.

The fourth desired aim is to address the lack of data on the practice characteristics of Hispanic health professionals necessary for planning purposes. Our desired aim is to have updated, analyzed data on the practice and characteristics of all Hispanic health professionals to be disseminated for planning purposes. The implementation strategy will be to request that health professional organizations gather and analyze data on the practice characteristics of Hispanic professionals.

Ciro V. Sumaya, M.D., M.P.H.T.M.

Associate Dean for Affiliated Programs and Continuing Medical Education
The University of Texas Health Science Center at San Antonio

Why do we need more Hispanic health professionals? First, let us look at the moral issue. There is talent in the community that, if better tapped, could be an effective resource for addressing health needs of the country and its large Hispanic community. If one looks at the economic side, it is clear that an increase in the number of Hispanic/Latino health professionals would enlarge the proportion of people that are educated and economically sound. And if we look at the cost containment issue, there is evidence indicating that Hispanic/Latino health professionals are more likely to provide care for Hispanics/Latinos and other minorities in the community, addressing health problems in these underserved populations that, if ill treated, would lead to more costly treatments and increased human suffering.

Yet significant barriers exist in the educational system that impede an increase in the number of Hispanic/Latino health professionals, i.e., barriers that are economic in nature or deal with academic preparation, cultural differences, the admissions/retention process in health professional schools, etc. This presentation will cover some of the more important issues, aims, and implementation strategies proposed by our Work Group. A complete listing of these findings will appear in the written proceedings of the Workshop.

Our initial aim is to increase by a minimum of 10 percent per year the number of Hispanics entering health professions schools over the next 10 years. One of the principal implementation strategies to accomplish this aim is to bring more qualitative evaluations and measures into the admissions process. Individuals should be evaluated as a whole, not merely looking at their aptitude tests and grade point averages. What obstacles has the individual had to surmount to reach the application stage? What values can the individual bring to society? What are society's needs? It is most important and relevant that students be credited for their personal and diverse educational pathways. Additional needs include increasing Hispanic/Latino participation in the admissions process. Also, cultural diversity should be brought to the attention of the admissions committee, and establishing more consistent definitions or identification of Hispanics/Latinos as part of the admission criteria for health professions schools.

The second aim proposed by the Work Group was the graduation of all Hispanic/Latino students enrolled in health professions schools. In other words, students that are admitted need to complete their education. A number of effective retention and support programs that address this aim do exist, but there is a major need to expand the existing ones and to develop them in schools in which they are weakly structured or lacking.

The Work Group also stipulated that the Federal Government and the States should set standards for increased representation of Hispanics/Latinos in the health professions and that these standards be tied to funding/appropriation levels.

Health Professions

More research is needed in analyzing standardized test bias and lack of predictability of these tests in determining future medical performance of medical school graduates. In plain words, how well do these test predict future performance of these individuals in the community and in the provision of needed health care, particularly for the more vulnerable populations?

The Hispanic Centers of Excellence, as recently legislated, are a most important concept in the entry and advancement of health professional students and faculty. These Centers need our strong support and appropriate Federal funding. It was specifically noted that there should be an equitable distribution of monies to Hispanic Centers of Excellence in relation to the total amount allocated for such initiatives through the Minority Disadvantaged Health Improvement Act. These Centers should also be broader in scope, covering not only the disciplines of medicine, dentistry, and pharmacy, as applicable currently, but also nursing and allied health. Moreover, there should be a critical evaluation of the Centers in terms of outcomes and products that can enhance their success.

Measures to make health professions education affordable are imperative. Yet there currently exists insufficient financial support for Hispanic/Latino students pursuing health professions and sciences. This situation overly affects Hispanic/Latino students because they are more likely than non-Hispanics/Latinos to come from lower economic circumstances. There are immediate needs for more or expanded scholarship programs, low-interest loans, and effective loan repayment programs. Scholarships, in particular, have a greater impact for low-income Hispanics/Latinos, because they require no payback. The availability and accessibility of these measures or programs should be readily disseminated to individuals, their families, and their teachers. Further, this information needs to be given in a format that is easily understood by the target audience—unfortunately an audience that is likely to be overly familiar with a low-income lifestyle and, as a corollary, whose family heads have lower levels of education.

Coordinated efforts among the private sector and local, State, and Federal groups to improve the academic preparation of Hispanic/Latino students can have a profound effect on the number of Hispanic/Latino students entering and successfully completing health professional training and education. Examples of these efforts include kindergarten through 12th grade (K-12) science education taught in part by health professionals, sessions between health professionals and students along with their parents and teachers/counselors, site trips by K–undergraduate students to health centers or clinics, student-faculty/private practitioner mentorships, medical research laboratory training programs, articulation between 2- and 4-year colleges with health professional schools, and on and on.

Another aim proposed by this Work Group was the equitable allocation of technical assistance and financial resources to Hispanic/Latino health professionals within DHHS, and, by extension, to the State health agencies. Implementation strategies considered for this aim include a mechanism for reviewing and revising DHHS fiscal reporting to enable a clearer picture of Hispanic/Latino health professional employment practices and monies targeting Hispanic/Latino health issues and Hispanic/Latino researchers. There must be increased participation of Hispanics/Latinos in study groups, advisory boards, councils, and task forces within DHHS.

Our next important issue was career development and faculty advancement. The aim proposed here is an increased representation of Hispanics/Latinos in advanced career and faculty level positions in health professional schools and other health-related organizations. To this end, a well-defined plan to promote Hispanics/Latinos in upper

management, policy, and research positions, with an accompanying reporting and review system, should be implemented.

Effective methods for addressing deficiencies in the hiring and promotion policies affecting Hispanics/Latinos in schools for the health professions are needed. The Disadvantaged Minority Health Improvement Act should incorporate funded programs that assist in increasing the currently very low numbers of Hispanic/Latino faculty in health professions schools. These programs can include preparation enhancement as well as incentives to the schools. With a changing focus of faculty responsibilities in the 1990s, there also is a need to rectify the balance among research, training, and service in relation to the tenure and promotion process for faculties. Community and clinical service should carry with it valid credit towards faculty tenure and promotion. Equitable research funding should target Hispanic/Latino health issues and Hispanic/Latino researchers, i.e., New Investigator Awards to Hispanic/Latino researchers. The latter will require the tracking of the number of grants and contracts by Hispanic/Latino researchers that have been submitted, approved, and funded by DHHS, along with the amount of technical assistance provided by the granting agencies. An effective mentoring system for junior Hispanic/Latino faculty members should be routinely available and accessible.

In addition, there is a major need for increased Hispanic/Latino representation across the board in local, State, and national policy and decision making groups such as panels, task forces, councils, and advisory committees. This aim can be implemented more effectively by the development of a current, centralized information bank of talented Hispanic/Latino health professionals that could serve on the above groups.

The final issue to highlight deals with licensure and institutional accreditation. It is readily apparent that there is a lack of culturally relevant input in the licensing/certification process and in the accreditation of health professions schools. One of the aims targeting this issue argues for the incorporation of cultural diversity standards relevant to Hispanics/Latinos in the accreditation process. The implementation of this aim is in three steps: communication of these needs to the accrediting body; placement of culturally diverse issues in the curriculum and before faculty forums; and a monitoring of implementation strategies in terms of action and outcomes. Another aim is to increase the representation of Hispanics/Latinos in the test development processes that are used for licensing and certification of the various health professions. This aim can be implemented by having listings of Hispanic/Latino health professionals that can be selected by accrediting and licensure committees, working constructively with the health professions examination boards to determine culturally biased and inappropriate test questions. The last aim for this issue points to the enhancement of entry of foreign-educated Hispanic health professionals into the health service delivery system. Implementation of this aim can be generated from innovative programs and funding mechanisms to assist, train, and retrain foreign-educated Hispanic/Latino health professionals to practice in the United States.

Health Promotion and Disease Prevention

Elsa M. Garcia, R.N., M.H.A.

Humana Michael Reese Health Plan

Problem/issue one is that there is a lack of data on knowledge, attitudes, practices, and utilization of screening services by the Hispanic subgroups, and a lack of research on new HPDP [Health Promotion and Disease Prevention] strategies targeting Hispanic subgroups. So we need some information on mortality and morbidity, and that must be implemented keeping in mind two aims. One, we want policies that would establish and maintain a comprehensive and uniform Federal, State, and local

database on HPDP, comparable to non-Hispanic/Latino databases, by various Hispanic/Latino populations. Two, research programs that are initiated, utilized, and disseminated at the community level for various Hispanic populations must be established and expanded. The strategies are (1) establish a body that will monitor and implement the goals of HPDP and advocate community-based organizations and funding for such programs; (2) monitor agencies that are responsible for data collection and hold them accountable by including Hispanics on review panels, study sections, public health services, advisory councils, and work groups; (3) specifically target Hispanic/Latino funding initiatives, and that may mean new funds and reallocation of present funds; (4) establish, implement, and monitor Hispanic-specific component objectives in all *Healthy People 2000* prevention priority areas with a specific focus on those affecting Hispanic youth—they are our future; (5) establish culturally sensitive and appropriate methods for surveillance and for other data collection processes; and (6) establish, expand, and share the data networks that assist all research and community-based organizations.

Problem/issue two is the lack of organizational development, education, and training programs; lack of HPDP curriculum in local schools; lack of multidisciplinary approaches to HPDP curriculum development; lack of leadership training in HPDP; and institutionalized and individual racism, which is a barrier to delivery of services and professional development.

The desired aims are to (1) increase the capacity of Hispanic CBOs [community-based organizations] to provide prevention service programs; (2) develop Hispanic-specific educational curricula and role models in prevention and primary care and in teaching and research, and recruit and retain an emerging majority in the HPDP field; (3) develop a Hispanic cross-cultural and multidisciplinary curriculum in HPDP; (4) increase the pool of Hispanic preventionists and increase the capacity of non-Hispanics to better serve Hispanics.

The strategies to meet those aims are (1) develop partnerships among training institutions, CBOs, and national Hispanic agencies to empower communities in the area of HPDP and service programs; (2) mandate all public organizations and institutions receiving Federal, State, and local funding to develop cross-cultural, multidisciplinary HPDP curricula to recruit, train, and retain Hispanics and other appropriate role models who will teach and conduct research in HPDP and return to provide HPDP services in their communities; (3) provide incentives such as tuition and loan forgiveness programs, and financial benefits for Hispanics in underserved communities; (4) develop training and sensitization work groups to deal with the "isms" (e.g., racism) on individual and institutional levels; and (5) develop continuing education programs for health professionals delivering preventive health services to Hispanics.

Problem/issue three is the lack of culturally sensitive and population-specific primary prevention programs. Our aims are (1) to develop and evaluate Hispanic models and approaches: clinics on wheels, bilingual outreach programs, prevention programs focused at traditional and nontraditional families and targeted populations; (2) to develop community-based programs; and (3) to develop a short- and long-term prevention strategy for communities at

risk of environmental hazards and/or communicable and chronic diseases. The strategies are (1) to build on nontraditional methods to access care—nurse practitioners in the field, dental hygienists—and tap into those resources; (2) to establish linkages of CBOs with universities and the private sector and lay people in the community; and (3) to identify, educate about, and intervene in public health issues early through community coalitions.

Problem/issue four is the lack of systematic response to the full range of preventive services to Hispanics. The aim is to develop, implement, and, where appropriate, reinstitute culturally relevant and comprehensive preventive services. The implementation strategies are, first, to increase the use of community settings, such as churches, community centers, and schools, for delivery of primary care and preventive services; second, train bilingual and other staff to be culturally sensitive and competent in the delivery of services, and this involves the family; third, recruit and use community leaders, including HIV-infected individuals who want to go back and talk to their communities about what they've gone through; and fourth, require evaluation to be built into the service delivery programs and ensure that evaluation is conducted by Hispanic professionals.

Frank Beadle de Palomo, M.A.

Director, NCLR Center for Health Promotion
National Council of La Raza

Continuing with that, we have the fifth problem/issue statement, which is a lack of public and private partnerships in HPDP programs for Hispanics/Latinos. We're constantly hearing about the shortage of money in the public sector, that there is a scarcity, and that there is not enough funds allotted for us to do the kinds of programs we want, so we need to encourage and get private industry to become more involved.

Our implementation strategies for this aim would be (1) to establish guidelines for Hispanic/Latino CBOs and national organizations for accepting corporate contributions that are compatible with HPDP programs; (2) to obtain corporate, non-disease-promoting industry sponsorship and funding of HPDP programs for Hispanics/Latinos, who represent a significant sector of their market; (3) to create and enhance a strong Hispanic/Latino HPDP information network and clearinghouse via public and private partnerships; (4) to develop regulations that mandate private and nonprofit institutions, including universities serving Hispanics/Latinos, to ensure participation in decision and policymaking and service implementation; and (5) to encourage the creation of a national Hispanic/Latino philanthropic federation with representation of the grassroots level of the Hispanic/Latino community.

The sixth problem/issue statement deals with the lack of Hispanic/Latino health professionals in decisionmaking and leadership positions and in the fields. We cannot affect policies and we cannot change the current system unless we're able to make those decisions. Our aim is to increase the recruitment, training, and retention of Hispanic/Latino health professionals in the administration and management of HPDP programs in the private and public sectors. Our strategies are (1) to establish a creative, comprehensive Hispanic/Latino-specific HPDP mentorship program for research, teaching, and community interventions and for training mentors; (2) to procure scholarships for training the Hispanic/Latino leaders in HPDP programs; (3) to increase the number of and funding for Centers of Excellence for Hispanic/Latino health professions with an increasing emphasis in HPDP; and (4) to enforce existing Federal and State mandates to ensure Hispanic/Latino opportunities in higher education, such as faculties, boards, and management. To do this, we would encourage PHS to develop incentives for primary care providers

serving hardship areas and to ensure that organizations serving Hispanics and Latinos have at least 12 months' experience in working with the Hispanic/Latino community and that at least 50 percent of their board members are Hispanic/Latino, with Hispanics/Latinos in key administrative and program staff positions.

The seventh problem/issue statement deals with a lack of binational United States-Mexico health cooperation. Our desired aim is to develop, expand, and maintain cooperative efforts in environmental and HPDP areas among countries in the Americas: Mexico, Central and South America, and the Caribbean.

Implementation strategies are (1) to target all HPDP strategies that apply to Hispanic/Latino prevention efforts to the aim of this issue and (2) if the North American Free Trade Agreement becomes policy, make health, including environmental issues, a critical element in the regulation and implementation of such policy.

The eighth problem/issue statement—there's a lack of constituency for Hispanic/Latino political advocacy in the health arena. We need to build a political constituency for HPDP programs to exist. Our strategies would be (1) to build community and working relationships with Hispanic/Latino and other appointed elected officials and national organizations, (2) to develop and build a Hispanic/Latino constituency to counter disease-promoting industries, and (3) to develop a consensus with the Hispanic/Latino community for acceptable universal standards of primary care.

The ninth problem/issue statement—there's a lack of diffusion of culturally relevant HPDP programs. There might be some fantastic programs that exist in one State or in one community, but other places don't know about those. Or, it's difficult to replicate these programs. Therefore, our aims are to identify, showcase, and disseminate successful Hispanic/Latino HPDP models, and to develop strategies to fund these successful models. Our strategy is to establish mechanisms and procedures by which all prevention-related RFPs have Hispanic/Latino community input and to appoint Hispanics/Latinos to review proposals.

And our last issue is the lack of media awareness and sensitivity to Hispanic/Latino health and HPDP issues. Our desired aim is to increase media's awareness of the Hispanic/Latino health issues and the media's role in disseminating information on HPDP. Our strategies are, first, to develop an agenda for workshops and training for media representatives to become actively involved in health promotion and disease prevention; second, to develop community-based training programs in media advocacy; and third, to capitalize on marketing media and health promotion.

Chapter 6: Closing Remarks

Antonia Coello Novello, M.D., M.P.H.

Surgeon General
Public Health Service
U.S. Department of Health and Human Services

Buenas tardes. Here we are, finally, after 3 days of intensive participation at this landmark National Workshop on Hispanic/Latino Health: Implementation Strategies. To say that it has been quite a Workshop is an understatement. It has been for me, and I hope equally for you, 3 of the most memorable and productive days of my term as Surgeon General—

- Three days in which all of us have discussed and debated, analyzed and strategized, synthesized and prioritized.
- Three days in which you have risen to the challenge I gave you on Monday, that is, not to "let the laurels rest with a few" but to strive for unprecedented achievements for us all.
- Three days in which we have been TODOS UNIDOS, as one, for the very first time, and it is my hope that it will be for always.
- Three days in which, to "cut through talk and get us action," you brought your feelings and anger where they were needed, left your egos at the door, made use of the best we all have to offer, and spoke with one voice.

In these 3 days, we have also been informed and enlightened as never before. Our invited speakers have responded to both our collective identity and our badges of individuality. We have heard from the top experts in this country on everything from who we Hispanics/Latinos are, where we come from and where we live, to how much we have grown, how old we are, who goes to school, what we do and what we earn, and how many of us fall into the "haves" and how many fall into the "have nots." And we have listened with the urgency of those who, knowing our realities for so long, must *act now* to secure a place for ourselves, our communities, and especially for our children.

For the longest time, we have been told that—

- We Hispanics/Latinos number 22 million (10 percent of the U.S. population), and by the year 2000, there will be 31 million of us—the single largest and youngest ethnic minority in the United States. Yet amazingly, it was not until 1989 that the model birth and death certificates included a Hispanic/Latino identifier.
- Sixty-seven percent of us were born in the United States, and we represent many nationalities. We live in virtually every part of this country (primarily in urban areas) but are concentrated in seven States. In California and Texas, one in four people are Hispanic/Latino.
- We also compose 5 percent of the elderly population, have the highest fertility rates in the country, and have larger families than non-Hispanics/Latinos. Many of these families are headed by a single female.
- We have the lowest educational attainment in the country, we are among the country's poorest people, and we are less likely to be homeowners than others.

- We suffer disproportionately from many diseases and medical conditions, and about one-third of us lack health insurance, even in the presence of an employed adult in the family.

As I have said, these facts portrayed our sociodemographic and economic realities and showed who we were only yesterday. These facts underscored the point that many of the problems we face as Hispanics/Latinos reflect the educational and economic disparities that we have heard about throughout this Workshop, and throughout our lives.

Now, you might say, "What's new?" I can tell you that the latest data we have learned in just these past 3 days have done more than corroborate what we knew only yesterday. Aside from being clearer, broader, varied, and more precise, they have also added a sense of urgency in that we have very little time left to rehearse—an urgency to remind the American people that Hispanics/Latinos are 22 million voices who need to be accounted for and counted in!

- For example, by the year 2050 the Census Bureau predicts that the Hispanic/Latino population will increase to between 74 and 96 million people, which means that almost one-fourth of the people in this country will be of Hispanic/Latino descent.
- Next, as a group, we are becoming the youngest minority: 35 percent of Hispanics/Latinos in this country are under 18. In contrast, only 26 percent of non-Hispanics/Latinos are under 18.
- In 1992, 11.3 percent of Hispanics/Latinos were unemployed (as opposed to 7.5 percent of non-Hispanics/Latinos and 6.5 percent of whites), with Puerto Ricans, Mexicans, and those of Central and South American descent having the highest unemployment rates among Hispanics/Latinos.
- Hispanics/Latinos are more likely to be employed in lower paying, less stable, and more hazardous occupations than non-Hispanics/Latinos.
- Among Hispanic/Latino men, a large number (28 percent) are operators of equipment and machinery, and only 11 percent are in the managerial/professional fields. Among non-Hispanic/Latino men, only 19 percent are equipment operators and 27 percent are in the managerial/professional fields.
- Among Hispanic/Latino women, the majority (40 percent) fall into the technical/sales fields, which is not far behind the 45 percent of non-Hispanic/Latino women in those fields. However, only 16 percent of Hispanic/Latino women hold managerial/professional positions, in contrast to 28 percent of non-Hispanic/Latino women.
- Sadly, too many of our families and our children live in poverty. The median family income for Hispanics/Latinos is $23,000, compared with $37,000 for non-Hispanics/Latinos in general and $39,000 for non-Hispanic/Latino whites.
- In 1991, 26.5 percent of Hispanics/Latinos in this country were living in poverty, compared with only 10 percent of non-Hispanics/Latinos and 7 percent of non-Hispanic/Latino

whites. Puerto Ricans were found to be the poorest, with 35.5 percent living below the poverty line, and Cubans are the least poor.

- Close to 41 percent of Hispanics/Latinos under 18 years of age live in poverty, in marked contrast to only 13 percent of non-Hispanic/Latino youth. And 21 percent of Hispanic/Latino adults, including the elderly, also live in poverty.
- Our school dropout rates are cause for concern: only 53 percent of Hispanics/Latinos have completed 4 years of high school, in contrast to 82 percent of non-Hispanics. And only 9 percent of Hispanics/Latinos have attended 4 or more years of college, as opposed to 22 percent of non-Hispanics/Latinos.
- Currently, only 850,000 Hispanics/Latinos are enrolled in colleges and universities. About half are enrolled in Hispanic-serving institutions of higher education. Of the total number of Hispanic/Latino college students, 223,000 are enrolled in California; 148,000 in Texas; and 150,000 in Puerto Rico. This means we actually have only 229,000 enrolled in the remaining States.

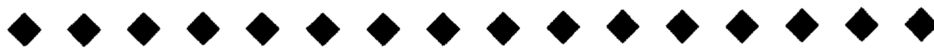
We also learned that, because of limited resources, the forthcoming National Health and Nutrition Examination Survey (NHANES III) will report only on non-Hispanic/Latino blacks, non-Hispanic/Latino whites, and Mexican Americans. In other words, we have made progress—now there is *some* Hispanic/Latino representation in the National Survey, but two categories covered in the previous HANES, Cuban American and Puerto Rican, will not be covered.

In the same vein, the lack of Hispanic/Latino identifiers in 20 States, uncertain reporting in 30 others, samples too small to use for analysis, and a 10-year gap between data collection worsen the picture. Moreover, we have learned that, ironically, those of us under the poverty line who happen to be staying together as a family put ourselves at risk for Medicaid coverage. And sadly, many of us still use the entrances of emergency rooms rather than the doorways of primary care providers.

My friends and colleagues, these are the grim facts as we know them today; they provide an urgent reminder that we can't wait until tomorrow to take action. During this Workshop, we have strived to address these realities and to find the best solutions to secure our futures. In the presence of so many negatives, let us not forget that all is not bad—regardless of the stereotypes that so many have used as artificial barriers to keep us from what is rightfully ours. For, contrary to what others may say—

- We are not found "sleeping under a palm tree or dancing the night away." In the last 7 years, the number of Hispanic/Latino elected officials has increased by 30 percent. They are represented in States nationwide—on school boards, in city councils, in State legislatures, and in Congress, where 13 members are Hispanic/Latino. And contrary to the perceived "machismo," 22 percent of our elected officials are Latinos.
- We come from many countries, but America is our home. Patriotism is one of our strongest traits, along with a strong work ethic, loyalty to family, and religious faith—values that are identified as typically American. I remind you that Mexican Americans have the highest proportion of Congressional Medal of Honor winners of any identifiable ethnic group.
- We are much more than Chiquita Banana and Juan Valdez, I assure you. If anyone has any doubt, just tell them to take a good look around at the faces, the credentials, and the achievements of the men and women in this room!

Colegas, let us now get to the heart of why we have worked so earnestly in these past 3 days:



to develop the blueprint of our national Hispanic/ Latino health agenda for years to come. What have we concluded? Which of these concerns are our greatest priorities? What are our aims? How do we overcome some of these disparities? What implementation strategies will have repercussions for decades to come? Where do we start?

We came to this Workshop to discuss five key issues: access, data collection, representation, research, and health promotion and disease prevention.

Let me now highlight for you some of your key findings regarding these issues.

- With respect to access, we should aim to develop more comprehensive health insurance coverage that promotes an integrated system of care and service delivery—coverage that is affordable, accessible, open to choice, secure, with easy enrollment, nonbiased to preexisting conditions, with broad coverage eligibility, and most important, culturally responsive and culturally responsible. In addition, health care centers and primary care services must be linked to consumer and community needs.
- With regard to data, you attested to the fact that data for Hispanics/Latinos are either unavailable or inaccessible, but data are in critical demand. You expressed the need to include all subgroups of Hispanics/Latinos in all pertinent Hispanic/Latino data. These data should be high-quality, precise, timely, and culturally sensitive in their design, collection, and analysis. They must be analyzed and standardized for use in understanding Hispanic/Latino health concerns, and they must be coordinated appropriately among Federal and State agencies.

  Regarding representation, you agreed that there were insufficient numbers of people, programs, and finances for the entry, retention, and graduation of Hispanic/Latino health professionals. You also expressed the need to increase the participation of Hispanic/Latino professionals in the admissions process, train such personnel in cultural diversity, and employ consistent definitions of Hispanics/Latinos for admission criteria to health professions. Moreover, we must increase, where appropriate (or include, where lacking), the number of Hispanic/ Latino health professionals in faculties, at advanced level career positions, on decision-making bodies, in the licensing certification process, and in health professional school accreditations. Likewise, all PHS programs should be evaluated on the basis of recruitment, retention, and representation of Hispanics/Latinos in independent research grants. We must also increase the number of Hispanic/Latino Centers of Excellence to broaden their base, and we must evaluate them accordingly. We must provide greater support early in the process to our families, teachers, and students and offer more in the way of mentorships.
- In addressing research, you agreed that research relevant to the health of Hispanics/ Latinos is extremely scarce. We must develop the appropriate infrastructure and capacity to conduct such research, as well as culturally appropriate research theories and methodologies. We need greater numbers of Hispanics/Latinos in all fields of research, and we must recruit, train, and retain Hispanic/ Latino scientists throughout PHS.
- With regard to prevention, you agreed that we lack a systematic response to the full range of preventive services for Hispanics/Latinos and that we must have more Hispanic/Latino professionals in decision-making and leadership positions in the prevention field.
  We also lack data on knowledge, attitudes,

practices, and utilization of screening services by Hispanic/Latino subgroups. In addition, the *Healthy People 2000* objectives have neglected to address multiple health issues that are relevant to Hispanics/Latinos. You agreed that our efforts in health promotion and disease prevention must be culturally relevant. Also, we need to awaken the media to increased awareness and sensitivity to Hispanic/Latino health and prevention issues.

Although these are only highlights of what you have produced, TODOS, together, our many voices are already speaking in one choir to amplify our single most important goal: that people from every cultural and ethnic group shall be empowered to contribute, not only to themselves but to the common good of all Americans. More important, our mutual efforts speak to the fact that government *alone* cannot be responsible for our future. We must chart our own destiny. And today, proceeding as one body, we have taken the first steps to secure a place for the next generation.

In 3 days, we have communicated, reached out, spoken out, and learned to pool our collective wisdom and skills in a proactive, unified effort. As a group, we have contributed to making this country even stronger, and we have enriched the lives of those who may not even know of our existence.

When we leave here later today and disperse across this country, let us remember this day, not as the end of a Workshop but as the beginning of a new solidarity, a new tradition of caring for all, a new opportunity to involve leaders at all levels of government, a renewed sense of empowerment to let us claim our most basic needs, and an overriding goal for all Hispanics/Latinos: to convey to America who and what we are.

My friends, the time to act truly is now. A generation is watching and waiting. We must act while we have the support of those at the top, the support of our colleagues in all professions and disciplines, and the support of our communities, our families, and our friends. And come what may, mis queridos colegas, you will always have the support of your Surgeon General.

As we work together in the coming months and years, let knowledge, imagination, dignity, and fairness chart our path for the future. But let us also remember that, without our health and without our education, we will have very little to offer to this country in the years to come.

Lideres del futuro: Let us move forward, toward a future brimming with health. In the end, I can tell you, we shall also overcome. May God bless you all.

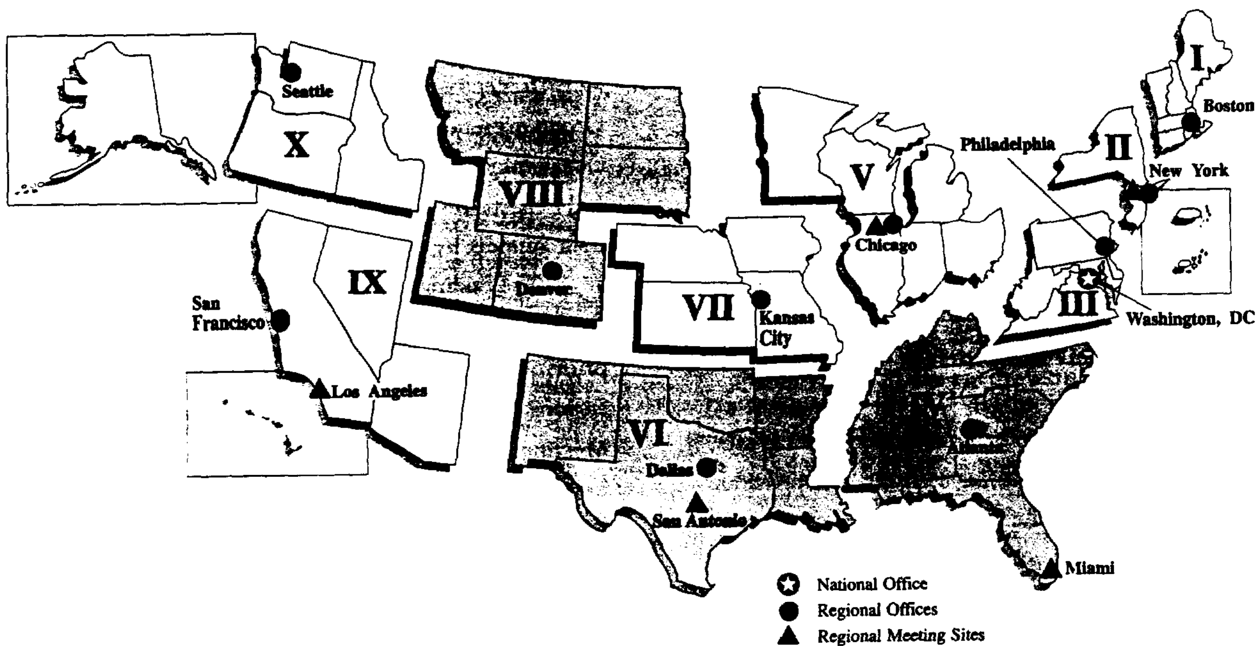
Chapter 7: Regional Health Meetings

Introduction

The Regional Health Meetings, conducted as the second phase of the Surgeon General's National Hispanic/Latino Health Initiative, were planned with the recognition that, if the Initiative is to achieve its goals, action must be taken at the regional, State, and local levels as well as at the national level. Thus, the Surgeon General selected five geographically dispersed sites in cities that have high concentrations of Hispanic/Latino populations—Miami, Chicago, San Antonio, New York/Newark, and Los Angeles—to hold the meetings. These sites were chosen to focus on the specific needs of Hispanics/Latinos in all 10 Public Health Service (PHS) regions of the country (see map), to reach the largest possible number of Hispanics/Latinos within various regions, and to target specific subpopulations within the Hispanic/Latino community—those of Cuban and South American descent in Miami; multiple groups, including migrants, in Chicago; Mexican-Americans and those from Central America in San Antonio; Puerto Ricans in New York/Newark; and Mexican-Americans and migrant groups in Los Angeles. The five meetings were held on the following dates:

- Miami: March 3–4, 1993
- Chicago: March 11–12, 1993
- San Antonio: March 22–23, 1993
- New York/Newark: April 14–16, 1993
- Los Angeles: April 19–20, 1993

In keeping with the goal of creating and strengthening State and local partnerships for addressing the health needs of Hispanics/Latinos, Dr. Novello sought the assistance of the PHS Regional Health Offices and numerous other groups in planning and conducting the meetings.



First, from the national Executive Planning Committee, she selected regional Co-Chairpersons for each meeting:

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Chief of Staff
Miami Children's Hospital

Sara Torres, R.N., Ph.D.
President
National Association of Hispanic Nurses

Aida L. Giachello, Ph.D.
Assistant Professor
University of Illinois-Chicago

Steven Uranga McKane, D.M.D., M.P.H.
Program Director
W.K. Kellogg Foundation

Ciro V. Sumaya, M.D.
Associate Dean, Affiliated Programs and Continuing Education
Director, South Texas Health Research Center

Paula S. Gomez
Executive Director
Brownsville (Texas) Community Health Center

Marilyn Aguirre-Molina, Ed.D.
Assistant Professor
Robert Wood Johnson Medical School

Carlos Perez, M.P.A.
Area Administrator
Office of Health Systems Management
New York State Department of Health

Castulo de la Rocha, J. D.
President and CEO
AltaMed Health Services, Inc.

Helen Rodriguez-Trias
President
American Public Health Association

To support the regional Chairpersons, Dr. Novello organized regional Executive Planning Committees of approximately 25 members each, with representation from the national sponsors and co-sponsors and from leaders of local Hispanic/Latino communities. The Executive Planning Committee members recommended participants, attended regional planning sessions, and provided ongoing advice to the Chairpersons, their Vice Chairs, and the Department of Health and Human Services (DHHS) Regional Project Officer about the planning and development of the meetings. The regional Executive Planning Committee members are listed in Appendix C.

In addition, more than 100 diverse public- and private-sector organizations co-sponsored or provided support at the local level to the five Regional Health Meetings. These organizations represent departments of health, academia, the media, the insurance industry, research institutions, community services providers, and other business and industry groups. These organizations are listed in Appendix D.

More than 975 participants—including health care decisionmakers in Federal, State, and local governments; religious leaders; experts in data collection systems; leaders in the fields of education and service; and advocacy groups—attended the five meetings. As in the National Workshop, participants were divided into Work Groups to address the five areas crucial to Hispanic/Latino health: improved access to health care, improved data collection, development of a relevant and comprehensive research agenda, increased representation in the health professions, and health promotion and disease prevention efforts. The Work Groups were charged with (1) identifying priority problems/issues for each area of concern and (2) developing aims and accompanying implementation strategies to address each problem/issue. At each meeting, a spokesperson for each Work Group presented the Work Group's findings in a closing plenary session. Key government officials and experts in Hispanic/Latino health expressed their support by speaking in plenary sessions.

The findings of the Work Groups in the Regional Health Meetings reveal a similarity of priorities and implementation strategies across regions. The participants of all Regional Health Meetings unanimously concluded that, despite many innovative activities currently under way within each region, much remains to be accomplished within the five key areas of concern in promoting Hispanic/Latino health care.

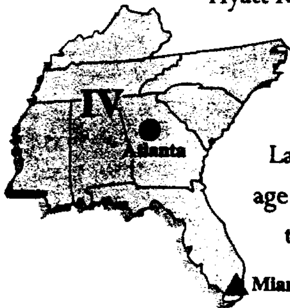
Although Work Group priorities and suggested implementation strategies were categorized by the five key areas, many cross-cutting issues were identified, including the need for funding; Hispanic/Latino subgroup data, definitions, and culturally sensitive identifiers; an infrastructure for research on Hispanic/Latino health needs; training; and information dissemination. These cross-cutting issues reflect the interrelationships among the five areas. Like the members of the national Executive Planning Committee, the participants agreed that no one area can be addressed in isolation; progress in one area cannot be achieved without progress in the other areas.

The identification of number one priorities in each area and the development of related implementation strategies resulted in consensus in most areas. Listed below are the number one priorities identified at the Regional Health Meetings.

- **Access**—Hispanics/Latinos across America must have greater access to health care coverage and services. Participants of all the meetings identified the need for a universal system of health care services and delivery as the first priority strategy for improving access to health care.
- **Data**—Data on Hispanics/Latinos are now either unavailable or inaccessible, but data are in critical demand. All five cities called for Hispanic/Latino subgroup identifiers as a first priority strategy for improving data collection.
- **Research**—Because research relevant to the health of Hispanics/Latinos is extremely scarce, Hispanic/Latinos must be the subjects of and the participants in more research. There was no unanimity across cities for a number one priority. Participants in three of the five cities identified the need for an infrastructure for Hispanic/Latino research and Hispanic/Latino leadership as the first priority to advance the research agenda. Other cities called for a Hispanic/Latino infrastructure and power base; development of appropriate Hispanic/Latino methodology, theories, and models; and legislatively earmarked funds as key strategies for intensifying Hispanic/Latino research efforts.
- **Representation**— Hispanics/Latinos need greater representation in the health professions. There are insufficient finances and numbers of people and programs for the entry, retention, and graduation of Hispanic/Latino health professionals. There was no unanimity across cities for a number one priority. Participants suggested a variety of activities, including educational financing and preparation; Hispanic/Latino empowerment; reduction of credentialing obstacles for foreign-educated professionals; and Hispanic/Latino representation in certification and accreditation policies as key strategies for improving representation.
- **Health Promotion and Disease Prevention**—Hispanics/Latinos must become involved in health promotion and disease prevention efforts. There is a lack of a systematic response to the full range of preventive services for Hispanics/Latinos. There was no unanimity across cities for a number one priority. Participants recommended a variety of activities, including Hispanic/Latino data collection and research; establishment of more community programs and capacity-building among existing programs; establishment of advocacy networks; establishment of public-private partnerships; and assessment of available resources as key strategies for health promotion and disease prevention.

The remainder of this chapter provides summaries of each of the five Regional Health Meetings.

The Miami Hispanic/Latino Regional Health Meeting



The first Regional Health Meeting was held at the Hyatt Regency Miami Hotel in Miami, Florida, on March 3 and 4, 1993. Approximately 225 participants attended.

More than 2 million Hispanics/Latinos live in Region IV, the largest percentage of whom are concentrated in Florida. Of these 2 million people, more than 350,000 live below the poverty level. Many Hispanics/Latinos in Florida are typically unemployed, poor, and uninsured. In addition, Hispanic/Latino migrant farmworkers in the region are at risk for high infant mortality rates.

Five Work Groups identified priority Hispanic/Latino health issues and developed implementation strategies for each issue. Following is a discussion of top priority issues and strategies by Work Group.

Access to Health Care

Priority Issue: Lack of an organized system of health care access and delivery for all Hispanic/Latinos at the local, State, and Federal levels.

Implementation Strategies:

◆ Implement a cost-effective universal health care plan that includes undocumented persons.

◆ Implement a program producing public-private partnerships to improve coordination and linkages of health care services.

◆ Finance community-based health and social services.

Data Collection

Priority Issue: No uniform Hispanic/Latino identifier to capture ethnic heritage.

Implementation Strategies:

◆ Involve community leaders to develop an inclusive, global Hispanic/Latino definition for the U.S. Census Bureau and other agencies; share this definition to ensure standardized criteria, data accessibility, and utilization.

◆ Establish linkages with government leaders to ensure Hispanic/Latino participation in criteria development and data collection.

◆ Provide data collection form instructions that ensure accuracy in the data collection process and cultural sensitivity.

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Beaumont Hagebak
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Yvonne Johns
Minority Health Coordinator for Region IV

Robert Ribera
Planning Liaison

Research Agenda

Priority Issue: Lack of infrastructure relating to educational institutions to promote relevant research initiatives on Hispanic/Latino health issues.

Implementation Strategies:

- Conduct research using priority funding to support Hispanic/Latino candidates from elementary through post-graduate levels, thereby ensuring a pool of potential Hispanic/Latino health researchers and scientists.
- Establish a national clearinghouse network to collect and disseminate Hispanic/Latino health research and funding opportunities.
- Create a multidisciplinary, national/regional task force to institutionalize the process of establishing Hispanic/Latino research priorities.
- Establish a Hispanic/Latino professional health journal.

Health Professions

Priority Issue: Lack of financing for education in health and science professions.

Implementation Strategies:

- Finance Hispanic/Latino employee retraining through private sector flexibility.
- Endow a chair for Hispanic/Latino faculty members at colleges and universities.
- Establish service repayment programs, loans, and scholarships at the Federal, State, and local level specifically targeted for Hispanics/Latinos.
- Establish an adopt-a-student program sponsored by individual professionals.
- Develop Hispanic/Latino role models in corporate-sponsored health and science professions.
- Examine the Hispanic/Latino-modified Minority Access to Research Careers (MARC) model for health careers.
- Reduce Hispanic/Latino qualifying criteria for workstudy programs.
- Financially support student expenses other than tuition, including childcare, stipends, etc.
- Involve Hispanic/Latino leaders at State and local levels.

Health Promotion and Disease Prevention

Priority Issue: Lack of health issues education and awareness programs within the Hispanic community.

Implementation Strategy:

- Request Federal and State funding for school health education and prevention programs, health care professionals' education for children, media programs, and Hispanic/Latino role model programs.

The Chicago Hispanic/ Latino Regional Health Meeting

Regions V & VII

V
VII
Chicago
Kansas City

The second Surgeon General's Hispanic/Latino Regional Health Meeting was held at the Westin Hotel in Chicago, Illinois, on March 11 and 12, 1993. Approximately 240 participants attended.

More than 1.5 million Hispanics/ Latinos live in Region V and nearly a quarter million live in Region VII. In both regions, the past decade has witnessed the rapid growth of the Hispanic/Latino populations. In Minnesota, for example, the Hispanic/Latino population increased by 68 percent during the 1980s.

Poverty stemming from low-paying jobs, rather than unemployment, is the number one reason that 23 percent of all Hispanics/Latinos in Illinois, as opposed to nine percent of the non-Hispanic population, have no health insurance.

AIDS, tuberculosis, neonatal infant deaths, non-existent Hispanic/Latino data, and migrant worker-related issues challenge both Region V and Region VII. Despite the large numbers of migrant farmworkers, migrant health issues continue to lack any visibility.

Seven Work Groups identified priority Hispanic/Latino health issues and developed implementation strategies for each issue. Following is a discussion of the top priority issues and strategies by the five major Work Groups.

Access to Health Care

Priority Issue: Lack of universal community health system and health coverage.

Implementation Strategies:

- Ensure portability of services.
- Develop a primary care infrastructure model.
- Ensure that the delivery system does not discriminate based upon residency status.
- Develop a user-friendly system that includes flexible hours of services and simplified, easy-to-understand forms.
- Ensure that all programs receiving government funding must demonstrate compliance with these strategies.

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Anita Satterly
Minority Health Coordinator for Region VII

- Establish more uniform Federal forms and uniform Medicaid eligibility criteria across State borders.

Data Collection

Priority Issue: Exclusion of Hispanics/Latinos in data collection systems.

Implementation Strategies:

- Implement standardized data collection systems at local and regional levels.
- Establish a data bank for the Midwest region.

Research Agenda

Priority Issue: Lack of cultural appropriateness of research methodology.

Implementation Strategies:

- Validate research instruments and sampling methods for the Midwest and for different subpopulations.
- Take into consideration economic status of Hispanics/Latinos in sampling.

Health Professions

Priority Issue: Insufficient number and inadequate preparation of Hispanic/Latino students in the educational system to pursue an education in health and sciences.

Implementation Strategies:

- Encourage parental involvement by creating models that are appropriate for individual locations.
- Control environmental factors that adversely affect education such as violence, lack of safety, gangs, and substance abuse.
- Identify high-risk students who are in danger of dropping out of school at an early age.
- Establish appropriate intervention to keep students in school and to encourage them to graduate.
- Educate parents about and involve them in the required academic preparation.
- Create partnerships between school, faculty, health professionals, and health professions students to provide role modeling, mentoring, teaching, and health career exploration.

Health Promotion and Disease Prevention

Priority Issue: Inconsistent definition of Hispanic/Latino ethnic groups and subgroups.

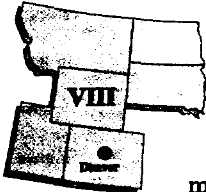
Implementation Strategy:

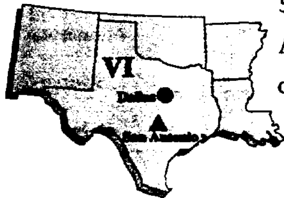
Establish a health data collection system characterized by a uniform and consistent racial and ethnic identifier. In particular:

- Develop Hispanic/Latino community actions to request the establishment of procedures at the local, State, and Federal levels.
- Advocate Federal legislation that mandates the implementation of health promotion and disease prevention (HPDP) in a standardized form.
- Establish advocacy groups that will make community leaders and policymakers accountable for implementing HPDP data collection.
- Train and educate providers as well as Hispanic/Latino consumers on appropriate identification procedures for data collection.

The San Antonio Hispanic/ Latino Regional Health Meeting

Regions VI & VIII





The third Regional Health Meeting was held at the Sheraton Fiesta Hotel in San Antonio, Texas, on March 22 and 23, 1993. Approximately 160 participants attended.

More than 5 million Hispanics/Latinos live in Region VI—4 million in Texas alone and one-half million in New Mexico. Indeed, minorities constitute 54 percent of the population in Region VI. Access to health care for the underserved is an ongoing problem in this region, especially along the Texas-Mexico border. Outbreaks of tuberculosis and cholera and a high rate of anencephalic births are the most prominent health risks affecting Hispanics/Latinos of this area. In addition, San Antonio ranks second in low educational attainment of the 15 largest U.S. cities.

In Region VIII, there are more than one-half million Hispanics/Latinos—most of them living in Colorado. Approximately 43,000 migrant and seasonal agricultural workers and their families live in Colorado. These migrant farmworkers are among the most deprived in the Nation, facing pervasive poverty, unemployment, isolation, and alienation. Their transience and inability to speak English severely hamper their access to health care. Health risks faced in this region include diabetes, smoking, alcoholism, and a high infant mortality rate.

Following is a discussion of top priority issues and strategies identified by the Work Groups.

Access to Health Care

Priority Issue: Lack of universal health coverage.

Implementation Strategies:

- Conduct needs assessment of health coverage on local level, where needed.
- Increase Hispanic/Latino participation in decision-making processes regarding health care service delivery.
- Standardize and streamline administrative forms to decrease expenditures of human and fiscal resources better allocated to service delivery.

Data Collection

Priority Issue: Need for Hispanic/Latino identifiers at the national, State, and local levels for ethnic subgroups, foreign-born, and migrant populations.

Implementation Strategies:

- Require all agencies authorized to collect health-related data to include identifiers of ethnic subgroups.
- Require all agencies working with survey data to draw adequate random sample sizes for statistical accuracy.

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Jane Wilson, M.S.
Minority Health Coordinator for Region VIII

- Earmark adequate funding for agencies to incorporate identifiers of Hispanic/Latino groups into data gathering procedures.

Research Agenda

Priority Issue: Lack of a Hispanic/Latino research infrastructure.

Implementation Strategies:

- Develop specific PHS support programs for Hispanic/Latino predoctoral and postdoctoral training in behavioral and biomedical research to eliminate underrepresentation.
- Develop programs directed to Hispanic/Latino researchers to allow them to become better equipped and to improve methodological expertise in health-related research.
- Develop and fund PHS distinguished research career programs to allow Hispanic/Latino researchers to concentrate on research, writing, and mentoring and to free them from the multiple requirements and expectations commonly faced by minority academicians.
- Assess the results of existing minority-focused programs with respect to Hispanic/Latino students.
- Encourage professional associations to stimulate Hispanic/Latino student involvement in research careers.

Health Professions

Priority Issue: Lack of empowerment and political influence in developing biomedical/health education and delivery system.

Implementation Strategies:

- Increase Hispanic/Latino legislative and academic representation and political system involvement through Hispanic/Latino voter registration and political candidate evaluations and recommendations.
- Increase academic involvement at the national level through inclusion of Hispanics/Latinos in national review boards of grant funding agencies and in professional journal editorial boards.
- Increase involvement at the academic university level by expanding the Hispanic/Latino presence and involving Hispanic/Latino faculty in decision-making processes.
- Educate appointed and elected officials by educating the Congressional Hispanic Caucus and the Boards of Regents members and by developing a national lobby to promote the Hispanic/Latino education agenda.
- Educate the public/community sector on issues involving Hispanic/Latino education by utilizing mass media resources to market storytelling to them, mobilizing community outreach, and promoting inclusion by and use of institutional news and information facilities.

Health Promotion and Disease Prevention

Priority Issue: Lack of culturally sensitive and population-specific comprehensive and systematic approaches to clinical, community, and preventive health programs, and lack of appropriate screening and diagnostic procedures for Hispanics/Latinos.

Implementation Strategies:

- Obtain interim strategy consensus from entire Regional Health Meeting attendees.
- Request a Federal mandate for community representation in regional health plans.
- Recommend immediate interim preventive ambulatory care benefits package.
- Fund the creation of a national Hispanic/Latino multidisciplinary commission to monitor policy, create a sounding board, create a resource pool, create a clearinghouse to disseminate information, and conduct outreach using community resources.