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## EDITORIAL

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### **One Voice, One Vision—Uniting to Improve Hispanic-Latino Health**

Hispanics-Latinos constitute one of the fastest growing ethnic minorities in the United States. Today, there are 22 million Americans of Hispanic-Latino descent in this country, making up about 9 percent of the nation's population. By the year 2000, Hispanics-Latinos will become the largest—and one of the youngest—of ethnic minority groups, with an estimated 31 million members. By 2050, the Hispanic-Latino population is projected to be 81 million people, or about one-fifth of the predicted American population (1).

More than two-thirds of Hispanics-Latinos now living in the United States are native citizens; however, we do not share in America's bounty. Although we are the most highly employed minority, more than one-third of us have no health insurance, and our per capita income is disproportionately lower than that of African Americans or non-Hispanic-Latino whites. Twenty-five percent of Hispanic-Latino families live in poverty, with a median family income of \$23,431 as opposed to \$36,334 for non-Hispanics-Latinos (2).

Hispanics-Latinos also have the lowest educational attainment in the country: only 52 percent have completed high school, and only 9 percent of

Hispanic-Latino adults have attended 4 or more years of college (3 and unpublished tabulations of the Bureau of the Census). Only 2.8 percent of the doctorates in the United States are earned by Hispanic-Latinos (4).

As telling as these figures are, they depict only part of the Hispanic-Latino profile. We hold strong traditional American values: fervent patriotism, loyalty to family, and a strong work ethic. For example, Mexican Americans make up the highest proportion of Congressional Medal of Honor winners of any identifiable ethnic group. And, Hispanics-Latinos own close to a half million small businesses nationwide (5).

These positive contributions of Hispanics-Latinos are often overlooked. Despite their many accomplishments, the crippling effects of poverty, lack of health insurance, unavailability of Spanish-speaking providers, and other persistent inequities continue to erode the health status of the Hispanic-Latino population—in particular, access to health care.

### **National Hispanic-Latino Health Initiative**

Although numerous studies and reports have documented the problems that Hispanics-Latinos face in obtaining adequate health care, little has happened to improve the situation. These pressing needs spurred the creation of the Surgeon General's

### Primary Sources for the Background Papers

A series of background papers were prepared for the Surgeon General's National Workshop on Hispanic-Latino Health, which was held in Washington, DC, in September 1992. In writing these papers, the authors surveyed existing literature on the current status of Hispanic-Latino health. Their primary sources were the following documents:

- Government Accounting Office: Hispanic access to health care: significant gaps exist. U.S. Government Printing Office, Washington, DC, January 1992, GAO/PEMD-92-6.
- Health Resources and Services Administration: Health care for Hispanic individuals. Report to Congress. HRSA Publication No. 240-89-0045. U.S. Government Printing Office, Washington, DC, 1991.
- Hispanic Health and Nutrition Examination Survey, 1982-1984: Findings on health status and health care needs. *Am J Public Health* 80 (supp.): 1-72, December 1990.
- Hispanic Health Issue. *JAMA* 265: 161-296, Jan. 9, 1991.
- . . . And access for all: Medicaid and Hispanics. National Coalition of Hispanic Health and Human Services Organizations, Washington, DC, 1990.
- Healthy People 2000: an ounce of prevention. National Coalition of Hispanic Health and Human Services Organizations, Washington, DC, 1992.
- The state of Hispanic health. National Coalition of Hispanic Health and Human Services Organizations, Washington, DC, 1992.
- Hispanics and health insurance. Vol. 1. Status. National Council of La Raza, Washington, DC, 1992.
- The state of Hispanic America 1991: an overview. National Council of La Raza, Washington, DC, 1992.
- Office of Minority Health: National Hispanic health policy summit report. U.S. Government Printing Office, Washington, DC, 1992.

National Hispanic-Latino Health Initiative. Guided by an executive planning committee composed of 48 Hispanic-Latino health professionals, the Initiative served a threefold purpose:

- To summarize what is known regarding the health needs, concerns, and priorities of Hispanics-Latinos,
- To develop effective and realistic implementation strategies for meeting those needs, and
- To provide a clear focus for coordinating the

efforts of the Department of Health and Human Services with those of Hispanic-Latino communities nationwide.

The initiative consisted of several activities: a national conference held in Washington, DC, in September 1992; a series of five regional health meetings held in cities representing areas with high concentrations of Hispanics-Latinos—New York, Miami, Chicago, San Antonio, and Los Angeles; and a culminating meeting of the executive planning committee members.

Each activity was planned to support the three critical goals of the Initiative while focusing on the second goal: developing implementation strategies to overcome the problems of cultural dislocation and assimilation, language barriers, poverty, and illiteracy in gaining greater access to reliable, affordable, and accessible community-based health care services.

These events marked the first time ever that hundreds of leading Hispanic-Latino health officials, community and program leaders, educators, and researchers came together—not as Mexican Americans, Cubans, or Central and South Americans but as a unified body—to address these pressing needs. These leaders from every region of the United States and its Territories spent 1-1/2 years assimilating, analyzing, and assigning priorities to the issues and concerns that have the greatest implications for the health and welfare of every Hispanic-Latino man, woman, and child in this country.

Each phase of the Initiative built upon those preceding it. In preparation for the national workshop, a series of background papers were commissioned to review the existing literature on Hispanic-Latino health. The papers outlined the problems as indicated in the literature, summarized recommendations made to address the problems, and proposed preliminary strategies to implement the recommendations. The papers have been updated and revised and are presented in this issue of *Public Health Reports*.

Each paper concentrated on one of five key areas of concern: (a) improved access to health care, (b) improved data collection strategies, (c) development of a relevant and comprehensive research agenda, (d) increased representation in the health professions, and (e) increased efforts for community-

based health promotion and disease prevention activities. This same structure also provided the basis for the participants' deliberations throughout the Initiative.

At the national workshop, the participants worked from this common base of information to begin to develop implementation strategies. In turn, those strategies served as the catalyst for the participants' efforts at the regional health meetings to develop strategies tailored to the specific needs of the region, with emphasis on creating responsive partnerships at the State and local levels. Finally, the executive planning committee members considered all the proposed strategies from the other meetings as they assigned priorities to the most critical issues and the key strategies for addressing them.

### **Summary of Issues**

The diversity of health needs in Hispanic-Latino communities runs counter to a generic approach to solving pressing problems. Aside from the cultural differences of the various nationalities represented, there are economic, geographic, and demographic disparities. To understand both our collective and individual problems, and to develop successful, in-depth solutions, we must address them carefully in the context of these differences.

We can begin by adopting and adapting the key strategies that the Initiative's Hispanic-Latino leaders have so conscientiously identified and assessed. Highlights of these strategies—from the broad-based to the specific—follow.

**Cross-cutting issues.** Participants in the Initiative pinpointed several key issues that cut across concerns that they were asked to consider; no one area could be addressed adequately in isolation. Following are the strategies to address these broad-based issues:

- Increase resources to maintain adequate data on Hispanic-Latino health issues.
- Disseminate Hispanic-Latino research, data, and health information via centralized clearinghouses to researchers, health care providers, and others who require such data.
- Ensure that all racial and ethnic minority populations are given equal access to all relevant resources of the Office of Minority Health, Office of the Assistant Secretary for Health.

- Establish offices of minority health in all public health agencies; for those already established, provide adequate resources and staffing to ensure access for all.
- Tailor health promotion and disease prevention outreach efforts to the particular needs of the community being served.
- Include community and providers in health promotion and disease prevention outreach activities.
- Administer intervention in a coordinated manner to ensure effective and efficient management.
- Develop national, uniform standards for quality of care.
- Provide appropriate resources for and strengthen public health assessment, policy development, and assurances pertaining to Hispanic-Latino health issues.
- Appoint Hispanics-Latinos to review panels, study sections, Public Health Service advisory councils, and working groups at the Federal, State, and local levels.
- Establish an advisory body to monitor the implementation of the National Hispanic-Latino Health Initiative and ensure accountability within all agencies of the Department of Health and Human Services.
- Develop regulations that require private and nonprofit institutions (including universities) serving Hispanics-Latinos to include adequate Hispanic-Latino representation at decision-making levels.
- Secure scholarships for training Hispanic-Latino leaders in all clinical and nonclinical health professions.
- Enforce existing Federal and State mandates to ensure opportunities for Hispanics-Latinos in higher education (faculty and boards), decision-making positions, and the workplace.
- Ensure that organizations serving Hispanics-Latinos are culturally competent and represent their needs. Ensure that at least 50 percent of their boards are composed of Hispanics-Latinos, with Hispanics-Latinos in key administrative and program staff positions.

**Strategies to improve access to health care.** According to the collective voice of the group, Hispanics-Latinos across the board must have greater access to health care coverage and services. In particular, the participants agreed that we must

- Ensure the participation of Hispanics-Latinos in the development and implementation of a national health care system that ensures universal access to

all persons living in the United States, the Commonwealth of Puerto Rico, and U.S. Territories.

- Increase Hispanic-Latino representation at all levels of the public health and health policy leadership, and in the workforce.
- Ensure Hispanic-Latino participation in the planning, design, staffing, evaluation, and ownership of public health and health care infrastructure to ensure that it serves community needs.
- Eliminate all financial, cultural, language, age, belief, or sex barriers to health care.

**Strategies to improve data collection.** Much of the data on Hispanics-Latinos, which are in critical demand, are now either unavailable or inaccessible. To gauge the depth and magnitude of our complex problems, we must have a baseline of accurate and reliable information. In particular, the participants agreed that we must

- Include Hispanic-Latino identifiers and subgroup identifiers in all surveys and forms and provide for adequate sample sizes for detailed analysis to establish new baselines and subobjectives for the year 2000.
- Increase Hispanic-Latino representation in the design, implementation, analysis, and dissemination of health assessment and health monitoring data systems and in funding decisions affecting these systems, including the identification of health indicators specific for Hispanics-Latinos.
- Request funds during current Federal and State budget appropriations hearings to take advantage of the resources already allocated for the third National Health and Nutrition Examination Survey to (a) update the data collected on Puerto Ricans and Cubans during the Hispanic Health and Nutrition Examination Survey and (b) collect, for the first time, detailed health data on other Caribbean and Central and South American subgroups in areas where they are geographically clustered.
- Establish Federal, State, and local laws to ensure confidentiality of respondents by prohibiting law enforcement and immigration authorities to use identifying information.
- Ensure that sociocultural data are collected and made available so that analysis and interpretation of Hispanic-Latino health data can be placed in the broader context of social issues.

**Strategies to broaden the research agenda.** Hispanics-Latinos must be the subjects of—and be participants in—more research. Current research relevant to the health of Hispanics-Latinos is ex-

tremely scarce. In particular, the participants agreed that we must

- Increase funding to (a) determine high-priority health problems that affect morbidity and mortality of Hispanic-Latino groups (such as cardiovascular disease, cancer, diabetes, HIV-AIDS, substance abuse, violence, accidental injury, environmental and occupational hazards, and tuberculosis); (b) assess the impact of sex, ethnicity, and physical ability on the health status of urban and rural Hispanic-Latinos across their lifespan; and (c) assess the role of such factors as assimilation, country of origin, and migratory status.
- Increase Hispanic-Latino representation on multidisciplinary grant review bodies, advisory groups, and task forces to identify and implement Hispanic-Latino research priorities at local, State, and Federal levels.
- Create and update directories of multidisciplinary Hispanic-Latino researchers for use by publicly or privately funded health departments, agencies, organizations, and institutions.
- Revise and restructure curriculums of multidisciplinary health professional institutions and continuing education programs to include Hispanic-Latino health research theories, methodologies, and models.
- Ensure the recruitment, training, and retention of investigators and administrators.

**Strategies to increase representation in science and health professions.** Hispanics-Latinos must broaden our representation in the health professions. Currently, there are insufficient numbers of people and programs and inadequate finances for the entry, retention, and graduation of Hispanic-Latino scientists and health professionals. In particular, the participants agreed that we must

- Promote the recruitment, retention, and advancement of Hispanic-Latino faculty in health professions schools and increase the number of Hispanic-Latino tenured track and tenured faculty.
- Ensure the entry and retention of Hispanics-Latinos in undergraduate and graduate programs at Hispanic-serving institutions and Hispanic Centers of Excellence through funding incentives (such as institutional development).
- Establish guidelines that will make universities accountable—tied by level of funding—to the recruitment and retention of Hispanic-Latino students in all health professions.
- Make available and disseminate information on

financial assistance and educational initiatives such as college work-study programs, grants, scholarships, fellowships, and national service programs.

- Develop and support awareness, educational enrichment, and student guidance and mentoring programs to encourage Hispanic-Latino students to pursue careers in the health professions.

**Strategies to foster health promotion and disease prevention.** Hispanics must get involved in health promotion and disease prevention outreach activities. We lack a systematic response to the full range of community-based preventive services for Hispanics-Latinos. In particular, the participants agreed that we must

- Integrate paraprofessionals, informal community leaders, ethnic or folk healers, *Promotores de Salud*, and other community health workers in health promotion and disease prevention programming for the Hispanic-Latino community and provide appropriate recognition and incentives for them to participate.
- Use appropriate media resources and community networks at local, State, and Federal levels to educate Hispanic-Latino communities regarding health promotion and disease prevention issues.
- Establish guidelines for Hispanic-Latino national and community-based organizations to follow in accepting corporate contributions; corporations' products and services must be compatible with health promotion and disease prevention goals.
- Make health promotion and disease prevention (including environmental issues) critical elements in the regulations and implementation of the North American Free Trade Agreement.
- Secure Federal funds for development and evaluation of health promotion and disease prevention programs directed toward Hispanic-Latino groups.

## Conclusion

To be sure, we have a very lengthy list of issues and strategies—all of them complex and diverse, and all of them a priority. However, we cannot afford inaction, for we run the risk of polarizing the people of this country even further by creating a two-tiered health care system that fails to reach a growing minority community. Even worse, we risk further preventable disease, disability, and death in our communities.

We know that progress is slow. However, continuing neglect and complacency erode any chance

for progress. We must act promptly so that we can begin to bridge the language gap and overcome the barriers, creating a responsive health care system that recognizes and accepts cultural diversity.

Although the government must play a significant role, the entire health care community must get involved and work together to provide an integrated continuum of health care for all Americans. It is up to each of us to make a difference.

Antonia Coello Novello, MD, MPH  
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3. Bureau of the Census: School enrollment-social and economic characteristics of students. Current Population Reports, Series P-20, No. 460. U.S. Government Printing Office, Washington, DC, October 1990.
4. National Research Council: Doctorate records file. Summary report—doctorate recipients from U.S. universities. National Academy Press, Washington, DC, 1981.
5. U.S. Department of Commerce: 1987 survey of minority-owned business enterprises, Hispanic report, M887-2. U.S. Government Printing Office, Washington, DC, 1989.

### New Publications

*Further information on the Hispanic/Latino Health Initiative is available in two reports issued in June 1993—"One Voice, One Vision—Recommendations to the Surgeon General to Improve Hispanic/Latino Health" (191 pages) and the summary report, "Recommendations to the Surgeon General to Improve Hispanic/Latino Health" (24 pages).*

*Free copies of both reports are available from the National Clearinghouse for Alcohol and Drug Information, telephone 1-800-729-6686.*