
The Latino Healthcare Professionals Project: Responding to the Diverse Needs of the 21st Century

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ABSTRACT

The Latino Healthcare Professionals Project (LHPP) is a privately-funded initiative to provide healthcare management training to first-generation educated Latino bilingual and bicultural upper division university students planning careers in healthcare. This unique curriculum, scholarship, and mentorship program is based in the Healthcare Administration (HCA) Program at California State University Long Beach (CSULB). Initially funded by The Sisters of St. Joseph Healthcare Foundation, LHPP has been sponsored by several organizations, including Kaiser Permanente and the Healthcare Foundation for Orange County, with a shared commitment to increase the diversity of trained Latino managers in the healthcare field.

Since its inception in 1995, 168 students have participated in LHPP, with demonstrated success in improved student performance, retention, participation in the health professional work force, and continuing educational achievements.

This article discusses the need for Latino healthcare professionals, current issues facing the Latino population with regards to higher education and family involvement, and barriers affecting Latino students' ability to complete a four-year baccalaureate degree. Information on the project includes a description of the LHPP mission and goals, curriculum and core components, as well as the project's structure, process, and outcomes.

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INTRODUCTION

One means to achieve the national goals of reducing racial and ethnic disparities in healthcare access and quality is to increase the number of racial and ethnic minority healthcare professionals. In California, and increasingly throughout the nation, the shortage of Latino healthcare professionals is becoming more acute as the Latino population becomes larger and more widely dispersed. To help meet the growing need for additional Latino healthcare professionals, the Healthcare Administration (HCA) Program at California State University Long Beach (CSULB) in collaboration with the Sisters of St. Joseph Healthcare Foundation, developed the Latino Healthcare Professionals Project (LHPP), a scholarship and mentoring project that provides healthcare administration education to Latino undergraduate students who plan careers as healthcare professionals. Now in its ninth year of operation, the project has demonstrated effectiveness in improving student undergraduate performance, securing employment for students in healthcare organizations, and encouraging students to pursue further graduate study.

CONTEXT

LATINO DEMOGRAPHICS: GROWTH, DISPERSION, AND DIVERSITY

In 2000, Latinos became the largest minority group in the United States. Latinos now comprise 13.5% of the U.S. population, with as much as 10% of this number unreported due to low participation in the U.S. Census process and redistricting of highly populated Latino areas (U.S. Census Bureau 2003, 2004). By the year 2030, it is projected that Latinos will total over 73 million and comprise 20.1% of the U.S. population, making Latinos the fastest growing racial/ethnic group in the country (US Census Bureau 2004).

The Latino population in the U.S. is primarily made up of persons of Mexican descent (66.1%), followed by Central and South Americans (14.5%), Puerto Ricans (9%), Cubans (4%), and other Hispanic/Latinos (6.4%). Furthermore, changes in Latino immigration patterns during the 1990s have produced a greater dispersal of Latinos throughout the United States. States with emerging populations experienced a growth rate of 61% in their foreign born populations, nearly double the increase in the traditional "big six" immigrant-receiving states—California, New York, Texas, Florida, New Jersey and Illinois (Fix & Passel 2001). Latinos throughout the U.S. demonstrate distinct ethnic characteristics, acculturation levels, migration patterns, generational status, occupational, demographic, and language profiles. These differences affect health status and require consideration in the delivery of quality healthcare (Kaiser Permanente

National Diversity Council and the Kaiser Permanente National Diversity Department 2001).

LATINO HEALTHCARE ACCESS ISSUES

Latinos lack access both to health insurance and to culturally and linguistically competent healthcare providers. A key barrier to health insurance access is poverty, and Latino families are more likely to be poor than any other racial/ethnic group except African Americans. Nearly 22% of Latinos lived in poverty in 2002, compared to 8% for non-Latino Whites, 10% for Asians and 24% for African Americans (Proctor & Dalaker 2003). Between 1999 and 2001 the impact of the recession resulted in a decrease of over one quarter of the net wealth among Latinos (Kochhar 2004). Moreover, poverty rates are higher in urban areas with high concentrations of Latinos, as demonstrated in Los Angeles County where 39% live below 200% of the poverty level and represent the working poor (County of Los Angeles 2002). The Kaiser Family Foundation reports that 34% of Latinos in the nation are uninsured, the highest proportion of any ethnic group (Hoffman and Wang 2003). In California, 28.5% of Latinos were uninsured all year and another 15% uninsured for part of the year (Brown et al. 2003). In Los Angeles County, wherein 44% of the population is Latino, 37.6% had no health insurance between 1999 and 2001 (Hayes-Bautista, Kahramanian, & Gamboa 2003).

Linguistic barriers and limited knowledge about the healthcare system and programs for which they may be eligible pose further challenges for Latinos attempting to access necessary healthcare services. A study conducted for the Robert Wood Johnson Foundation (2001) found that language barriers discouraged many non-English speaking Latinos in several areas of the United States with rapidly growing Latino populations from seeking medical care. Twenty percent of California residents are considered Limited English Proficient (LEP) (Dower 2003). Furthermore, a third of California health maintenance organization (HMO) members speak a language other than English; 20% speak no English, with Spanish the most common language of LEP or non-English speakers (Kominski, Glick & Reifman 2003).

Although an increasing number of healthcare organizations provide translators, many located in Latino majority areas still do not have adequate signage in Spanish and do not comply with federal requirements, based on Title VI of the Civil Rights Act of 1964, to provide language assistance to LEP patients (U.S. Department of Health and Human Services, Office for Civil Rights 2000).

NEED FOR LATINO HEALTH PROFESSIONALS

The healthcare system faces a severe shortage of Latino healthcare professionals, and there are very few Latino role models in healthcare organizational leadership positions. Latino under-representation in the health professions is greater in California than nationally, as displayed in Table 1 (Grumbach et al. 2003; UCSF n.d.).

Table 1. Latino Health Professionals Compared to Total U.S. and California Practitioner Populations, 2000

	United States %	California %
Latinos as a Percentage of the General Populations		
Latinos over age 18	11	32
Latinos as a Percentage of Specific Healthcare Professional Populations		
Certified Nurse Midwives	N/A	4
Dentists	2.4	4
Licensed Practical Nurses	4.6	N/A
Managers, Medicine and Healthcare Organizations	5.3	N/A
Nurse Practitioners	N/A	6
Pharmacists	3.4	N/A
Physicians	3.8	4
Physician Assistants	3.8	13
RNs	3	4

Source: Grumbach et al. 2003. *Strategies for Improving the Diversity of the Health Professions*, Tables 1.1a and 1.1b.

A lack of adequate representation of Latinos in healthcare professions further increases barriers to high quality, culturally and linguistically relevant care. Research demonstrates improved health outcomes when the provider shares the patient's race, ethnicity, and cultural background (Purnell and Paulanka 1998), and that Latino patient satisfaction increases with a Spanish speaking provider (Baker, Hayes, & Fortier 1998).

Although discussions of the shortage of Latino healthcare professionals have emphasized the lack of physicians and nurses, healthcare administrators are ultimately responsible for the cultural orientation and service delivery operations within healthcare organizations. The lack of multicultural healthcare executives and managers has been a continuing

concern for healthcare professional associations. The American College of Healthcare Executives (ACHE) established the Institute for Diversity in Health Management in 1994 after that organization and the National Association of Health Services Executives (NAHSE) found that although non-white employees represented 20% percent of hospital staff, they comprised only 1% of executives. A follow-up study in 1997 found little progress in increasing minority executive representation (Institute for Diversity n.d.). However, Agho, Baldwin and Selig (2004) found a strong upward trend in minority student enrollment among AUPHA-affiliated graduate programs in health administration: between 1979 and 1999-2001, minority graduate student enrollment increased from 12% to 28%.

Unfortunately, an acknowledged limitation of this study is that available data are aggregate for health administration minority students rather than broken down by racial and ethnic subgroups. Furthermore, the data cannot be divided by geographic region to examine amelioration of the racial and ethnic disparities of specific sites that especially need culturally and linguistically representative management, such as the greater Southern California area facing grave under-representation of Latinos.

FACTORS LIMITING THE SUPPLY OF LATINO HEALTHCARE PROFESSIONALS

Several factors contribute to the shortage of healthcare executives and managers from racial and ethnic minority groups. These include lack of role models to attract new recruits to the field; disproportionately smaller pools of college students from which to recruit; lack of mentors; rising costs of higher education combined with minority students' financial need; and, more recently, a decrease in institutional commitments to affirmative action. Latinos in particular are often responsible for contributing to the economic welfare of their families while attending high school and college.

Latinos' educational achievement trails far behind that of non-Latino whites, with only 10.6% of Latinos holding a bachelor's degree or higher compared to 28.1% of non-Latino whites (Therrien and Ramirez 2004). With the exception of high achieving Latinos in the top-tier U.S. four-year colleges, Latinos who enroll in college are less likely than non-Latino whites to complete their degrees, regardless of the level of preparation during their high school years (Fry 2004). Educationally disadvantaged Latino students often fail to graduate from college because of economic, educational and environmental factors. According to the Pew Hispanic Institute, barriers include delayed enrollment in college, responsibility for

financial contribution to the family, residing in their family's home during college attendance, and the overall cost of an education (Fry 2004). Students whose parents have little or no formal education often do not provide the necessary emotional and social support as they do not yet understand the long-term value of a college degree and the required time commitment.

Educationally disadvantaged Latino students often attend high schools located in poor neighborhoods, and tend to score poorly on school, state, and national examinations. These students are more likely to attend less selective colleges with fewer resources for financial support, advising, and mentoring (Fry 2004). Discontinuance of affirmative action admission policies, lack of social support programs, cuts in financial aid, and decreasing educational resources have made it even more difficult for minority college students to graduate.

LHPP PROGRAM DESCRIPTION

The Latino Healthcare Professionals Project (LHPP) was developed to educate Latinos to become professional healthcare leaders and to serve as role models for both Latinos seeking healthcare in Southern California and other Latino students. Program objectives include both short and long term indicators for educational and career success, specifically:

- o Completion of the LHPP curriculum
- o Distinguished academic performance while at CSULB
- o Pursuit of a graduate degree
- o Employment as healthcare professionals

EDUCATIONAL SETTING

CSULB is the flagship campus of the 23-member California State University system, the largest higher-education system in the country. Established in 1949 and fully accredited by the Western Association of Schools and Colleges (WASC), CSULB had 34,700 students enrolled in fall of 2003 and more than 1,000 full-time faculty. The University offers 70 baccalaureate degrees (194 programs), 61 masters degrees (88 programs), and one joint doctoral degree. CSULB has been granting degrees in Healthcare Administration (HCA) since 1974. The HCA undergraduate program is certified by the Association of University Programs in Health Administration (AUPHA) and the graduate program by the Commission on Accreditation of Healthcare Management Education (CAHME).

The CSULB campus is located on the border of Los Angeles and Orange Counties and is in one of the nation's most ethnically diverse

regions. The population of Long Beach is composed of 35.8% Latinos, 33.1% non-Latino whites, 14.5% African Americans, 13.1% Asian./Pacific Islanders, 1% Native Americans and 2.9% two or more races/ethnicities or other. Latinos represent 44% of Los Angeles County residents and 31% of those in Orange County (U.S. Census Bureau 2000).

These demographic changes are reflected in the ethnic breakdown of the University's student population. CSULB students come from 50 states and more than 100 nations; 27.4% identified themselves as Latino/Hispanic as of fall 2003, the largest ethnic minority group on campus. CSULB is one of the top ten institutions of higher education in the U.S. granting degrees to Latinos (Hispanic Outlook in Higher Education, 2004), but the Latino graduation rate at CSULB is among the lowest by ethnic group. Over 50% of CSULB freshmen report that their parents do not hold bachelor's degrees. For this reason, the university's student orientation and advising programs are incorporating activities for parents who have not attended college, and are currently initiating Spanish language orientations for Latino parents who are not proficient in English.

LHPP FOUNDERS AND FUNDERS

The Sisters of St. Joseph of Orange, an organization with a commitment to both community service and diversity, initiated the Latino Healthcare Professionals Project to ameliorate the lack of qualified Latino healthcare administrators in its Southern California service area. Following the formation of the Sisters of St. Joseph of Orange Health Care Foundation, a Latina sister of Mexican American descent who had studied Latino health at CSULB approached a colleague working as a healthcare administrator in the St. Joseph Health System. Their discussion of ways to use the new stream of foundation funding to rectify the lack of Latino administrators within the St. Joseph system grew into a broader vision of collaboration with the CSULB Healthcare Administration Program. This team of sisters understood both the barriers faced by Latinos who aspired to become health professionals and the business need for leadership in the delivery of culturally and linguistically competent healthcare for Southern California's rapidly changing population. The sisters' continuous contribution to the development of this model program has been integral to its success, and led to contributions from other leading healthcare organizations such as Kaiser Permanente, Healthcare Foundation for Orange County, and Long Beach Memorial Medical Center, institutions that share the founders' concern regarding the lack of Latino representation in the healthcare work force.

STRUCTURE

The Latino Health Professionals Project is based in the Healthcare Administration Program within the College of Health and Human Services at CSULB. The Project Director is a full time faculty member who devotes approximately one quarter of her teaching and advising time to LHPP students. A half time Project Coordinator provides administrative support and also assists in advising and mentoring.

CURRICULUM

A unique combination of coursework and a paid summer internship experience ensures that LHPP students gain the knowledge needed to compete in today's job market. All students earn a certificate in Healthcare Administration, the equivalent of a minor. Certificate students must complete six upper division HCA courses and pre or co-requisite courses in accounting and economics, in addition to those courses required for their respective majors. The LHPP Certificate curriculum differs slightly from the regular HCA Certificate in Healthcare Administration, as shown in Table 2 below.

Table 2. LHPP and Traditional HCA Certificate Curriculum

Course Number and Name	Units	Pre-or Co-Requisite	Traditional Certificate	LHPP Certificate
HCA 312 Health Personnel Management	3	None	Yes	No
HCA 341 Financial Management of Healthcare Organizations	3	Accounting	Yes	Yes
HCA 353 Marketing for Health Services Organizations	3	Economics	Yes	Yes
HCA 402 The Healthcare System	3	None	Yes	Yes*
HCA 410 Health Management and Organizations	3	None	Yes	Yes
HCA 470 Latinos/Latinas Access to Healthcare	3	None	No	Yes*
HCA 480 Internship in Healthcare Administration		HCA 402, 353, 341	No	Yes**

* Separate class section for LHPP students; taught by LHPP Director

** Separate class section for LHPP students, taught by LHPP graduate with MPH degree

These courses were selected to give future patient caregivers, outreach workers, advocates, administrators, and other healthcare professionals a solid grounding in health administration so they can navigate the complex healthcare system and provide optimal and culturally competent patient care. Two of the didactic courses, an introductory overview of the healthcare system and another on issues related to Latino health status and access, are comprised only of LHPP students to promote cohesiveness among the student cohort. These courses are taught in a seminar format in the fall semester of the cohort's first year to provide adequate mentorship and further promote cohesion among the cohort. All HCA course syllabi are available at www.csulb.edu/depts/hca.

In the summer between the first and second year of LHPP coursework, students work with a preceptor at a healthcare facility, shadowing senior managers and clinical leaders/administrators and participating in key patient and program management activities related to their career interests, e.g., medicine, nursing, social work, finance, information systems, and nutrition. LHPP stresses the need for its students to be knowledgeable about the business aspects of healthcare. The student's exposure to healthcare administration in practice, combined with the individual's cultural understanding and linguistic abilities, results in an internship that is mutually beneficial for the student and the host organization. Many of the LHPP students subsequently obtain temporary or permanent employment in the organizations where they serve their internships. In 2004, the instructor for the summer internship course was a distinguished graduate of the second LHPP cohort who subsequently obtained a master's in public health degree from UCLA in health services and works as a manager in the Latino health insurance product division of a leading health maintenance organization (HMO).

ELIGIBILITY

The LHPP program is open to current CSULB students and to transfer students from other California universities and colleges majoring in any field who plan a career in healthcare. They must be enrolled full-time (12 semester units) as juniors at CSULB, bilingual in Spanish and bicultural Latinos, and their parents or legal guardians may not hold a baccalaureate degree from a U.S. institution. Participants are selected based on history of community service, grade point average, experience in healthcare, perceived integration of the LHPP curriculum in their future career plans, Spanish language ability, and first-generation educational status. A bilingual panel interviews each student for approximately 20 minutes. Each year, between 19 and 25 students are chosen to participate (with 15

scholarship recipients and the rest alternates) from a pool of approximately 60 qualified applicants. Alternates are treated identically to the scholarship students with the exception of the tuition stipend. Approximately 60% of the alternates receive some tuition support as some scholarship students graduate early and attrition occurs.

Although the vast majority of Southern California's Latino population identifies as Chicano, Mexican, or Mexican American, LHPP attempts to recruit Latinos from U.S. Latino population and participants to date represent 11 different countries of origin. While the proportion varies by cohort year, reported origin is as follows: 77.6% Mexican, 12.2% Central American, 7.1% South American, and 1.9% Caribbean. Two students (1.2%) report mixed Latino origin.

FEATURES AND BENEFITS

The program model to guarantee academic success and reduce the risk of attrition incorporates economic, cultural, and social support. All incoming students sign written documents confirming their knowledge of, and commitment to, the expectations of LHPP.

Financial Support. The scholarship students receive tuition stipends for two years at CSULB. All participants receive a stipend for their internships in local healthcare facilities and reimbursement for books for the six HCA certificate courses.

Family Involvement. Based on data from applications and tracking forms, over 90% of these parents work in low wage jobs such as agriculture, domestic help, and service positions and none have attended college in the U.S. LHPP makes a concerted effort to reach out to students' parents through such means as an annual newsletter with articles in English and Spanish and invitations to all LHPP social activities and celebrations. The many formal and frequently informal contacts with families (often initiated by the LHPP Project Director and Coordinator) have been essential to LHPP students' success.

Mentoring. Once selected, LHPP students are involved in a number of activities to optimize academic retention and assure success by creating a community within the University, which continues well after graduation.

- o The LHPP Annual Retreat and Orientation is a four-day required summer retreat held on campus for new and returning LHPP students to meet and network. It provides an orientation to Healthcare Administration, academic guidance and mentoring, and promotes the formation of personal and professional relationships among LHPP students, faculty, and graduates. Incom-

- ing LHPP students are assigned to mentor-mentee groups, which include junior-level incoming students, senior LHPP participants, and LHPP graduates. Students are oriented to academic support programs such as the Writing Proficiency Lab and the Learning Assistance Center and Latino faculty and administrators attend the retreat and provide guidance relevant to student success.
- o Student-Faculty-Graduate Mentorship: Students meet frequently throughout the two-year program with LHPP faculty and staff mentors for the support needed to ensure retention and success. Participants submit mid-semester progress reports from all their instructors and meet at least once each semester with the Project Coordinator or Director. Students in their second year and LHPP graduates are assigned as mentors to new students in the program, sharing their experiences and providing new students with the peer support and encouragement for academic, professional, and personal success. Throughout the two-year program, LHPP participants have opportunities to engage in career development presentations and networking with LHPP graduates and health professionals throughout California.
 - o Cohort courses. Three of the required HCA courses are offered to LHPP students as separate sections. This enables LHPP participants to bond with each other as a cohort and facilitates a freer exchange of information. LHPP will graduate its eighth cohort in May 2004.

PROGRAM OUTCOMES

As of academic year 2003-04, 168 students are currently enrolled or have participated in the program, with demonstrated success in student performance, retention, participation in the healthcare professional work force, and continuing educational achievements.

EVALUATION AND TRACKING

Students evaluate the project three times throughout their two-year participation in LHPP and are followed for five years after completing their baccalaureate degrees. Students submit LHPP evaluation forms at the end of their first semester, during the summer of their internship following the completion of their first year of course work, and at the end of the project prior to graduation. Students are asked to evaluate the course work, their professors, the coordinator, their internship experience, and their overall satisfaction with the project.

LHPP graduates are asked to complete an annual tracking form with data on salaries, hours worked weekly, job positions, graduation status, graduate student status, and ongoing community service. Students regularly receive LHPP e-mails and are asked to provide current contact information to facilitate a smooth and constant flow of communication. Many LHPP graduates now working as healthcare professionals share job announcements with the growing LHPP alumni network.

RESULTS

As required by funders, LHPP regularly reports its detailed performance outcomes. Program objectives for LHPP encompass current student performance and retention as well as post-graduate education and employment. Accomplishments to date are summarized in Table 3.

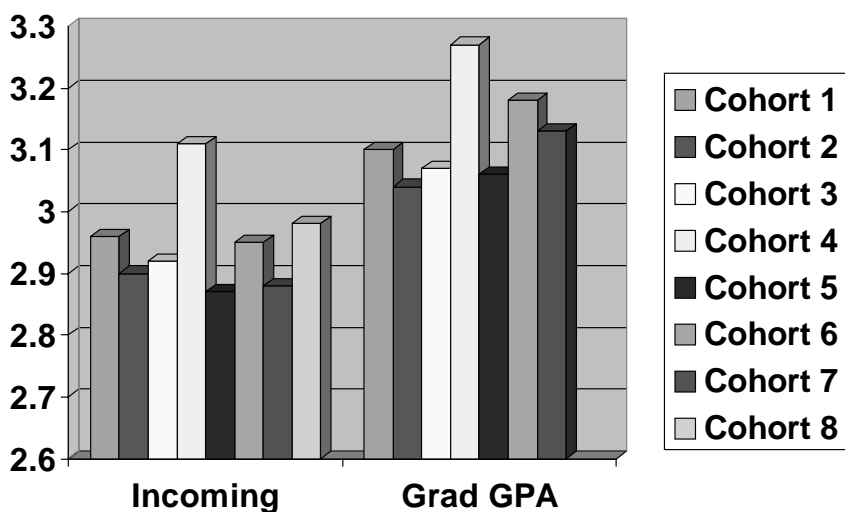
Table 3. LHPP Objectives and Achievements, 1995 - 2004

Objective	Achievement
Retain 90% of admitted students in LHPP	92.9% retention rate
50% of LHPP students qualify for Dean's or President's Lists while LHPP participants	64.7% qualified for Dean's or President's List at least one semester during their participation
50% of LHPP alumni attend graduate school within 5 years after CSULB graduation	67% attend graduate school within 5 years
75% of graduates not enrolled in graduate school working full time in the health field	76% of graduates work full-time in healthcare

Figure 1 shows trends in academic achievement for LHPP participants by class cohort, indicating that all students in all cohorts substantially improved their GPAs by participating in the program. It should be noted that improvement in GPA is difficult to achieve with students who have already completed half of their degree credits as their GPAs are already well established. The goal of LHPP is to push students beyond a GPA of 3.0 and improve their final 60 units so as to increase the likelihood of their acceptance in graduate programs. In an effort to assess the overall

impact of LHPP participation on GPA, students' incoming GPAs were compared with their GPAs at the time of graduation. A paired samples T-test found that the mean increase in GPA was .1224, which marked a statistically significant improvement at $p < .001$ ($t = -7.601$, $df = 92$). Figure 1 demonstrates the changes in student GPA from their commencement in the program through graduation for the 93 graduates through Summer Semester of 2004.

Figure 1. Changes in GPA throughout LHPP Participation



To determine the effects of the students' LHPP experience on graduate school attendance and completion within five years of CSULB graduation, those who had graduated on or before December 2000 were evaluated. Of the 52 graduates on or prior to December 2000, 17 (32.6%) had completed graduate degrees and another 18 (34.62%) are currently attending graduate school. Three students had completed master's degrees and are pursuing work at the doctoral level in public health (2) and health care economics (1). An additional two LHPP graduates are pursuing medical degrees at UCLA and Stanford University. To date, the remaining LHPP graduates have completed 8 master's degrees in public health, 2 in business administration, 2 in psychology, 2 in physician assistantship, and 1 each in nutrition, nursing, public administration, education, counseling, and social work.

DISCUSSION

The Latino Healthcare Professionals Project has successfully achieved its established objectives because it is a comprehensive program that addresses the educational, social, and cultural needs of educationally disadvantaged Latino undergraduate students. LHPP furnishes undergraduate Latino students with the academic, personal, and professional training required for positions of leadership in healthcare with an emphasis in healthcare administration. A dedicated Program Director and Project Coordinator provide academic instruction and guidance to students and promote family understanding and acceptance of their children's college educational experiences. Extensive interaction with LHPP alumni and Latino health practitioners and administrators offers LHPP students contact with successful role models and a myriad of professional networking opportunities.

In addition to their major degrees, LHPP graduates earn a certificate in Healthcare Administration that prepares them to deliver culturally and linguistically relevant services to the communities they serve based on a strong understanding of the healthcare system. Building on the extraordinary convergence of community need and student demographics, this project creates an opportunity to transform the cultural heritage of undergraduate Latino students into central assets in the healthcare arena.

Latinos lack access to health services due to institutional, personal resource, knowledge, cultural, and emotional barriers. LHPP graduates understand the cultural and personal resource barriers experienced by Latinos because they have had to overcome the same challenges when attempting to access care. Many LHPP students report during the application interview an attraction to the program based on the personal hardships they and their families have experienced when attempting to access quality healthcare. By studying the most current research related to Latino health, LHPP students also become aware of relevant ways to design healthcare programs that meet the needs of diverse Latino groups. Because the curriculum incorporates a public health perspective, they learn the importance of cultural and linguistic competence as well as literacy-level specific clinical care and education. They also learn to appreciate Latino subpopulation diversity through exposure to other Latino groups and to better understand the health issues facing these populations. LHPP participants gain exposure to many programs that work and the skills to replicate successful models.

In spite of meeting and exceeding established program objectives, LHPP faces sustainability challenges due to rising tuition combined with reduced public support for minority education and philanthropic funding for education. As education costs continue to rise, educationally disadvantaged Latino students will have more barriers to careers in the healthcare professions, and the gap between community needs and the healthcare system delivery service capacity will continue to grow. Maintaining the program will continue to depend on the insight of major local healthcare institutions and their commitment to enhance care for the Latino population by investing in the future generation of Latino healthcare professionals. It must be noted that a great deal of the success of LHPP results from the rejection of the “one size fits all” model to increase underserved minority populations. The healthcare status and access issues facing diverse minority groups must be treated distinctly with culturally relevant models designed for each group of participants. LHPP is highly Latino-sensitive, based on a Pan-Latino approach that acknowledges differences among the various Latino subpopulations, while working toward cohesion, understanding and academic success.

CONCLUSION

Access issues of the growing Latino population should be systematically addressed by preparing Latinos to serve in patient care and administrative positions within the healthcare system. When Latinos are in decision-making positions, they can influence agency policies and procedures to increase the number of bilingual/bicultural staff and make services more relevant and accessible to the Latino population. By recruiting and training first-generation educated, bilingual and bicultural Latino students in healthcare administration, LHPP prepares graduates to assume leadership positions in a variety of health and social service organizations, thus improving the overall effectiveness of current healthcare systems.

To further promote diversity in health administration, it would be most helpful if there were more specific data available from professional and educational organizations on minority enrollment in health administration educational programs by ethnic group.

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