

Strategies to Increase Enrollment of Hispanic Students in Allied Health and Nursing Programs

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The purpose of this report is to examine the results of a literature review to identify contributing factors for increasing the numbers of Hispanic students who enroll in allied health and nursing programs. The report presents the results of the literature review, identifies perceived barriers, and ascertains factors that may contribute to enrollment of Hispanic students in allied health and nursing programs in the United States.

INTRODUCTION

While the Hispanic population in the United States currently comprises 16.3% of all United States citizens (Reyes & Nora, 2012), only 5% of the nation's Registered Nurses and approximately 10.9% of the entire healthcare workforce is Hispanic (Snyder, Stover, Skillman & Frogner, 2015). Additionally, the Hispanic population is expected to triple by the year 2050 to equal one quarter of the United States' total population (Healey, 2012). It is further predicted that by the year 2080, approximately 51% of United States' citizens will be minorities with the largest sub-population being Hispanic (Healey, 2012).

Research has indicated that the deficit of minority health care providers in the United States is partially due to limited diversity among applicants to health sciences programs. Increasing the proportion of minority health providers to more effectively reflect the communities served has been identified as a strategy to reduce health disparities (Fleming et al., 2005). Research has also demonstrated that health outcomes are improved when there are similarities in ethnic representation of health care providers and the patients served (Drake & Lowenstein, 1998). Increasing the numbers of Hispanic students enrolled in health care programs may be one way to improve health outcomes in the United States, particularly in communities with high numbers of Hispanic residents.

There are a few States in the nation that have identified the need to recruit and retain Hispanic students including those with particularly high numbers of Hispanic residents. Within those States there have been a small number of colleges and universities that have developed successful healthcare education programs to address the needs of the country and surrounding communities. However many colleges and universities continue to have low numbers of Hispanic students who graduate from allied health and nursing programs therefore it is important to benchmark the programs that have been effective and understand factors that contribute to increased enrollment.

BACKGROUND INFORMATION/CONTEXT

Over the past ten years, the Hispanic population in the United States has grown by 15.2 million to 50.5 million individuals, which equates to 16.3% of the total population of this country (Reyes & Nora, 2012). There are several States that have a significantly higher percentage of Hispanic residents including New Mexico with 42%, Arizona with 25% and both California and Texas with 33% (Marquand, 2014). These numbers are expected to rise over the next few decades, tripling by the year 2050 (Healey, 2012).

It has been proven that there is a direct correlation between lack of cultural diversity in the healthcare workplace and health disparities. In 2005 Fleming, Berkowitz and Cheadle completed a review of a Robert Wood Johnson foundation-funded program titled, Cross-Cultural Education in Public Health (CCEPH). In this review, the authors identified several issues that ethnic minorities face in the United States that contribute to disparities including disproportionate levels of disease, higher rates of poverty, lower rates of access to medical care and healthcare education, higher mortality rates, and the burdens of discrimination. Burkholder and Nash (2014) described the challenges that new immigrants and non-native speakers face when attempting to develop social networks. Strict immigration policies and fear of retribution can cause some individuals to avoid seeking care, particularly if they do not identify with the providers. Language and cultural barriers are common in all areas of healthcare. There are often challenges with verbal communication along with differences in the actual definitions of health and well-being. It is common for personnel in healthcare institutions to attempt to teach non-Spanish speakers how to speak medical Spanish in order to provide basic treatment to patients. Unfortunately, much can be lost in translation and there exists the continued dilemma of non-verbal, cultural dissimilarities.

With the continued growth of the Hispanic population in the United States along with data proving that there is direct correlation between lack of cultural diversity in the healthcare workplace and health disparities, the numbers of Hispanic students graduating from allied health and nursing programs needs to be increased. At this time, 5% of registered nurses and approximately 10.9% of the entire healthcare workforce is Hispanic (Snyder, Stover, Skillman, & Frogner, 2015). Additionally, the percentage of Hispanic nurses who graduate with a Bachelor's degree or higher is even lower (Marquand, 2014). In Texas, one of the States identified with the highest percentage of Hispanics, the percentage of registered nurses who are Hispanic is higher at 8.7% (Cason, Bond, Gleason-Wynn, Coggin, Trevino & Lopez, 2008). However, 8.7% is still insignificant compared to the total percentage (33%) of Hispanics in the State. Table 1 illustrates the percentage of Hispanic professionals employed in a variety of health occupations, along with the percentage of change within a nine-year time period between 2004 and 2013.

TABLE 1
HEALTHCARE WORKFORCE DATA (HISPANIC DISTRIBUTION)

Allied Health Occupation	2013	Change from 2004
Physical Therapists	2.8	-6.1
Occupational Therapists	5.1	0.9
Physical Therapist Assistants and Aides	9.7	0.1
Occupational Therapy Assistants and Aides	3.5	-1.5
Respiratory Therapists	6.5	2.6
Radiation Therapists	5.3	-13.4
Diagnostic-Related Technologists and Technicians	10.3	-0.5
Medical and Health Services Managers	6.7	1.8
Licensed Practical and Licensed Vocational Nurses	8.7	1.5
Registered Nurses	5.0	5.0

Source: Center for Health Workforce Studies, 2015

PURSUIT OF POST-SECONDARY EDUCATION

To understand the broader issues associated with the lack of Hispanic students graduating from allied health and nursing programs, it is also helpful to examine the overall barriers with regard to the pursuit of post-secondary education. In a paper titled, *Lost Among the Data: A Review of Latino First Generation College Students*, Reyes and Nora (2012) identified several important statistics. First, only 37% of Hispanic high school graduates between the ages of 18 to 24 were enrolled in college at the time their study was completed. This compared to their White counterparts with 49% enrolled in post-secondary education. Additionally, only one in ten Hispanic adults between the ages of 18 to 24 held a college degree and about “half of all Latino college students had parents whose highest level of education was a high school diploma or less” (Reyes & Nora, 2012). Data obtained from the United States Census Bureau for the year 2012 indicated that the number of Hispanic adults enrolled in college between the ages of 18-24 had increased to 49%, while the number of White, non-Hispanic individuals in the same age range had decreased to 47%. The number of Hispanic students enrolled in college has continued to increase and reached 2.4 million in 2012. Additionally, the high school dropout rate for Hispanic students has decreased at a faster rate than any other population, falling to a record low of 15% in 2012, which was less than half the rate of 32% in 2000 (Lopez & Fry, 2013).

While the data is positive with respect to improvement in Hispanic students entering college, improvements have not been as widely seen in regard to completion. The data demonstrated an increase in overall pursuit of post-secondary education by Hispanic students, but only 14.5% of Hispanic individuals ages 25 and older had earned a Bachelor’s degree, compared to 51% of Asians, 34.5% of Whites, and 21.2% of African-Americans (Lopez & Fry, 2013). For additional comparison, the enrollment data from a mid-sized, Midwestern university was examined. The results indicated that in 2014, 6% of total enrolled students identified as Hispanic. In the School of Nursing, 5% of enrolled students and only one faculty member were Hispanic. Further analysis indicated that in 2014, 4% of Bachelor’s graduates were Hispanic, and only 17% of Hispanic students received a Bachelor’s degree within six years, which was the lowest percentage of all ethnic groups (Washburn University, 2014). Data

has shown that Hispanic individuals are less likely to enroll in college full-time or attend a four-year university as compared to their non-Hispanic counterparts (Lopez & Fry, 2013).

HEALTH DISPARITIES

It has been demonstrated that there is a direct correlation between lack of cultural diversity of healthcare employees and health disparities (Cason et al., 2008; Fleming, Berkowitz, & Cheadle, 2005). Livingston (2013) reported that 27% of Hispanic adults reported having no usual healthcare provider. They were twice as likely as African-Americans and three times as likely as non-Hispanic Whites to lack a regular health care provider. Livingston (2013) also determined that 37% of Hispanics between the ages of 18 to 29 and 27% of Hispanic individuals with a high school diploma or lower were less likely to utilize a consistent health care provider as compared to their counterparts in other ethnic groups.

As previously stated, research has confirmed that to improve health outcomes, similarities in ethnic representation between health care providers and patients served is essential (Drake & Lowenstein, 1998). A contributing factor to the deficit of minority health care providers is limited diversity among applicants to health sciences programs in the United States (Fleming, et al., 2005). It has been shown that implementing programs to expand the numbers of Hispanic students enrolling in and graduating from allied health and nursing programs is crucial for overall population health (Cason et al., 2008; Fleming, Berkowitz, & Cheadle, 2005). It has also been demonstrated that the elimination of health disparities can save money. Approximately 30% of direct medical care for African-Americans, Hispanics, and Asians has been attributed to health disparities (Hansen, 2014). In 2004, the Institute of Medicine (IOM) recommended increasing diversity in the health care workforce as a strategy to reduce disparities.

A CASE FOR DIVERSITY IN THE WORKFORCE

Through this research, four primary reasons were identified to support diversification of the healthcare workforce. First, studies have shown that such diversification in itself is a means to enhance cultural competence (Hansen, 2014). As indicated throughout this report, diversification of the health care workforce will likely increase access for underserved populations (Hansen, 2014). Hansen also specified that Hispanic physicians are more likely to provide care in underserved communities, to the poor, and to those patients who receive Medicaid. Improved medical research was another benefit for increasing diversity among healthcare professionals as Hispanic individuals are more likely to participate in research projects if the researcher is of the same ethnicity (Hansen, 2014). Finally, diversifying the healthcare workforce would likely mean that there would be increased diversity among healthcare leaders and managers. As studies have revealed, future leaders in healthcare must be prepared for a changing demographic that will be best served by providers who work in teams (Browning, Torain, & Patterson, 2011). Leaders who are prepared to develop teams of providers from a variety of ethnic backgrounds could potentially enhance care for all individuals and improve overall population health.

STRATEGIES TO INCREASE DIVERSITY IN THE HEALTHCARE WORKFORCE

There have been several studies that have identified a need for increased emphasis on early education and pipeline models to enhance students' awareness of healthcare as a possible career focus. In their report for the Center for Health Workforce studies, Snyder et al. (2015) conducted a literature review in order to determine which programs were effective for diversifying the health care workforce. Their findings included an initiative by the Robert Wood Johnson Foundation (RWJF) and California Endowment that was conducted from 2001 to 2010. This initiative was titled, "Pipeline, Profession, and Practice: Community-Based Dental Education" and focused on pathways that would increase the numbers of underrepresented minorities selecting dental school. According to Snyder et al., 2015, the RWJF initiative may have helped to increase interest in diversifying the dental workforce. Another study

conducted by Guerrero et al. (2015) demonstrated increased rates of interest in maternal and child health professions following participation in a nationally-funded pathway program.

Several states have implemented policies and created programs to encourage the training of a diverse healthcare workforce, beginning in K-12 and continuing through post-secondary education. An example of this type of program is the California's Health Careers Training Program, which was developed to encourage underrepresented students to explore various health careers. In this initiative, organizations are awarded mini grants for development of activities that promote the exploration through career fairs, Saturday academies, and internships for example (Hansen, 2014).

Some states have established loan repayment, loan forgiveness, and other plans to increase diversity in health care educational programs improve diversity in the healthcare workforce. The Affordable Care Act (ACA) included provisions for this purpose, as well, specifically with regard to primary care, dental, mental health, and the long-term care labor force. In a 2011 paper, the Department of Health and Human Services (DHHS) Advisory Committee on Minority Health made recommendations for increasing diverse representation in the health care workforce. The suggestions included widening partnerships and increasing funding opportunities, along with investigating accreditation and licensure policies to help ensure a competent, diverse workforce to meet the needs of emerging demographics (Hansen, 2014).

Instead of teaching non-Spanish speakers how to speak medical Spanish, an emphasis should be on teaching Spanish speakers how to become medical professionals. There are programs across the country that have begun to implement programs aimed at bringing community health workers into the healthcare workforce. Hansen (2014) reported that six states have created training and certification programs for community health workers to so that they may receive formal education and become employed. In a 2015 report, the Centers for Disease Control highlighted one example by the National Alliance on Hispanic Health. The Alliance trained 42 "promotores" to instruct diabetes and self-management education (DSME) for residents in Phoenix, Arizona; Rio Rancho, New Mexico; and Watsonville, California. These initiatives and others across the country have demonstrated improved population health and should be expanded to lead to further educational attainment so that Hispanic individuals may receive formal certification in allied health and nursing professions.

PERCEIVED BARRIERS TO ENROLLMENT

Perceived barriers to support of Hispanic students must be recognized through communication with the population and collaboration within the communities. In a study conducted by Cason et al. (2008), several barriers were identified as significant to the success or failure of Hispanic nursing students. Hispanic nurses reported facing several challenges directly related to culture including various differences, isolation, significant family responsibilities, and absence of understanding of the need to pursue higher education. Additionally, they were faced with deficiencies in support from faculty and mentors who lacked specific cultural awareness within higher education and the community. This lack of diversity among faculty was supported by NCES (2013) data that indicated fewer than 7% of college faculty were Hispanic.

From the perspective of high school students preparing to attempt post-secondary education, additional barriers were identified. The students voiced concern that there would be a lack of assistance with academic integration and assimilation, along with low social integration due to lack of diversity within the campus itself (Reyes & Nora, 2012). Finally, both groups who were first-generation college students expressed concern over the lack of understanding and personal support for navigating the higher education highway. In reports by both Cason, et al. (2008) and Reyes and Nora (2012), the importance of developing programs to assist these students with maintaining their senses of identity while becoming successful in college were paramount to the success of the student.

STRATEGIES FOR SUCCESS

Learning lessons for increasing enrollment rates of Hispanic students into allied health and nursing programs from those who have been successful is imperative. Several studies and programs have demonstrated that when collaboration occurs between K-12, universities, and communities, processes are improved allowing students to feel supported in their choice of healthcare education. The inclusion of health disparities courses into K-12 and university curricula has been suggested as a tool for increasing the numbers of underrepresented students into post-secondary health care programs. A study conducted by Vela, Kim, Tang, and Chin (2010) showed that underrepresented minority students were more likely to report that the existence of a specific health disparities course would influence their attendance at that institution.

Targeted recruitment efforts and revised admissions policies were also identified as important strategies (Snyder et al, 2015). The University of Texas Arlington houses an on-campus Hispanic Nursing Association that actively assists with recruitment, retention, resource-procurement, and development of communication and leadership skills. There are awards and research opportunities available under the guidance of Hispanic faculty members when possible. Significant collaboration occurs between the Center for Hispanic Studies in Nursing and Health and the Department of Modern Languages who provide assistance with Spanish-language interpretation for research studies or additional academic pursuits. Registered Nurse and peer mentors are available to provide assistance, which includes tutoring when necessary. Finally, the program works to establish funding for scholarly research that impacts the health and wellness of the Hispanic community. The Center for Hispanic Students in Nursing and Health program at the University of Texas Arlington promotes the concept that students are more likely to graduate when they are part of a learning community that includes those of a similar cultural background.

Curriculum modifications and enrichment programs have been suggested as tools to improve enrollment of Hispanic students into a variety of health care programs including allied health and nursing. Offering clinical opportunities that correlate with universities' high impact community education practices may encourage an increase in interest to programs. According to Hansen (2014), such curriculum adjustments encourages an environment that "promotes shared learning among individuals from diverse backgrounds" (p. 6). In addition to curriculum modifications, summer enrichment programs are showing promise as recruitment tools. Following the RWJF Summer Medical and Dental Education Program (SMDEP), a survey was conducted among the participants from underrepresented populations. The data indicated that more than half of the students reported that they applied to medical or dental school and greater than one-third matriculated. The report also indicated that the participants in SMDEP were more likely to attend dental or medical school (Snyder et al. 2015).

Improving academic and social support, along with increasing the numbers of mentors and faculty members who are Hispanic may encourage more Hispanic individuals to pursue allied health and nursing programs. Providing additional financial incentives including community grants, special scholarships, loan repayment, and forgiveness may also increase the numbers of Hispanic students in the programs (Hansen, 2014).

There were a few additional lessons learned that can be useful to programs attempting to increase their enrollment rates. Some of the ideas included providing updated marketing materials in both Spanish and English for students, including prospective high school students. Also, the importance of educating the community about the shortage of Hispanic nurses through relevant media channels and community organizations was identified (Healey, 2013).

CONCLUSION

The deficiency of Hispanic allied health and nursing professionals in a society with an ever-increasing Hispanic population is a problem across the United States. It is exacerbated by low numbers of Hispanic students graduating from high school and enrolling in post-secondary education. As is the case across the United States, a quick review of general institutional data illustrated that the problem of low Hispanic enrollment in higher education was similar at Washburn University, a public Midwestern University. Only 6% of total students enrolled and approximately 4% of Bachelor's graduates were Hispanic (Washburn University, 2014). Within the School of Nursing, approximately 5% of enrolled students identified as Hispanic, and only one adjunct faculty member was of Hispanic descent (Washburn University, 2014). The University is located in Kansas where 11% of the state's total population is Hispanic (Pew Research Center, 2014). Compare that number with the percentages of students and faculty at the University and it is easy to see the importance of identifying and implementing recruitment strategies targeted toward the Hispanic population.

It has been shown that implementing programs to increase the numbers of Hispanic students enrolling in allied health and nursing programs is critical for the overall health of the community. The correlation between the lack of cultural diversity in the health care workforce and health disparities in specific populations is a primary factor for changing cultural dynamics. Communication and collaboration between high schools, universities and the communities are necessary so that perceived barriers can be identified and eliminated. First, providing learning communities where Latino students can gather with others of a similar cultural background is paramount. Financial barriers must also be addressed through collaborative efforts to increase scholarships. Consideration should be taken for establishing appropriate communication with prospective students, which includes updated marketing materials in both Spanish and English. Cultural education for faculty, students, and the surrounding communities have proven helpful to remove barriers of discrimination. Finally, it is critically important that the Hispanic community be educated about the shortage of Hispanic allied health and nursing professionals and that education is provided through appropriate media outlets.

Removing barriers for vulnerable populations will enhance the health and well-being of communities. By increasing the numbers of Hispanic professionals in allied health and nursing fields, the health disparities that exist in Hispanic communities will likely be lessened. While it will take a significant amount of work, increasing enrollment rates for Hispanic health care students can be accomplished through appropriate communication and deliberate collaborative efforts. Creating environments that support collaboration are essential and the lessons learned from this report may be helpful for leaders in higher education as they guide their institutions and communities into the future.

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