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Foreword

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Foreword

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Education and health, linked to ethnicity, will have a significant effect on the future well-being of Latinos residing in the United States. Not only do these sectors raise monumental concerns, but the solutions proposed by policymakers, educators, and community members are equally complex.

Educating U.S. Latinos is a compelling paradoxical issue. While their sheer numbers in elementary and secondary schools have expanded dramatically, their enrollment in postsecondary education is at an all-time high, and their access to graduate programs at the master's and doctoral levels shows steady gains, Latinos — not necessarily just the poor but those of the middle class as well — have the highest dropout rates of any ethnic group in the United States.¹

In fact, the current status of Latino youths' educational attainment poses a national threat.² With the large numbers of Latino high school dropouts, including students from high-income families, a massive uneducated labor force is being created which will have the costly consequence of widening the education gap between Latinos, blacks, and whites.³ Thus, according to the prediction of Maria Puente and Sandra Sanchez, while the Latino population is projected to increase by 61 percent in the next fifteen years, its dropout rate is expected to be twice as high as that of blacks and more than three times that of whites.⁴

Moreover, there are growing concerns as to whether access to preschool programs such as Head Start has long-term benefits lasting through elementary, middle, and high schools. Head Start evaluations indicate that middle-class children derive the most benefit from such programs, and that they provide limited coverage for underserved children. Many Latino parents appear to have lingering doubts concerning the quality of their children's education at every level of schooling. Research addressing the questions and explanations to guide policymakers in enacting changes still has to be undertaken. Some questions relate to retention and advancement of Latino students at different levels, how tracking affects entry into higher-level courses, whether high school completion is affirmation that the goals of school-to-work programs have been realized, and whether higher education and graduate studies indeed advance the careers of Latinos.

The health concerns are obvious: how to provide basic health care to Latinos, many of whom are poor, do not speak English, are culturally different, are new immigrants

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to the United States, and need adequate health and preventive services. The task can be overwhelming. While Latinos must receive suitable health care, health care providers must be educated about the needs of Latinos and their communities. They must be taught the cultural niceties that allow patient and doctor to communicate openly about illnesses and how best to treat them. Medical institutions and staff, in attempting to satisfy different clientele in hospital and community settings, focus their teaching on issues of diversity and ethnicity.⁵ The ethnicity of patients and their families plays a significant role in determining the types of health care they can expect to receive and the types of services providers can deliver and support.

Just as the ongoing national debate about health care centers on matters of ethnicity, future students will have to concern themselves with receiving an appropriate education, one hewn from the current educational reform movement to introduce more meaningful actions.

The overlapping interests of education and health point to the difficulty in identifying single solutions for the problems and issues they present. Another level of analysis is needed to explain the impact on Latinos of the education and health intersection. For instance, education can be viewed as both part of the problem and part of the solution in addressing the significant disparities in Latinos' health status. Latino children are disproportionately at risk of dropping out of high school. Most urban public school systems are in crisis, and their programs have had a limited influence on the attrition rate of Latino students. Schools, which are potentially a valuable resource for enhancing the health status of Latino students, can play a vital role in preventing high-risk behavior. They reduce adverse health conditions through such interventions as comprehensive school-based clinics, health education programs, and special health curricula.

Another important finding that influences the relation of education to health can be found in the medical literature. Less educated people are significantly more prone to higher mortality and morbidity rates than those who have a college education. For example, a recent report from the U.S. Department of Health and Human Services found that among people between twenty-five and sixty-four years old, the death rate of those with less than a high school education was more than twice that of those who attended college for at least one year.⁶ Clearly, such a low level of educational achievement does not bode well for Latinos' health. Therefore, it is apparent that the interdependence of health and education as it affects Latinos requires a deeper analysis of the issues than that supported by traditional research results. In fact, it demands, above all, sensitivity to and understanding of the changing status of ethnicity in each of these areas.

The Changing Status of Ethnicity

A closer look at the changing status of ethnicity aids in understanding its particular role in America. Latinos increasingly describe themselves in terms of ethnicity rather than race. "Racial ethnic labels are used in the United States as code words for behavioral patterns associated with poverty, destitution, and deviant/criminal behavior," says Martha Gimenez.⁷ In many cases, the word *Latino* has replaced the word *Hispanic*. According to Gimenez, "Hispanics are not a minority group in the historical sense of the concept but an extraordinarily heterogeneous population whose members differ in terms of nationality, race, ethnicity, culture, socioeconomic status, and social class."⁸

For example, ethnicity, once categorized solely by race, now incorporates class and culture. Latinos are represented through a myriad of self-definitions and characterizations.

In fact, a current panethnicity movement blurs the once-strict definitions of Latinos. Felix Padilla and Jose Calderón speak to the creation of a panethnic identity based not on a transplanted cultural heritage but on situational and collective action that transcends distinct national and cultural identities.⁹ The social categories of race are being subsumed under the category of “borders” so that ethnicity becomes prominent in its relation to identity and self-esteem. Even when they have limited or no knowledge of their first language and culture, Latinos proudly self-identify in terms of their heritage. Joshua Fishman aptly pointed out in his studies of New York communities that ethnicity may well outlive the loss of language.¹⁰

Yet as important as ethnicity may be, Latino heterogeneity, says Gimenez, rather than being taken at face value, is overshadowed. What emerges is a racelike character still subject to stereotyping and discrimination. Even though the most successful Latinos appear to be exceptions to the rule, their good fortune is attributed to their having “overcome their Hispanicness” and assimilated into the mainstream.¹¹ Understanding such complexities requires ascertaining how Latinos view themselves rather than how they are viewed by others, and more important, how their differences are recognized rather than minimized. It is not surprising then that modern Latinos focus on identity — ethnicity, culture, and language — in socioeconomic, political, education, and health issues.

Education

Without a doubt, Latino education is inextricably tied to issues of ethnicity, degree and visibility of ethnic group representation among other groups, and distribution of equitable educational services for all students. Educators and policymakers recognize the ethnicity of their students and families — and their growing numbers — as criteria for providing equitable programs. Some go as far as trying to locate a fit between the culture of a student and the culture of his or her school. Hence, compensatory programs such as Head Start and bilingual and special education classes are targeted at Latino students and viewed as vehicles that prepare them to compete with their white mainstream counterparts.

The underlying premise in such thinking is that given the opportunity, Latino students should not only do well in school, but through the competencies gained there successfully meet prescribed academic standards. The leveling of the playing field toward achieving parity is assumed to be inherent in the delivery of educational programs. Such assumptions fail to examine the structural and systemic obstacles Latino students face, the day-to-day experiences they share, their constant exposure to discriminatory practices, and their low status, all of which reinforce their sense of failure.¹²

An overall view of the Latino experience in education shows indices of advancement in postsecondary and higher education. However, data indicate that at the high school level, there is retrenchment attributable to inadequate learning opportunities and systemic discrimination.¹³ Similarly, it is widely assumed that Latinos, like any other students, should simply be treated as kids. The truth is that this philosophy, lacking a special approach to or concern for their cultural and linguistic attributes, disregards the importance of such influences on lives of Latino youngsters. This generalized color-blind criterion tends to set them up for failure. On the one hand, their ethnicity may be recognized in terms of relative numbers to necessary resources, but on the other hand, their unique conditions for learning — as foreign language speakers from a primary culture not yet assimilated into the secondary culture — are not seriously taken into account.

In this dilemma, close examination of the factors that engage or disengage students in and out of school reveals that solutions require multilevel and multilayered analyses.

There are no easy answers to these situations, but clearly the shift that has taken place in explaining Latinos through models of cultural deprivation and deficit to the more systemic questioning of how schools and health care agencies respond to their specific needs has begun to ground Latinos' experiences within a larger framework. We can no longer ignore the presence of Latinos and their fundamental contributions to the United States. As present and future citizens, they are shaping the discourse that must be developed in each of these areas.

For example, if Latino families are to play more than perfunctory roles in determining school policy, parents must receive training in decision-making processes leading to their development as productive members of school councils. Empowering Latino parents is fast emerging as a guarantee that effective learning is a top priority. Networks of parents, teachers, students, and administrators are widening as parents mobilize and communities demand better education for their students. The interface between schools, communities, and homes is narrowing and becoming, as John Ogbu argued, continuous rather than discontinuous.¹⁴

The research of Moll and others has also demonstrated that within Latino communities there are funds of knowledge which have not necessarily been identified, tapped, or utilized by schools.¹⁵ Thus, what appear to be directives for educating Latinos are no longer prescriptions for success. The focus has shifted from explaining why Latinos can't succeed to providing detailed maps of their roads to success and influence. The conditions under which Latinos learn — school structures, curricula, teacher preparation, role models — are at the center of such analyses.

Health

The nation's health care delivery system faces complex challenges. For the past decade or so, U.S. health care costs have been rising significantly faster than other sectors of the economy, yet 37 million people lack health insurance and another 22 million have inadequate coverage. Access to quality medical care in many urban centers and rural areas has been lacking, and long-term-care coverage is meager. Moreover, health consumers and medical providers alike have been baffled by unreasonable and excessive paperwork and bureaucracy. Owing primarily to these factors, health care reform is a social policy area that has received significant attention during President Clinton's administration.

While the recent interest in health care reform seemed to offer a timely opportunity to address Latinos' problems in accessing health services, and the reasons for Latinos' poor health, the debate centered on cost containment and financing. By and large, the discussions overlooked such critical issues as language, geographic and institutional barriers, and the paucity of Latino health professionals and culturally competent services, which affect the ability of Latinos to obtain adequate health care services.

While they are disproportionately represented among the nation's uninsured and underinsured, Latinos are severely underrepresented in health policymaking and medical occupations. The scarcity of Latinos in health research positions results in a shortage of well-documented research on this population.¹⁶ The limitations of national data sets on Latino mortality and morbidity trends was even noted by the Government Accounting Office.¹⁷ These factors contribute significantly to a poor understanding of Latino health

needs and problems, which hinders the development of adequate programs and services. They also result in limited knowledge of the effect of health policy on Latinos.

It is essential, therefore, that health officials and policymakers engage Latino health providers and researchers in discussions about improving access and health care delivery services to Latinos. It is important to seek mechanisms through which Latino health professionals can participate actively in and influence the identification of priority Latino health issues and develop solutions to the population's health problems.

Our purpose in making the linkages of each of these areas in Part II of Latinos in a Changing Society, which afford continuity from Part I and expand on some of the social and cultural dimensions, corresponds to the vision of what Latinos face and will continue to face into the next century.

Latino Contributions to the Discourse

The articles on ethnicity, education, and health afford an opportunity to examine these subjects in relation to their effects on the lives of Latinos. They also provide discussions of family, higher education, and health issues, which are generally unavailable in mainstream literature. While the education issues presented here have implications for elementary and secondary schools, the focus on such effects in higher education is purposeful. We know more about Latino students' elementary school experiences than about secondary and postsecondary experiences, particularly in terms of the culture conflicts and academic socialization that occur at higher levels.

Azara Rivera-Santiago reviews Latino ethnic identity as defined and studied within the social sciences and surveys some of the more recent work on ethnic identity development models proposed by researchers in the field of psychology. Rivera-Santiago also discusses the generalizability of such reviews across ethnic groups and offers a series of dimensions that have to be considered in studying Latino ethnic identity development. She provides a case study of mental health to elaborate on the themes presented.

The study by Yolanda Padilla is revealing in regard to the feedback effect of poverty and overall family background on the educational attainment of young Latinos. She finds that a father's income and education, along with other family resources, strongly influence years of schooling completed. However, the various social contexts that generations of Latinos have confronted seems to make an important difference. After controlling for social origins, other factors, such as social-psychological attributes, cognitive ability, and timing of immigration, have a significant effect on young Latinos' education. These differences in social environment seem to be responsible for intergenerational differences in socioeconomic outcomes. Second-generation Latinos achieve greater educational success than their immigrant parents, but third generations show a marked lack of progress in comparison with that of their parents.

A critical element in educational progress is the responsiveness of the educational system itself to the particular cultural and language needs of Latinos. Raimundo Mora offers an in-depth look at literacy in science for Latino students as a case study of how institutions respond to these needs. In his opinion, lack of English proficiency and failure to use students' background knowledge are major impediments to progress in the sciences. He recommends that language and educational proficiency be considered when assessing bilingual Latino students and designing their curricula and that their social background and conditions be taken into account.

Latinos who have progressed through the educational system and achieved doctorates face serious institutional barriers and discrimination. In "Beyond Affirmative Action: An Inquiry into the Experiences of Latinas in Academia," Martha Montero-Sieburth documents the ordeals in education and the barriers within the academic structures that work against the development of Latina academicians. She highlights not only the obstacles represented by the demands of mainstream research and education, but also within-Latino group differences that circumvent their academic advancement. Her analysis points out that many Latina academics are forced into the role of "ethnic" professor serving "ethnic" students. These Latinas, often expected to symbolize all Latinos, are limited to providing information about Latino communities. The result is a group of academics who feel isolated, unrecognized for their professional contributions, and frustrated. In the end, they do not advance through university structures. Therefore true reform of higher education requires the development of new paradigms in which Latinas themselves design and implement institutional responses to meet their needs.

Katherine Donato and Roger Wojtkiewicz offer an overview of the educational achievement of Puerto Rican high school students in the United States by contrasting the experiences of Puerto Ricans vis-à-vis other ethnic groups. Controlling for family background and ethnic status, and using longitudinal data, they find that Puerto Ricans have the lowest high school graduation rates. Moreover, they are less likely than whites to complete high school. The authors conclude that the educational disadvantage of Puerto Ricans is unique. Even if they assumed the attributes of whites, their high school graduation rates would remain lower than those of whites and blacks. This calls for a mandate for innovative public policy and research to account for their unusual handicap and investigate the quality of the schools Puerto Ricans attend as well as the stability of their families.

The articles on health make a valuable contribution to the body of knowledge about Latino health and to this dialogue. Effective interventions require appropriate conceptual models specifically designed to address the Latino reality. The article by Ester Shapiro presents a detailed examination of the literature and conceptual frameworks in a critical area of intervention with Latino families. Shapiro argues that the fields of prevention and early intervention are "plagued by fragmentation and lack of cultural sensitivity in cultural frameworks, research approaches, and models of service delivery," and states that an integrative model of family development in a cultural context produces a better "organizing conceptual framework for designing, providing, and evaluating prevention and early intervention services to Latino families."

"Puerto Ricans' Access to U.S. Health Care," by Ralph Rivera, covers Puerto Rican underutilization of health care as measured between the years 1982 and 1984 by the Hispanic Health and Nutrition Examination Survey of the National Center for Health Statistics. The findings from regression analysis indicate that gender, language, health insurance, and regular source of care, as well as state of health, are significant predictors of Puerto Ricans' latest health care visit. Several salient revelations are made: Puerto Rican women are more likely than men to consult a physician; older adult Puerto Ricans between the ages of fifty-five and sixty-four are more likely to seek care than those between the ages of nineteen and fifty-four and over sixty-five. Moreover, as the English language proficiency of Puerto Ricans increases, so does the recency of their last visit to a health facility. The same is true among those who perceive a decline in their health. Finally, the study indicates that having a regular source of health care is the strongest predictor of Puerto Rican usage.

Janis Barry Figueroa offers a concrete example of the inauspicious effect of poor health on job performance and, by implication, productivity and earnings. Using data from the Panel Survey of Income Dynamics, she finds strong evidence their poor health affects the participation in the labor force and the hourly earnings of Latinos in comparison with white and black women. Barry Figueroa concludes that Latinos' high rates of poverty are directly responsible for these outcomes.

The connection between poverty and poor health is further explored by Annette Ramírez de Arrellano, who attributes U.S. Puerto Ricans' premature death rates to social conditions. She argues that health care reform may not suffice to correct the leading causes of premature death, namely, HIV infections, homicides, accidents, heart disease, and malignant neoplasms. Among the risk factors associated with the five leading causes of years of potential life lost are unprotected sex, illegal drug use, alcohol abuse, access to firearms, tobacco consumption, inadequate diet and exercise, stress, and inadequate health screenings. While Puerto Ricans can benefit from greater and more equitable access to services, there is undeniably a need for a broader individual and group strategy to attempt to eliminate the leading causes of their years of potential life lost.

These articles echo the issues of today that will have an impact on the future and help us understand how current thinking about ethnicity, education, and health within Latino populations presents opportunities for the coming century. The Latino presence in the United States will certainly make itself known. As Richard Rodriguez poignantly reminds us, "We will change America, even as we will be changed."¹⁸

Notes

1. M. Puente and S. Sanchez, "Experts Call Education Gap National Threat," *USA Today*, September 9, 1995.
2. The U.S. Bureau of the Census estimates that by the year 2000, nearly one-third of the entire school-age population (five- to twenty-four-year-olds) will be nonwhite or Hispanic. *The Road to College: Educational Progress by Race and Ethnicity*, a joint publication of the Western Interstate Commission for Higher Education and the College Board (Boulder, Colo., 1991). Furthermore, by the end of this century, about 40 percent of the nation's workforce will consist of immigrants who arrived after 1980. The Population Reference Bureau projects that about half of all Americans will be Hispanic, Asian, or black by the year 2080 if trends continue. "A Difference of Degree: State Initiatives to Improve Minority Students' Achievement" (Denver, Colo.: State Higher Education Executive Officers Association, 1987), 17.
3. Puente and Sanchez, "Experts Call Education Gap National Threat."
4. Ibid.
5. See, for example, the legacy of the Harvard Medical School New Pathway program, begun in 1989, in which students use experiential learning as the basis of their analyses of the case method, and their science courses are complemented by courses in patient-doctor relationships. In 1994–1995, the school introduced a community-based patient-doctor course for first-year medical students, which in 1996 will be expanded to include other medical students.
6. *Health and the United States*, U.S. Department of Health and Human Services, 1994.

7. M. Gimenez, "U.S. Ethnic Politics: Implications for Latin Americans," in *The Politics of Ethnic Construction: Hispanic, Chicano, Latino? Latin American Perspectives* 19, no. 4 (Fall 1992): 12.
8. *Ibid.*, 10.
9. See F. Padilla, *Latino Ethnic Consciousness: The Case of Mexican Americans and Puerto Ricans in Chicago* (Notre Dame: University of Notre Dame Press, 1985), and J. Calderón, "Hispanic and Latino: The Viability of Categories for Panethnic Unity," in *The Politics of Ethnic Construction*, 37–44.
10. J. Fishman, "Bilingual Education in the United States under Ethnic Community Auspices," in J. Alatis, ed., *Georgetown University Round Table on Languages and Linguistics 1980: Current Issues in Bilingual Education* (Washington, D.C.: Georgetown University Press, 1980), 8–13.
11. Gimenez, "U.S. Ethnic Politics."
12. See R. Rivera and S. Nieto, *The Education of Latino Students in Massachusetts: Issues, Research and Policy Implications* (Boston: Mauricio Gastón Institute for Latino Community Development and Public Policy, University of Massachusetts Boston, 1993), for an extensive analysis of some of these issues, particularly tracking, discriminatory practices, and dropout rates and measures for success of Latinos.
13. In Massachusetts, where, in 1988, there were 55,275 Latinos out of a total number of 825,409 students, in 1990, 48 percent of the Latinos had not received a high school diploma; more than half the Latinos under the age of eighteen had an income below the poverty level, with those younger than eleven being the most affected. Moreover, the annual Latino student dropout rates of 15.2 percent in 1986–1987 and 14.4 percent in 1987–1988 were more than three times the rates for white students in both those years. N. E. Wheelock, *The Status of Latino Students in Massachusetts Public Schools: Directions for Policy Research in the 1990s* (Boston: Mauricio Gastón Institute for Latino Community Development and Public Policy, University of Massachusetts Boston, 1990), 10.
14. J. Ogbu, "Cultural Continuities and Schooling," *Anthropology and Education Quarterly* 13, no. 4: 290–307.
15. L. Moll, "Bilingual Classroom Studies and Community Analysis: Some Recent Trends," *Educational Researcher* 21, no. 2 (March 1992): 20–24.
16. See, for example, H. Amaro, "Health Data on Hispanic Women: Methodological Limitations," *Proceedings of the 1993 Public Health Conference on Records and Statistics*, National Center for Health Statistics, 1993; H. Amaro, *Testimony on the Disadvantaged Minority Health Improvement Act*, U.S. Senate Committee on Labor and Human Resources, Washington, D.C., June 30, 1993; J. Delgado and L. Estrada, "Improving Data Collection Strategies," *Public Health Reports* 108, no. 5 (1993): 540–545; National Council of La Raza, "Improving Hispanic Health Status," *Agenda Supplement* 11, no. 2 (Winter 1993); National Hispanic Health Policy Summit, "Summary of Discussions and Recommendations in Assessing Hispanic Health Needs," draft, April 8, 1992; and Surgeon General's National Hispanic/Latino Health Initiative, *One Voice, One Vision: Recommendations to the Surgeon General to Improve Hispanic/Latino Health*, U.S. Department of Health and Human Services, June 1993.
17. General Accounting Office, *Hispanic Access to Health Care: Significant Gaps Exist* (Washington, D.C.: U.S. Government Printing Office, 1992).
18. R. Rodriguez, "The Fear of Losing a Culture," *Time*, July 11, 1988, 84.