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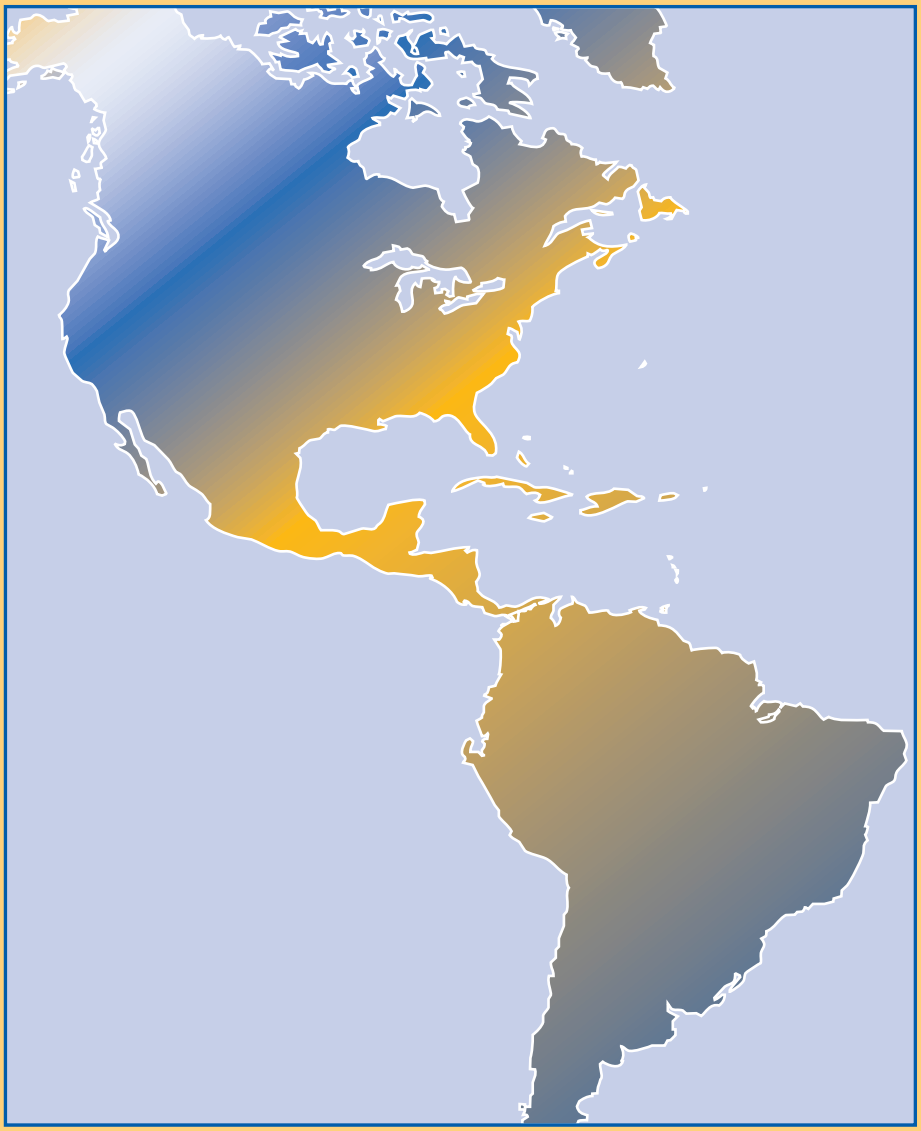

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EDITORIAL

The Voice for Latino Communities: A Time for Action

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When I first considered writing this editorial, I had many ideas floating through my head, and it seemed simple enough. But as I started to make a list of the major concerns facing this country (issues more specific for Latinos), selecting a few key areas and narrowing the focus for this piece became very difficult.

Selecting Key Issues Confronting Latinos

Where do I begin? Shall I address the many local, national, health, nursing, social, political, educational, clinical, organizational, societal, employment, or safety issues? What approach shall I take? Shall I provide information; wear my nurse educator, clinical, community activist, researcher, or my sociopolitical hat? Shall I be altruistic, persuasive, thought provoking, controversial, middle of the road, preach or . . . ?

I am a Latina; a registered nurse, family nurse practitioner, PhD-prepared sociologist, researcher, educator, and clinician; and a Mexican-born daughter of Mexican parents with less than a second grade education. I am also firmly entrenched in my work with Latino communities, passionate about increasing opportunities for Latino students, and for anyone else who strives to improve the well-being of disenfranchised communities.

That is it in a nutshell. Like many of my nursing colleagues and nursing *familia*, I am a global health messenger—committed to not only increasing longevity but also to a health messenger focused on improving lives and neighborhood environments, well-being, and decreasing health disparities. For as we know, the senior years are not "golden" for many *padres*, *madres*, *abuelitas*, *y abuelitos*. Many of our families suffering with cardiovascular conditions, diabetes, and several other conditions are not able to access, afford, or even locate the necessary care, foods, or medical equipment prescribed in their respective communities. I am also well recognized for speaking out on the need to increase the number of racial/ethnic and bilingual health providers. Is there anyone who disagrees that we need to increase the number of Latino and bilingual nurses in this country? There are just so many issues to tackle, so many hats to wear, and so little time.

Ultimately, I selected three "touchy" areas to address and to display my many hats. After all, I am my father's daughter. Many years ago, my father came to the United States as a young man, father of five children, many mouths to feed in Mexico. Often, he carried two jobs: as a barber, wrestler, waiter/dishwasher (speaking mostly Spanish, how did he ever manage?), a butcher, and when that job ended because of a strike and lockout, he ended up selling shoes in swap meets. My father died young, 56 years of age, and yet he looked and walked like a 70-year-old man. He died as a result of the immigrant experience; worked hard all his life, earned little, exposed to multiple hazards at work with little to no training, with multiple debilitating health conditions—yet with little resources for health care.

I remember I was almost 7 years old when my father took my younger brother and me to work with him at the butcher plant, where his job was to slaughter dead cows as they swiftly rolled by, suspended by meat hooks on the ceiling. One Saturday morning, we took off with him; our job was to help him wash the trucks that delivered the beef products to various markets. The trucks were huge, smelly, bloody, and contained the residue of meat products. For the "privilege" of washing the trucks, we were paid a few dollars—it was considered a privilege to

be able to earn a few extra dollars for the weekend work. Many workers had competed for this opportunity but my father won the prize. He certainly made an impression on me when he said, "I want you to see where I work, I don't want you to be a *burro* like me. "*Usted no va ser un burro*." That was his message—don't be a burro, be smart, and don't end up working like me—be better than me.

NAHN colleagues, it's time to have that serious talk.

Leading On Health Care Reform

Let's start with the Affordable Care Act (ACA). President Obama signed this law on March 16, 2010. Although various states have challenged or are delaying implementation of this program, enrollment is set to begin October 1, with an effective date of January 1. Basically, this law provides a major overhaul of today's health care system by increasing access and options to health insurance, makes the system more consumer friendly, increases access to primary care, and establishes a minimum standard of "essential health benefits" (EHB) that are to be offered in the various health plans.

The EHB categories include provisions for various services including ambulatory and emergency care, hospitalization, maternity and newborn care, mental health and substance abuse services, prescription drugs, laboratory and rehabilitative services, preventive and wellness services, chronic disease management, pediatric services, dental, and vision care. These are very wide and undefined categories because the types of services to be covered, the frequency of these services, and which health providers will be covered by the insurance plans are still to be defined and negotiated by the individual states. If policy makers, insurers, and health providers cannot yet come to an agreement on the specific guidelines, how can our clients make sense of the various health exchanges being proposed?

A primary concern driving the passage of the ACA was the high number of uninsured in the United States (approximately 49 million). When we look specifically at the 53 million Hispanics living in the United States, up to 30% may be uninsured. With the ACA, up to 75% of these uninsured Latinos may qualify for the health benefits, with the remaining still not eligible under the new rules. These are staggering figures that we should not ignore. For now, a pressing problem is how to get the word out, how to provide the information, and how best to empower families so that they learn of their options and are able to make informed choices.

As for myself, I make it a point to keep updated on the status of the ACA, especially for my home state of California, as well as with my connections in Oregon and Washington. In these states, as in many other smaller regions, people are meeting in town hall meetings and talking rounds, where community organizations and community leaders have joined forces, so that they can get out the word, provide information, and to enroll families in the various programs. Recently, Health and Human Services Secretary Kathleen Sebelius implored the states to be more proactive in informing the public about the ACA and its benefits, particularly the large number of uninsured young adults and Hispanics.

And yet, I've seen little evidence of Hispanic/Latino nursing organizations taking leadership on this issue. How are we getting the word out about the ACA and EHB, how are we informing the Latino, English/Spanish-speaking communities on the choices available to them? Instead, what I have heard expressed from various colleagues is that we cannot lobby and should not take a political stand. Why is this? Why are we interpreting mandates in this manner? Since when did conducting outreach, informing, educating, and clarifying health options become lobbying, and a political issue?

Isn't health, and being informed a human right, a social justice issue?

Immigration Policy Impacting Health Care Professionals

Every 10–15 years, the topic of immigration comes up. It was controversial when I came with my family to this country and it remains controversial today. That should not prevent us from having an honest discussion about it. Let me propose that as intelligent, mature, caring health providers, we should be able to discuss the principles of the proposed comprehensive immigration reform bill. The immigration bill proposes various scenarios including a path to citizenship; a business-focused system that would facilitate and expedite reviews for immigrant graduate students with advance degrees in science, technology, engineering, and math; improve the process for verifying a worker's status; and increase visa options for various types of workers (i.e., agricultural workers) and for children who may have unwittingly arrived with their immigrant undocumented parents. At its core, immigration and the way this country responds to one's perceived nativity and immigration status touches across many issues and creates havoc in people's lives: including family separation; deportation; displacement of young children; loss of housing and jobs; abuses in employment sites; lack of funding for education, training, and employment; and physical and mental health issues—just to name a few. As we know, one's immigration status stands as a barrier to accessing health care. As a result, families may avoid or delay seeking primary health care for fear of being deported. We can see the danger of these events in today's public health arena.

Today's immigration policies have also had an impact on students seeking to become nurses. I have heard stories of bright young undocumented college students who

managed to attend and graduate from nursing programs in the United States (yes, many of these students end up with massive school loans). Yet, their immigration status prevents these nursing students from taking the state licensing exams. I have also heard of other students who innocently called various state offices and asked if they could take the required nursing licensing exams without showing the required documents—now they worry that they have unwittingly disclosed their status. They worry that one day someone will come knocking on their door and they will end up being deported or separated from their children, families, and the only community they have known.

Where is the collective nursing/Latino voice on this?

The State Of Nursing In The United States Today

In the 1970s, when I was considering enrolling in a nursing program, I remember reading that 5.6% of the registered nurse workforce was Hispanic. When I graduated from a diploma program, I was brimming with joy, thinking of how I just added to the Latino registered nurse population, and that our numbers in the nursing profession would surely rise. Now, slightly more than 30 years later, instead of rising, the percentage of Latino nurses has dramatically dropped.

Sadly, although the number of Hispanics/Latinos is rapidly rising in the United States, the registered nurse workforce has not kept pace with the changing face of America. Today, Hispanic/Latino nurses only comprise approximately 3.6% of the registered nurse workforce. And although today's health care arena demands that nurses be technologically savvy—with advanced assessment, leadership, research, business, and negotiation skills—many of our Hispanic/Latino nursing graduates are lacking the background and preparation required in today's market place. For example, most Hispanic/Latino nurses today graduate from 2-year colleges (55%), whereas fewer have 4-year bachelor's degrees (39%), and overall they are less likely to pursue graduate degrees. As someone who entered nursing with a diploma in nursing, I am not downplaying the wonderful skills of our 2-year-prepared nurses. What we do need is to acknowledge that academia, research, program development, policy, and the growing need for leadership demands that we move forward and advance beyond the starting point of a 2-year college degree in nursing.

We are all proud of the Hispanic/Latino nurses that many of us mentor and guide. Yet, in order to be movers, shakers, and leaders in today's nursing arena, we need to set the bar higher, to set it higher than the entry 2-year degree that many of our nurses hold. To bring change, we need to sit at the table where decisions are being made, whether in academia, health care settings, research and funding institutions, or government and policy-making offices. The reality is that we are not being invited to the table with a 2- or 4-year degree. We can begin to acknowledge that we need to move forward with new strategies and approaches. We can begin a paradigm shift by encouraging, modeling, and stressing that at minimum, our future nurses need to move beyond a 2- or 4-year nursing degree.

After all, I am also my mother's daughter. My mother often shared that she lamented not having had many choices in her life. At the young age of 24 years, she already had six children, and she saw her choices as limited. She ensured that I would have many choices in my lifetime. Let's offer our future generation of nurses many more choices.

Let's begin the talk. I invite my Hispanic/Latino colleagues to start talking about these issues confronting our Latino families and our communities. Our communities are looking up to us for guidance, leadership, and the passion to create change. The National Association of Hispanic Nurses (NAHN) represents more than 100,000 nurses in the United States. At present, there are more than 30 local chapters in the United States. The NAHN is the voice for students and nurses who identify as Hispanic, Latino, Chicanos, etc. Let us begin the talk and lead the way. Our communities are waiting for our leadership.

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