

Outlook IN HIGHER EDUCATION®

Hispanics and Health Care





HISPANIC OUTLOOK MAGAZINE®

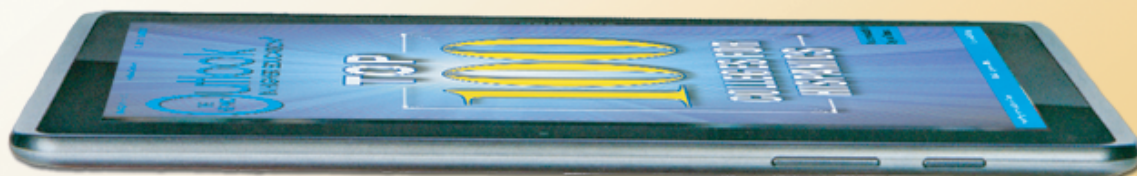
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or



Obama's Trip to Latin America – Snore!

If there ever was a nonevent trip by a U.S. president exercising his chief executive duties, it has to be President Obama's most recent visit to Latin America, his sixth – but it only went as far as Mexico and Central America.

Would anyone remember or know that such an official presidential visit to the Americas even took place?

He might as well have taken his golf clubs and enjoyed some of Acapulco's beaches and golf courses because any official business transacted and sifted through the official protocol was soon forgotten save for the obligatory political platitudes that survive.

At the very least, an official presidential visit – which this was – is generally capped by a “Memorandum of Understanding,” usually some innocuous agreement that is shelved as soon as the parties return home.

This time, there was nothing, even in Mexico – not even a photo op of a big *abrazo*, which the Mexicans specialize in, or a notable photo-opportunity buss on the cheek for President Laura Chinchilla of Costa Rica, the site of President Obama's Central America visit.

If a protocol kiss from the U.S. president is any kind of endorsement – after all, he is the big *enchilada* any where he goes – President Chinchilla needed it because she's in big trouble constituency-wise over a recent political miscue as Costa Rica's leader.

Mexican president Enrique Peña Nieto is still getting traction. He met with President Obama in Washington earlier in his term, and the vision, physically and comparatively speaking, is the same; our U.S. president looms tall over the diminutive Mexican president.

The second time around, it was the same old same old – both leaders emphasizing economic ties, trade and jobs. Gun control, of priority interest to Mexico because of its drug turf wars that's facilitated by unfettered weapons flow from the U.S., was not on the agenda.

But security and deterrence of the drug battles were, with Peña Nieto saying Mexicans should fight their own drug wars in their territory with less involvement by U.S. security agents, with which President Obama agrees.

Both border presidents also agree that illegal immigration to the U.S. flowing from Mexico is the big issue. President Obama briefed Peña Nieto on the progress on immigrant reform and border control, which frankly are not a priority for Mexico since it benefits from that illicit human traffic.

President Obama didn't mention that his administration also has deported the all-time largest number of illegal Mexicans and that the pace continues although it has slowed a bit.

All Peña Nieto could say was, “We wish you the best in this push you are giving to immigration.”

Literally, a boot across the border, one might say.

President Obama did have a cheerful note, of sorts, for the Mexican president, saying that had it not been for the U.S. Latino constituency – overwhelmingly Mexican-American – who voted for

him, he might not be having that conversation.

When the president got to Costa Rica, publicly he received a hero's welcome since it's a rare occasion – if not a first – for a U.S. president to visit that tiny Central American country certified as the U.S.'s best friend in Latin America.

President Obama's visit coincided with an investment forum, aka a political event, by Central American chief executives including anti-U.S. leaders such as Nicaragua's Daniel Ortega. Also attending were Guatemala's president, Otto Pérez; El Salvador's Mauricio Funes; Honduras' Porfirio Lobo Sosa; and Panama's Ricardo Martinelli, who all feed into the Ortega's anti-Yankee rhetoric.

Besides a private dinner with his Central American counterparts, President Obama participated in an investment forum with about 200 MBA students and Central American business leaders.

There were no joint declarations or agreements of any substance, and to some observers, it was more a courtesy visit than a forum by the ranking neighboring politicians for a Central American colleague who is in the midst of repairing her political image.

The presidents of Nicaragua, El Salvador and Honduras were gone before President Obama finished his round of meetings. Some locals were bewildered by how the schedule of events played out.

Many are still not sure what the summit was all about and what its objectives were other than to burnish political images with the first-time visit of a U.S. president while maligning what they consider knucklehead organizers who failed the task of expediency.

A presidential aspirant in 2014, Guillermo Solís said this was “one of the most mysterious presidential visits I have witnessed in the last two decades. Nothing seemed to make sense about the objectives of Obama's visit.”

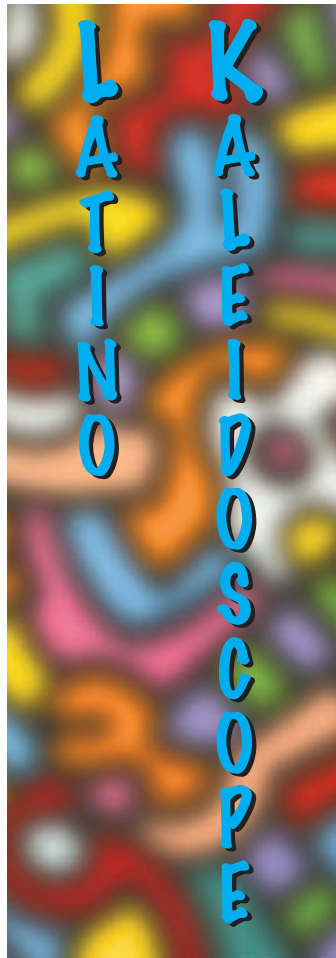
Most critics and observers agree there was little substance to the whole affair. Or as the wags offer, Costa Rica is such a peaceful, scenic destination that President Obama just couldn't resist, making a circuitous return flight from Mexico by way of Central America to bumptious Washington.

Politically, Costa Rica is also one of the safest destinations in the hemisphere, and it's nice to visit a country or an area with no major, contentious issues with the U.S. even if the country offers no

more than that – a respite.

One local political analyst summed it up for the *Christian Science Monitor* this way: “It's difficult to go wrong with Costa Rica. It's a democracy with a vibrant economy, a friendly government that will always be friendly to the U.S. Costa Rica is like vanilla ice cream. It's a safe bet. How can you go wrong with vanilla ice cream?”

Carlos D. Conde, award-winning journalist and commentator, former Washington and foreign news correspondent, was an aide in the Nixon White House and worked on the political campaigns of George Bush Sr. To reply to this column, contact Cdconde@aol.com.





Page 8

CONTENTS

Health Care Workforce Needs Hispanic Professionals *by Mary Ann Cooper* **8**

Johns Hopkins: Seeking a Cure for Health Disparities Among Hispanics *by Jeff Simmons* **10**

Gerontology Programs Thriving at SDSU *by Gary M. Stern* **14**

Training the New Wave of Health Information Technology Professionals *by Marilyn Gilroy* **18**

Curanderismo Class at UNM Marks Its 13th Year *by Michelle Adam* **22**



Page 14



Page 18

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DEPARTMENTS

Latino Kaleidoscope *by Carlos D. Conde* 3

Obama's Trip to Latin America – Snore!



Hispanics on the Move 7

Scholars' Corner *by Diane Elizondo* 17

Uncensored *by Peggy Sands Orchowski* 21

Targeting Higher Education 26

Hispanics and Medical Careers by Gustavo A. Mellander



Interesting Reads 29



Book Review *by Mary Ann Cooper* 29

...And the Clients Went Wild!

Priming the Pump... *by Miquela Rivera*

The Search for Scholarly Information

Back
Cover



R

egardless of what problems beset us in life, people always take comfort in the bromide “well, as long as I have my health ...” And isn’t that the truth? The one thing that matters more than anything in life is the gift of good health. And to be a practitioner in the health care industry is surely one of the noblest of professions. But finding enough students – particularly minority students – to make this their life’s work is easier said than done.

According to the U.S. Department of Health and Human Services report *Minorities in Medicine: An Ethnic and Cultural Challenge for Physician Training*, obstacles to increasing minority participation in health careers include a lack of persistence in completing high school and failure to enroll in and graduate from college. The report recommends that intense efforts should focus on retention of underrepresented minorities (URMs) in the educational pipeline from elementary school through secondary school, from entry in and graduation from undergraduate school, to enrolling in and graduating from medical school. And it takes preparation and dedication on the part of parents, educators and the community to make that happen.

In this issue, we salute those schools that are making it possible for society to have enough of the best and brightest Hispanic caregivers for the growing numbers of Hispanics in need of health care services. These schools overcome great obstacles and face daunting challenges to make that contribution to society. *Felicitaciones* to all of them!

And this issue marks the beginning of *HO*’s exciting all-color, completely digital magazine. If you still don’t have a digital subscription, contact our office, and we’ll be happy to add you to our list. We hope you enjoy reading our digital issues!

¡Adelante!
Suzanne López-Isa
Editor-in-Chief

A Multicultural Faculty is the key to Diversifying Your Institution

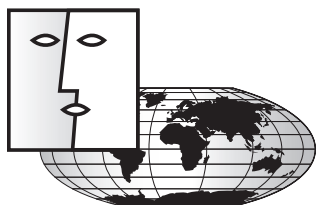
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HISPANICS ON THE MOVE

Morales Elected to ACE Board of Directors

California State University-San Bernardino (CSUSB) President Tomás D. Morales has been elected to the board of directors of the American Council on Education (ACE), the major coordinating body for all of the nation's higher education institutions. Morales, who became president of CSUSB in August, is actively involved with several national organizations. He is a board member of the American Association of State Colleges and Universities and will become the organization's chair in 2014. He has a BA in history from State University of New York (SUNY)-New Paltz and an MS and Ph.D. in educational administration and policy studies from SUNY-Albany.



NJCU's Meléndez Named American Council on Education Fellow

Dr. John Meléndez, vice president for student affairs at New Jersey City University (NJCU), has been named an American Council on Education (ACE) Fellow for academic year 2013-14. The ACE Fellows Program, established in 1965, is designed to strengthen institutions and leadership in American higher education by identifying and preparing promising senior faculty and administrators for responsible positions in college and university administration. Meléndez has served as vice president for student affairs at NJCU since 2007. His higher education career spans 31 years. He has a BA in theater arts from Rutgers University,



an MA in counseling from NJCU and a doctorate in higher education administration from Seton Hall University.

USC's Venegas Named American Council on Education Fellow

Kristan Venegas, associate professor of clinical education at University of Southern California (USC) Rossier School of Education, has been named an American Council on Education (ACE) Fellow for the academic year 2013-14. The ACE Fellows Program, established in 1965, is designed to strengthen institutions and leadership in American higher education by identifying and preparing promising senior faculty and administrators for responsible positions in college and university administration. Venegas is the first woman and the first Latina from USC to be named an ACE Fellow. A research associate for the USC Pullias Center for Higher Education within USC Rossier, Venegas focuses on college access and financial aid for low-income students of color. She has a Ph.D. in higher education policy analysis from USC Rossier.



PCC Welcomes Gutiérrez as Director of Enterprise Applications

Pasadena City College (PCC) in California has announced the hiring of Mark Gutiérrez as the new director of enterprise applications services in the Information Technology Services Department for the college. Gutiérrez will oversee the management and leadership of all Administrative Information System (AIS) – or



“LancerPoint” – applications, including a new AIS solution encompassing all administrative, instructional and student services operations of the college. Gutiérrez comes to PCC with more than 30 years of experience in information technology. Most recently, he was the senior systems analyst at Rio Hondo College.

U.S. Attorney Ortiz Addresses NECC Graduates and Guests

Carmen Ortiz (pictured), the U.S. attorney for the District of Massachusetts, was the featured speaker at Northern Essex Community College's (NECC) 51st commencement last month. “U.S. Attorney Ortiz has dedicated much of her professional career to public service, and she is a role model for our students,” said NECC President Lane Glenn. “She holds the distinction of being the first Hispanic and the first woman to represent Massachusetts as U.S. attorney.” Ortiz visited Lawrence, Mass., last winter as part of the White Fund Lecture Series presented by NECC. Her presentation was inspiring, said Glenn. “She talked about growing up in New York with immigrant parents, her family's focus on education and the obstacles she has had to face in her life and her career.” Ortiz has a BBA from Adelphi University and a JD from George Washington University Law School.



Health Care Workforce Needs Hispanic Professionals

by Mary Ann Cooper

One of the results of having a burgeoning Hispanic population is the need for qualified Hispanic health care workers to address their medical needs. It's not only a matter of being able to communicate with patients in Spanish, it is also a matter of being intimately acquainted with Hispanic culture that makes Hispanic health care workers so essential for the health and welfare of our changing demographics. And unless the number of Hispanics entering health fields increases, the U.S. faces a healthcare shortage within the next decade.

Any new attempt to add health care jobs has been hampered by the Great Recession of 2009. Industries that lost jobs for Hispanics during that period included hospitals and other health



services workers (88,000). In addition to a general shortage of Hispanic health care workers, there is the added problem that of where health care workers are based, according to the Pew Hispanic Center. For instance, again according to Pew, there are 93 primary care physicians per 100,000 people in cities or suburban metropolitan areas, compared with 55 primary care physicians per person in nonmetropolitan or rural areas, and a wider variation of specialists, at 200 per 100,000 in metropolitan areas and 33 in nonmetropolitan areas.

The good news for Hispanics is that they are gaining back those jobs quicker than African-Americans and Whites. From the fourth quarter of 2009 to the fourth quarter of 2011, the Hispanic working-age population increased 6 percent, and employment increased 6.5 percent. Hispanics and Asian-Americans are also the only groups to realize more employment gains than the number of jobs lost in the recession. Hispanics lost 473,000 jobs in the months of the greatest impact of the Great Recession but were able to claw back 1.3 million jobs as the country went through a slow recovery; Asian-Americans lost 193,000 jobs during that same time and have gained 455,000 jobs since then. Whites gained back one million jobs during the recovery, and African-Americans showed a gain of 318,000

jobs. But for Whites and African-Americans, job losses were six million and 1.1 million, respectively.

And in implications for immigration reform, workers not born in this country are becoming employed during this recovery quicker than those who are born in this country. That fact could account for the pushback, politically, pending immigration legislation has experienced – fairly or unfairly. The news for women is also not encouraging. Men are getting their jobs back or becoming first-time employees at a more robust rate than women as the economy gets back on track.

When it comes to the shortage of health care workers, according to the American Progress report *Closing the Health Care Workforce Gap Reforming Federal Health Care Workforce Policies to Meet the Needs of the 21st Century* by Daniel J. Derksen and Ellen-Marie Whelan, it breaks down this way: “Both the primary care shortage and the geographic maldistribution are due in part to where doctors are trained. Most of the health workforce clinical training venues are in urban areas and a preponderance of federally subsidized training occurs in inpatient, highly specialized ‘tertiary care’ hospitals such as those with high level intensive care units and trauma centers. The current education pipeline for health care professionals often begins and ends in urban, adequately served areas and does not reflect the socioeconomic, racial and ethnic, or rural diversity of the population.”

The report also notes that the current proportion of U.S. physicians who are minorities is the same as it was 100 years ago. Although one-fourth of the U.S. population is made up of minority groups, less than 7 percent of minorities including Hispanics, African-Americans and Asian-Americans are enrolled in medical training programs.

As the American Progress report explains, “Reducing the poorer health outcomes suffered by minority, low-income, and rural populations will require new investments to assure a more diverse health professions workforce, more reflective and representative of our population. These outcomes should be tracked as part of the evaluation and ranking of health professions training programs receiving government support. More than 20 percent of the U.S. population, or 64 million people, live in areas designated by the federal government as health professions shortage areas, struggling every day without access to adequate medical care. Another 48 million lack access to dental care, and 77 million are without access to behavioral and mental health services. Physician, dentist, and nursing supply varies two to threefold across regions.”

And that is why we celebrate the fine institutions that attract and graduate the greatest number of Hispanic students in the health care field. The lists that follow spotlight schools actively addressing the health care needs of tomorrow, and they should be congratulated.

2011 Health Professions and Related Programs Bachelor's Degrees

Institution Name	Grand Total	Hispanic Totals			Hispanic Percentage
		All	Men	Women	
1. The University of Texas-Pan American, TX	345	325	69	256	94%
2. Florida International University, FL	402	241	64	177	60%
3. The University of Texas at El Paso, TX	280	195	51	144	70%
4. University of Central Florida, FL	1168	159	29	130	14%
5. Texas Tech University Health Sciences Center, TX	684	123	32	91	18%
6. Barry University, FL	342	116	17	99	34%
7. California State University-Fullerton, CA	497	115	14	101	23%
8. California State University-Fresno, CA	447	112	11	101	25%
9. The University of Texas at Arlington, TX	1069	111	11	100	10%
10. CUNY Lehman College, NY	384	109	13	96	28%
11. Nova Southeastern University, FL	319	96	12	84	30%
University of New Mexico-Main Campus, NM	291	96	19	77	33%
The University of Texas Health Science Center at San Antonio, TX	283	96	24	72	34%
12. California State University-Long Beach, CA	548	94	19	75	17%
California State University-Los Angeles, CA	339	94	14	80	28%
13. Texas A & M International University, TX	97	90	15	75	93%
14. Texas Woman's University, TX	614	87	8	79	14%
15. San Diego State University, CA	467	86	9	77	18%
16. University of Florida, FL	654	82	9	73	13%
17. The University of Texas at Austin, TX	310	81	10	71	26%
18. Monroe College-Main Campus, NY	197	78	1	77	40%
19. New Mexico State University-Main Campus, NM	157	74	12	62	47%
20. California State University-San Bernardino, CA	268	72	7	65	27%
21. Chamberlain College of Nursing-Missouri, MO	2284	69	11	58	3%
22. Texas A & M University-Corpus Christi, TX	173	66	11	55	38%
23. California State University-Northridge, CA	336	64	12	52	19%
24. Texas State University-San Marcos, TX	200	62	10	52	31%
25. Arizona State University, AZ	403	61	9	52	15%
Grand Canyon University, AZ	1649	61	10	51	4%

Source: NCES IPEDS Class 1- 4 years schools 2011 bachelor's degrees granted to Hispanic students in the field of health professions and related services

2011 Registered Nursing/Admin/Research/Clinical Bachelor's Degrees

Institution Name	Grand Total	Hispanic Totals			Hispanic Percentage
		All	Men	Women	
1. The University of Texas at El Paso, TX	247	169	49	120	68%
2. Florida International University, FL	208	130	38	92	63%
3. The University of Texas at Arlington, TX	1053	109	11	98	10%
4. Texas Tech University Health Sciences Center, TX	583	108	28	80	19%
5. The University of Texas-Pan American, TX	99	90	18	72	91%
6. Barry University, FL	205	85	10	75	41%
7. Nova Southeastern University, FL	252	80	12	68	32%
8. Chamberlain College of Nursing-Missouri, MO	2284	69	11	58	3%
9. Texas Woman's University, TX	435	58	7	51	13%
10. New Mexico State University-Main Campus, NM	126	56	12	44	44%
University of New Mexico-Main Campus, NM	170	56	9	47	33%
11. Texas A & M University-Corpus Christi, TX	151	55	7	48	36%
12. University of Central Florida, FL	440	53	3	50	12%
13. Grand Canyon University, AZ	1459	51	6	45	3%
14. University of Phoenix-Southern California Campus, CA	273	48	4	44	18%
15. University of Miami, FL	161	47	3	44	29%
16. The University of Texas Health Science Center at Houston, TX	302	46	4	42	15%
17. Arizona State University, AZ	306	45	7	38	15%
Texas A & M International University, TX	51	45	10	35	88%
18. The University of Texas Medical Branch, TX	280	41	3	38	15%
19. California State University-San Bernardino, CA	159	40	5	35	25%
The University of Texas Health Science Center at San Antonio, TX	146	40	6	34	27%
University of the Incarnate Word, TX	69	40	3	37	58%
20. California State University-Fullerton, CA	216	37	2	35	17%
21. The University of Texas at Brownsville, TX	47	36	11	25	77%
22. Northern Arizona University, AZ	200	34	6	28	17%
23. Miami Dade College, FL	78	33	1	32	42%
CUNY Lehman College, NY	175	33	6	27	19%
24. Azusa Pacific University, CA	261	32	6	26	12%
California State University-Dominguez Hills, CA	188	32	2	30	17%
Hawaii Pacific University, HI	237	32	3	29	14%
25. California State University-Los Angeles, CA	156	31	7	24	20%
San Diego State University, CA	200	31	3	28	16%

Source: IPEDS NCES list of 2011 bachelor's degrees for registered nursing/admin/research/clinical for 4-year, Class 1 schools.

Johns Hopkins: Seeking a Cure for Health Disparities Among Hispanics

by Jeff Simmons

The goal: to identify the underlying structure of health competence and its value as a predictor of access to care among the Latino population in Baltimore.

The process: data were collected from 330 foreign-born Latino men and women between the ages of 21 and 75 residing in the Maryland city.

The study, conducted under the auspices of the Johns Hopkins Center for Health Disparities Solutions, aimed to examine the relationships between background variables, health competence and health behavior.

Researchers collected data under an innovative program to

use of mass media and other sources.

What researchers discovered from the 383 homes with at least one self-reported Latino person 21 years or older was an amazingly high response rate of 349 participants, or 91 percent. After removing 17 who were U.S.-born and two others for missing information, the sample included 330 foreign-born respondents.

The findings: 63 percent said it was difficult for Latinos to get health care in the United States. The main reasons they provided for this view were costs and language – 46 percent each, and legal status – 23 percent.

Amid a burgeoning Latino population in the country, wrote the authors: “Latinos also experience health disparities in access to care that if not addressed, can result in sub-optimal quality of life, loss of productivity, and increased healthcare costs at the societal level.”

“The goal of this study was to identify underlying factors contributing to these health disparities in order to inform culturally appropriate action. This type of action is essential to start bridging the Latino health disparity gap at the national policy level, as well as the healthcare delivery at community or institutional levels,” they wrote.

The study endeavored to chart new ground, by exploring and identifying the underlying factors that lead to lower access to health care. And it

concentrated on the foreign-born Latino population because a majority – 87 percent – of the subgroup lacked English proficiency.

The results, they wrote, showed that “health competence” was a construct that sheds light on latent characteristics that either enable or act as barriers for the health-seeking behavior that influences access to care for the foreign-born Latino population in Baltimore.



Dr. Fannie Fonseca-Becker, associate scientist, Johns Hopkins Bloomberg School of Public Health

increase the access that Hispanics had to eye health care, drawing information from eight randomly selected Baltimore city blocks where more than 15 percent of the residents were identified as Latinos in the 2000 Census.

Surveyors looked at four different sections: the respondents' socio-demographic characteristics, personal health and health-seeking behavior, knowledge and experience with diabetes and related quality of care, and patterns of access and

“My main goal is to increase the understanding of all of the different aspects of the Latino population,” said Dr. Fannie Fonseca-Becker of the center. “We did this study mainly so we could implement a program to increase access to health care for Latinos with diabetes. So the final result of this was that a program was implemented and people who were identified with diabetes received care.”

“There was,” she said, “a lack of knowledge that if you get diabetes you don’t have to die, that it is very treatable. You just have to have access to the health care system.”

Highlighting the need to improve access to health care and the rampant disparities that still pervade many pockets of the population within the United States – and across the globe – is emblematic of the work being done at the Johns Hopkins Center for Health Disparities Solutions.

Launched in October 2002, the center was fueled by a five-year grant from the National Institutes of Health’s National Center for Minority Health and Health Disparities. The center’s work, true to the institution’s mission, endeavors to generate and disseminate knowledge to reduce racial, ethnic and social class disparities in health status and health care through research, training, community partnerships and advocacy.

“The Johns Hopkins Center for Health Disparities and Solutions has been a driving force in the reduction of health disparities in Baltimore and the U.S. for more than a decade,” said Ronald J. Daniels, president of Johns Hopkins University. “The work of Dr. [Thomas] LaVeist and his colleagues and the partnerships they’ve developed with the community have helped shape the landscape for public health practitioners dedicated to reducing racial, ethnic and social class disparities in health status and care.”

Its work is representative of the role that Johns Hopkins Bloomberg School of Public Health (JHSPH) plays out on a global stage.

Founded in 1916 after receiving a grant from the Rockefeller Foundation, the institution was the first independent, degree-granting institution for research and training in public health and was originally called the Johns Hopkins School of Hygiene and Public Health in Maryland.

Over the decades since, it has advanced education, research and practice to create population-level solutions to public health problems across the globe, and its faculty, students, alumni and partners have worked to eradicate smallpox, improve water safety, reduce the spread of HIV, and better child survival through improved nutrition.



Dr. Thomas LaVeist, director, Johns Hopkins Center for Health Disparities Solutions

With the turn of this new century, the Baltimore-based school assumed its current name in 2001 in recognition of now-New York City Mayor Michael Bloomberg’s financial support and commitment to the field of public health.

For two decades, the Johns Hopkins Bloomberg School of Public Health has been the highest-ranked school of public health in the United States. The most recent designation was announced in mid-March, when *U.S. News & World Report* issued its 2014 Best Graduate School Rankings.

The institution – which has a \$472 million budget – is the largest school of public health in the world. It currently enrolls 2,287 students from 87 nations, and employs 604 full-time and 752 part-time faculty, whose expertise covers all facets of public health: microbiology, biochemistry, biostatistics, environmental health services, international health, mental health, immunology and reproductive health.

At the center, said Dr. Thomas LaVeist, the center’s director and the William C. and Nancy F. Richardson Professor in Health Policy at Johns Hopkins, “We have one goal, and that is to eliminate health disparities. When we say disparities, we have this very broad definition, but we mean disparities in any category: race, ethnicity, language, sexual orientation, socioeconomic patterns, gender. We take a very broad view of disparities and not only domestically but internationally.”

That has meant conducting exploratory studies and community and clinical interventions, spearheading, for example, a large-scale collaborative study of disparities in chronic conditions.

Studies have investigated the causes of disparities in racially integrated communities in southwest Baltimore, overweight and obesity epidemics among minority populations, and the influences of tobacco use among urban Hispanic young adults.

“This nation is undergoing a fundamental transformation in its demographic characteristics,” LaVeist said. “The people we currently refer to as racial or ethnic minorities are rapidly

becoming the majority.”

“As this population grows, the health of the nation is going to increasingly be a reflection on the health of Brown and Black people,” LaVeist said. “The cost implications of this are staggering. We already are approaching 20 percent of the gross domestic product being devoted to health care, and we are on an upward trajectory. Obviously, this is not sustainable.”

In fact, the center’s work has helped shape national policy in recent years. The center’s report, *The Economic Burden of Health Inequalities in the United States*, which was published in partnership with the Joint Center for Political and Economic Studies in the United States, helped influence discussion of and the inevitable language in the Affordable Care Act.

What the center did was affix a price tag to health inequality.

“In our report, which was published at the height of the discussion on the Hill about the Affordable Care Act, we calculated the loss to the United States economy associated with race disparities,” he said. “We looked at African-Americans and Latinos and Asian-Americans and calculated how that impacted the U.S. economy in terms of lost productivity, premature deaths, and medical expenditures that could be avoided if we did not have health disparities.”

LaVeist and the report’s co-authors, Darrel J. Gaskin and Patrick Richard, estimated the economic burden of health disparities in the country by measuring direct and indirect medical costs of health inequalities and the costs of premature death.

They concluded that from 2003 to 2006, the combined costs of health inequalities and premature death in the country were a staggering \$1.24 trillion; that eliminating health disparities for minorities would have reduced direct medical care expenditures by \$229.4 billion during that time; and that for those years, 30.6 percent of direct medical care expenditures for Hispanics, African-Americans and Asian-Americans were excess costs due to health inequalities.

Additionally, eliminating health inequalities for minorities would have reduced indirect costs associated with illness and premature death by more than one trillion dollars from 2003 to 2006.

“That report,” he said, “was one of the factors that helped keep some of the health equity provision in the law.”

The situation in the years since the report was issued has worsened, he said.

“As the White population gets older and the general population gets browner and blacker, obviously these two trends are going to drive health care costs up in the future,” he said. “We need to get a handle on it right now. Organizations that don’t adjust to the changing demographics are not going to be able to retain the market share in the future, and if we don’t do a better job of providing quality care to this rapidly growing population, the quality of care will go down, and this will have negative implications for the country.”

LaVeist, who is Dominican, has headed the center since it

was founded 11 years ago. His interest in health disparities started in the 1980s when he was studying political sociology and working on dissertations on Black political empowerment. As he examined the impact Black electoral gains had on quality of life in Black communities, he sought ways to measure quality of life.

“I kept coming up with health measures, and I saw all of these health disparities,” he said. “I became fascinated with this and wanted to know why there were such big differences in every outcome, and that’s when I changed my direction away from political sociology to medical sociology, and I’ve never gone back.”

The center at Johns Hopkins is increasingly working to improve the quality of health care and access to it beyond its borders. For one, its researchers developed what is now called the Clearview Organizational Assessment, or COA360, an online tool employed to assess the “cultural competency” of a health care organization.

The tool, with its current 50 questions, provides a “360-degree view” of an institution from the perspective of its various constituencies including administrators or managers, health care providers, nonprovider staff, clients/patients, and people living in the service area who have not been clients/patients of the health care organization.

“We ask them about their language services, about how they deal with non-Western religions, their policies for LGBT patients, their access to relatives. We have questions for patients as well as staff,” LaVeist said.

“We ask patients about bias and discrimination they might have encountered, about policies and procedures as it relates to grievances because of cross-cultural interactions between staff and patients,” he said. “We have a questionnaire for administrators, for clinical and other staff, everybody from parking attendants to receptionists to security guards.”

Recently, the center launched the Culture-Quality Collaborative (CQC), a network of leading health care organizations that have come together to share ideas, experiences, and solutions to problems that arise as a result of cross-cultural interactions within health care settings.

The CQC posed questions such as: How do you determine what “cultural competency” means within your unique organizational context? How do you introduce cultural competency to your organization? And how do you encourage others to think “outside the box” and accept new ideas?

The CQC will work collaboratively to find answers to these and other challenges posed by cross-cultural interactions in health care settings. Monthly seminars are held to introduce different programs, interventions and ideas, and the center is planning to perform annual reassessments to advance progress.

“We are an international university, so we think of the whole world,” he said. “We are looking to help organizations determine how well-prepared they are to provide quality care to a racially, ethnically, culturally and linguistically diverse population.”

Early on, LaVeist said his primary goal was to heighten

awareness of existing health disparities and combat misperceptions along the way.

"I found myself often having to counter the idea that race was about genetics. But now I spend less time fighting that battle. I don't encounter that misperception as much as I did in the past. The science has thoroughly obliterated that idea that health disparities has caused biological differences among race groups," he said.

Additionally, many people view "cultural competency" as this "touchy-feeling good thing, that if you have International Week where people come in wearing traditional clothes or prepare a traditional meal, they think they have done something culturally competent. We try to bring more rigor to cultural competency."

Now, he said, the focus is more on solutions.

"What are the policy solutions, the programmatic solutions, the solutions that individuals need to address health disparities," he said. "The other is awareness – how do we reach people and not only publish in academic journals. We want to reach the average person on the street who can benefit who doesn't necessarily know how to live a healthy lifestyle."

His concern, though, is that the economic recession worsened the portrait of health inequalities in this country. The report that helped shape the Affordable Care Act, he said, will likely be revisited to present a more up-to-date picture.

"If we could eliminate the disparities," he said, "we could have a more efficient economy, which would mean a more productive workforce."

Fonseca, too, is troubled by such disparities, and points to the steep numbers of the Hispanic population without insurance, 36 percent, compared with 11 percent of the non-Hispanic White population.

The Colombian-born professor teaches the course Latino Health Measures and Predictors at Johns Hopkins. The course requires students to develop models to better understand how psychosocial, sociopolitical, community and health care delivery factors influence a person's success in accessing the health care system in a sustainable manner.

Her students learn key steps to design, implement and evaluate health care programs working to decrease the health disparities gap.

In her role at the center, she has guided 70 health care projects – helping to strengthen their provision of services – involving Latino populations across the country in the last dozen years.

"We have to make sure these opportunities are available, and the first way is through education," she said.



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Gerontology Programs Thriving at SDSU

by Gary M. Stern

In 2013, 13 percent of Americans are 65 years old and older, according to a Pew Research Center study. But in the next 30 years or so, 20 percent of Americans will reach age 65. Marc Freedman, who wrote *The Big Shift: Navigating the New Stage Beyond Midlife*, told *The New York*



Times that “As tens of millions of people live into their 80s and 90s, we’ll need millions of others in their 50s and 60s and 70s to help care for them, not just within families.” Welcome to the graying of America.

And yet at many colleges, gerontology plays a secondary role, has been shifted into sociology departments because of budget cuts, and as stand-up comic Rodney Dangerfield once said, just don’t get much respect. But if elder care jobs are proliferating and the need is rising, why aren’t more colleges responding to the country’s aging needs?

One college that has been paying attention to the graying of the U.S. is San Diego State University (SDSU). It offers an undergraduate Bachelor of Arts in gerontology and is redesigning a master’s program in gerontology. Its programs attract students who are dedicated to helping the elderly and see jobs in their future. Up until budget cuts struck California colleges in 2011, it also offered a certificate in gerontology. Any student at SDSU who is interested in helping the elderly preserve their health and dignity will find a program that suits their needs.

San Diego State University is a public university affiliated with the California State University system. Of its 32,000 undergraduates and graduates in fall 2012, 39 percent were White, 28 percent were Latino, 4 percent were African-American, and 4 percent were Asian-American. During 2011-12, 59 percent of all SDSU students received some form of financial aid or scholarship.

Gerontology is a growing field because of the drop in “mortality and fertility rates,” explains Thom Reilly, director of San Diego State’s School of Social Work. People are living longer than ever before, and baby boomers are beginning to retire in droves. “The growing number of older adults creates an increased need for skilled, educated professionals in gerontology,” he said.

It also leads to jobs in diverse fields, Reilly suggested. Gerontologists can become nurses, occupational therapists, social workers, social scientists, health care managers and nursing aids. Most critical to all these positions are communication skills because “they are often responsible for recording and relaying information regarding their client or patient,” Reilly said.



Thom Reilly, director of San Diego State University’s School of Social Work

SDSU's undergraduate major in gerontology is thriving, explained Liz Maruchau, student affairs coordinator in the School of Social Work. Fifty students are majoring in gerontology. Of that number, 70 percent are minority and 30 percent are Latino. Latino students are often attracted to elder care programs because the Hispanic culture values seniors and encourages taking care of them.

In fact, the job prospects in gerontology are plentiful and diverse. Maruchau rattles off a variegated list of jobs in gerontology including direct service, education and training, program planning and evaluation, administration, policy and research. Elder care specialists can obtain jobs in hospitals, health facilities, community clinics, hospices and managed care facilities.

"When the demand exceeds the supply, there will be jobs," she said. In fact, she said over a thousand people daily are turning 65, or more than three million people a year. "With this striking increase comes a growing need for trained professionals to apply new knowledge of the elderly," said Maruchau.

The gerontology major at San Diego State has three major components – liberal arts classes, specific courses in gerontology and two internships in the senior year. During the first two years, students concentrate on general education. If they maintain a C average, they can major in gerontology. The junior year emphasizes seven core classes including introduction to human aging, intergenerational issues, public health, biology, psychology, human development and social work. In their senior year, students are required to take 16 credits a semester participating in an internship. All told, they take 38 credits in gerontology.

Their internship takes place in a Health and Human Services agency, facilities connected to the Alzheimer's Association, residential care facilities, Meals on Wheels, senior community centers, Veterans Administration hospital or hospice. The internship "provides an integration of theoretical background and practical experience. The field work puts them in a setting where they're providing services for the elderly and gaining direct experience," Maruchau asserted.

But the internship does more than that. It "connects theory and practice. For many students, the internship lands them the job," Maruchau said.

Having focused on gerontology and participated in the internship, graduating students are prepared to work in the field. Upon graduation, "they will have broad-based and comprehensive understanding of the impact of society's changing demographics through research, teaching and community involvement. We want them to assure a better quality of life for older people in the community, state and nation," she said.

Some graduates of the program gravitate to direct service, taking care of the elderly and improving their lives. Other graduates are more attracted to administration and management.

Why One Nursing Student Opted for Gerontology

When 24-year-old Erika Saldana, who was raised in San Diego but whose parents are Mexican-American, was considering a career in nursing, she thought majoring in gerontology would strengthen her skills. "With the aging population in the

U.S., gerontology makes sense," she said.

Her goal when she graduates in May 2013 is to pursue a job as an emergency trauma nurse. Knowing more about gerontology will strengthen her skills. "I've learned about the family dynamics of people aging. Some have considerable support, and some don't," she said. Moreover, some facilities offer topnotch service for the elderly, and some don't.

The gerontology curriculum has taught her a myriad of skills. One of the most dominant lessons has been about the prevalence of "ageism," in which people discriminate against



Erika Saldana, recent graduate of SDSU

older people. Whenever a friend or colleague says deprecating things about growing old, Saldana holds them accountable for making discriminatory remarks.

Moreover, the gerontology major emphasizes "successful aging," which involves being financially stable and prepared as people get older, making healthy choices about diet and fitness, being mentally active and socially connected to the community.

Despite her youthful age, she found the death and dying class most edifying and influential. The class enlightened her about how people prepare for death and deal with the damaging effects of dementia or Alzheimer's.

In her internship at the Silverado Hospice, Saldana per-



Liz Maruchau, student affairs coordinator in SDSU's School of Social Work

formed a variety of tasks. She reviewed patient medical records and collaborated with a social worker to write a family dynamic of patients. She would also follow up with families to offer support to the hospice patient. After a patient dies, she'd also make calls to family members to ensure that bereavement was proceeding smoothly.

"Learning about this demographic, I no longer feel awkward dealing with them. I can relate to them," Saldana said. She feels comfortable interacting with them, finding connections with them and understands what they're experiencing.

Intending to pursue a career as a nurse, Saldana also recognizes that jobs will be increasing in the specialty of elder care. "The population [of the elderly] is growing. There might be nursing departments that specialize in dementia," she said.

Despite the many job prospects, Saldana acknowledges that the gerontology program, compared to the number of business majors, is extremely small. Many students feel, "No one wants to hang out with them [seniors]. Why study it?" But she added, "It's important to educate people about old age and to learn about how older people operate."

Internships Are Critical to the Program

Saman Yaghmaee has a dual perspective on the internships that gerontology majors participate in at SDSU. As a manager of public health programs for the city of San Diego, he admin-

isters and coordinates with interns, and he also teaches two gerontology classes at SDSU, "Introduction to Gerontology" and "Intergenerational Issues."

Based on students' career interests, they are assigned a specific program in gerontology such as long-term care, policy, research or direct service. Sometimes students ride along with protective services that help to protect seniors from abuse or neglect. "We try to create a real-life situation for students," Yaghmaee said.

Some students are research-oriented. One recently helped conduct a report on the number of falls by minority seniors over the last few years. That report aims at San Diego's Healthcare Services making adjustments and changes to limit the number of falls in the future.

One goal of the internship is to expose the student to as many of the resources offered in San Diego to seniors as possible. The more city resources they are aware of, the more they can direct seniors to the point where they start their careers.

Most interns are assigned a mentor who becomes their main guide and role model. Often interns shadow the mentor, see how they operate and concentrate on learning as much as possible.

Gerontology is a much newer field than social work and is beginning to gain traction, suggested Yaghmaee. Because of declining human services budgets in many cities and states, elder care budgets have been slashed, but still Yaghmaee expects to see resources for the elderly increasing in the future.

Evaluating students on the skills mastered is critical to the internship program. Students are evaluated at the beginning of the internship, during it and at the conclusion. "We're trying to see improvements and where they excel," he said.

Redesigning Its Master's Program

SDSU is in the process of redesigning its master's program in gerontology. It's developing a dual degree where students earn a master's degree in gerontology and a master's in social work. This dual program "would make the graduates more marketable, and the focus is on health administration," Maruchau said. Most students attracted to the dual master's are already working in the field and want to enhance their education and job prospects. The program is in development, but it's not clear when exactly it will debut.

The redesigned master's degree will focus on administration, policy and structure of staffing. How administrators motivate staff, supervise them, allocate them, and coordinate them into the organization will serve as the primary focus. Maruchau said its mission is to focus on "theories of aging, long-term care, research methodology, and evaluation of programs for the aged." Ultimately, it trains graduates for administrative and managerial jobs.

Maruchau says that students obtaining two master's degrees will be more marketable and more likely to find jobs. They'll combine expertise in social work with gerontology, a double threat.

One reason why gerontology hasn't garnered the same credibility as other medical fields has been the lack of a strong accrediting association. While the American Medical Association and American Bar Association strengthen credentials in the field and maintain standards, the Gerontological Society of America doesn't have the same influence over the field.



Scholars' Corner

As access to higher education expands, traditional ways of understanding college life do not honor the reality of what college is today. Through organizational structures, policies, climate and culture, institutions articulate which students are welcomed into postsecondary education and how their success will be fostered. Unfortunately, research indicates that higher education institutions are not serving Latina/o students as well as they could be, given Latinos' comparatively low persistence and degree attainment rates.

Using my professional roles and postsecondary education, I have examined and developed curriculum, policies, programming and services so that more Latina/o students could achieve their educational goals. After graduating from Texas A&M University and teaching in middle school, alternative high school and adult education, I entered my master's program at Stanford University. My master's thesis emphasized how structural factors were significant in the admission of Chicanas to a highly selective institution. After graduating, I remained at Stanford to develop a mentoring program for underrepresented students. Later, I returned to my hometown to increase the educational attainment of Latinas/os. I began my tenure at the University of Texas-San Antonio (UTSA), a Hispanic-Serving Institution (HSI), examining the affordance and barriers for retention and degree completion. These diverse institutional contexts – a highly selective public institution, a highly selective private institution and a broad-access HSI – have influenced my research interests.

As a San Antonio native, my choice to attend UTSA was intentional on many levels, including the opportunity to better understand this HSI to inform how I can contribute to its development and to the development of my community. UTSA, like many HSIs, faces pressure to increase retention and graduation rates. While the policies and practices at predominantly White selective institutions could appeal as strategies to promote retention and graduation, the research also tells us that these policies and practices do not work for all students, including Latina/o students. My research questions the applicability of understanding the unique institutional contexts of HSIs. Does a one-size-fits-all model increase access, opportunity and success for Latina/o students? Given that there is one HSI in the U.S. that is also considered a research institution, how can more “premier HSIs” be developed? What would the concept of “premier HSI” mean, and how would that be measured?

My participation in the 2012 American Association of Hispanics in Higher Education (AAHHE) Fellows Program gave me the space to explore the traditional, often individualistic, paradigms used to explain student success and how to shift these paradigms toward being more critical and equity-minded in advancing student success. With constructive feedback and supportive energy, my faculty and graduate fellow cohort encouraged me to grow as a scholar and to forge my research agenda to explore the role of institutions in hindering and enhancing Latina/o access and success.

In an example of the AAHHE Fellows' networking and collaboration, some of the fellows and I are exploring HSIs' experiences with mission drift, institutional stratification and educational equity in higher education. When we present our work at an upcoming national conference, we will challenge HSIs to go beyond their demographic significance to be truly Hispanic-serving, and I will unite with other administrators, educators and scholars to increase Latina/o educational access and success.



By Diane Elizondo

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Training the New Wave of Information Technology

by Marilyn Gilroy

Anyone who has received medical treatment in a doctor's office or hospital can probably recall seeing rows of filing cabinets or shelves with folders of patient's records. The files usually contain physician's notes, radiology reports, immunization records and other related documents. Those storage systems most likely will disappear in the next five years due to government incentives to make the switch from paper records to electronic health records (EHR).



Frank W. Waterstraat, director of the University of Wisconsin's online health information management and technology degree program

When the Health Information Technology for Economic and Clinical Health Act (HITECH) was passed in 2009, it included \$19 billion to increase the use of electronic health records by physicians and hospitals. The push for advanced health information technology (HIT) systems also means an increased need for qualified health care professionals who know how to use technology to organize and manage medical records.

The U.S. Bureau of Labor Statistics predicts that job opportunities for health IT professionals will grow 20 percent by 2018, which is much faster than the average for all other occupations. Experts speculate that thousands of new health information technicians will find employment in hospitals, nursing centers, outpatient care facilities, home medical services and physicians' offices.

Many of the next generation's HIT workers will include Latino technology professionals. The National Latino Alliance on Health Information Technology (Latino HIT), created in 2011, is working to make sure that Latino technology professionals are being hired and trained.

"The Latino health information technology professional will play a vital role in health IT adoption in our communities," said José A. Márquez, president and CEO of Latino HIT. "The alliance has great seminars on the importance of EHR adoption. As we continue to work with the regional extension centers to identify and bring Latino-serving primary care physicians to meaningful use, we will also encourage our Latino techs on the importance of health IT training and certification."

Latino HIT was established by Latinos in Information Sciences and Technology Association (LISTA), also founded by Márquez and dedicated to the goal of "educating, motivating and encouraging the use of technology in the Latino community and empowering them to bridge the digital divide." The creation of Latino HIT was born out of the need to concentrate on the specific mission of bringing Latinos to the forefront of health information technology.

Márquez said the organization has mounted a long-term campaign to ensure that Latino doctors and technology professionals have the right information at the right time.

"We want to make sure that no one gets left behind in adopting HIT and sharing in its benefits," he said.

Those benefits include improving disparities in health ser-

Health Professionals



José A. Márquez, president and CEO of Latino HIT

vices for underserved minority communities, which is one of the goals of national health care reform initiatives.”

According to a government website, CMS.gov, electronic records are the next step in the progress of strengthening the entire health care system. Supporters of EHR say the data, and the timeliness and availability of it, will enable providers to make better decisions and lead to better care across the board.

Specifically, the changeover to electronic records is expected to: reduce the incidence of medical error by improving the

accuracy and clarity of medical records; make the health information available, thus reducing duplication of tests and delays in treatment; keep patients well informed and help them make better decisions; and reduce medical error by improving the accuracy and clarity of medical records.

Proponents say electronic systems are much more efficient than paper records because they allow health providers to quickly review and update a patient's medical history. When patients move, change doctors or need emergency medical attention, the records can be transferred and accessed much faster than paper-based systems. Although critics have cautioned that a national database of health records poses security and privacy issues, the potential benefits to patient treatment have so far outweighed these concerns.

Government has used what analysts call “a carrot and stick approach” to get health care providers to implement use of EHR. It began an incentive program two years ago to provide payments to medical professionals and facilities to adopt EHR. Officials say the purpose of the incentives is to jumpstart the use of certified EHR technology that meets federal standards. According to the U.S. Department of Health & Human Services, more than \$5.7 billion has been paid out to health care providers as part of the program.

Rolling Out Certificate and Degree Programs to Meet the Demand

To prepare for the transition, community colleges and universities throughout the U.S. have begun training health care IT workers. They have developed dozens of associate and bachelor's degree programs for technicians, medical coders, information administrators, medical secretaries and safety and security experts. The programs are available in traditional and online formats with many institutions receiving significant government grants to help fill the projected 50,000 jobs needed to assist doctors and hospitals as they switch to electronic medical records.

Los Rios Community College District in California served as the lead institution for a \$10.75 million grant involving a consortium of 14 colleges in California, Hawaii, Arizona and

Nevada. The goal was to recruit 2,100 students to the new curricula, train them in six months time and link them to job opportunities.

GateWay Community College in Phoenix, Ariz., one of 10 colleges in the Maricopa Community College system, participated in the consortium. It began offering six certificate programs in 2010 and as of 2013 has trained approximately 300 students of which 54 percent are minorities. After completing the training, students receive certificates in implementation management, clinician consulting, technology trainer, information redesign specialist or technical support for EHR.

Jay Covell, GateWay's coordinator of instructional programs and grant manager of the training, says employment rates for graduates have been running at 75-80 percent for those who completed the certificate option. According to the Western Region Health IT Workforce Training website, which has tracked employment in the grant program, starting salaries range from \$45,000 for an individual in a technical staff support role to \$91,000 for those in information management positions. With that kind of compensation, some individuals have jumped at the chance to obtain multiple certifications.

"Some of our graduates completed one certificate and came back to complete another," said Covell. "Others used their training in core courses to segue to GateWay's associate degree program in clinical information management technology."

At four-year schools, curricular configurations include short- and long-term training ranging from one to three years.

For example, universities such as Johns Hopkins have been rolling out programs to meet what it calls "a workforce crisis" in educating HIT professionals. As a result, the university offers programs in applied health informatics, clinical informatics and public health informatics that train workers in as little as 12 months.

Last fall, the University of Wisconsin (UW) began an online program that gives students an opportunity to earn a Bachelor of Science in health information management and technology (HIMT) through a consortium of four University of Wisconsin campuses. Like many states, Wisconsin needs to grow its pool of health IT professional now and in the coming years.

"The growth in the field will come from positions that require skilled employees not only to understand health data but to understand how to use information technology to manage and analyze the data," said Frank W. Waterstraat, director of UW's online health care information management degree program. "It's a unique skill set and has become one of the fastest-growing professions in the country. We believe we are breaking new ground with this degree, and I'm excited to be a part of it."

The HIMT program offers two tracks to prepare students for careers in health information management and health information technology. The technology track trains students for IT roles in the health care, health insurance and governmental fields. It is the foundation for positions ranging from health data analysis to insurance claims coordinator. The

management track prepares students to be leaders in providing better patient care, administering computer information systems and managing patient information.

Waterstraat says the program was designed as a fully online degree geared toward nontraditional students. As he explained, the program might be especially attractive to those seeking new career directions.

"First of all, this might appeal to students who have stopped out, that is, completed two or three years of college but left because they were not focused on a career," he said. "Or it might appeal to those who have an associate degree and are currently in a technical job that is somewhat limiting or as we say, 'binds them to a chair.'"

The exciting aspect of these jobs, says Waterstraat, is that individuals combine computer and data analysis skills with knowledge of medical terms to manage the health information process. They track vast amounts of data over time and translate them into useful information that practitioners can quickly access, which can impact a patient's health outcome.

"They are part of a team that links doctors, nurses, clinicians and even pharmacists to help them make better decisions in caring for a patient," said Waterstraat. "In addition, they might be involved in examining work flow and revenue cycle management that can affect the bottom line."

The value of HIMT workers is reflected in the starting salaries, which Waterstraat says can be as high as six figures for management positions.

Wisconsin is not the only state scrambling to train an insufficient Health IT workforce. Texas also is trying to address a projected shortage of 10,000 HIMT workers in the next few years. The department of health information management at Texas State University-San Marcos, one of the largest Hispanic-Serving Institutions in the country, has been at the forefront of that effort. The department enrolls 300 students, of which 25 percent are Hispanic. Graduates have been finding work in health information management positions, including quality assurance, clinical documentation improvement, EHR implementation specialists, and consulting.

Susan Fenton, assistant professor at Texas State, says the field is experiencing exponential growth in which a baccalaureate degree can help launch a very successful career. But, she says, it is absolutely critical to have the right training because of the potential adverse unintended consequences if health IT is not implemented correctly. In a recent report, Fenton wrote that HIT requires a workforce with skills to react quickly and adapt as conditions evolve, including industry and regulatory changes. Having a diverse workforce, including Latino techs, also will play a role in delivering quality services via electronic health records.

"One of the key goals of the national initiative is to engage consumers in their health care and enable access to their health information," she said. "The preferences of each cultural group will be different. One size will not fit all."



MORE U.S. STUDENTS WANTED, SAYS MEXICAN AMBASSADOR – The ambassador from Mexico to the U.S. is very enthusiastic about student exchanges. “We should have a lot more of our students coming to study at U.S. universities, and many more U.S. students should be studying in ours. Student exchanges are the heart of international understanding,” Ambassador Eduardo Medina-Mora Icaza told me after a panel discussion at the D.C.-based Migration Policy Institution on April 5. Does he see a problem if Mexico’s best and brightest come here and stay on, never to return? The ambassador frowned for a moment then smiled. “In the end, it doesn’t really matter,” he said. “Our economies are so intertwined.”

THE WISE LATINA’S BOOK – ASK FOR ADVICE BUT DO IT YOURSELF – Yes, Sonia Sotomayor is the history-making first Latina Supreme Court justice. Yes, she is now famous and popularly seen as a liberal. Yes, she is known as the “Wise Latina” – a controversial-enough term to titillate some. All these make good reasons to include her book *My Beloved World* on your summer’s must-read list. But in fact, you should actually READ every word of the book because it is charming, illuminating, thoroughly authentic, dramatic, touching and inspiring no matter what your background. In the telling of her life story, Sotomayor leaves no room for “yes buts.” Her successes came the hard way. She is grateful for the lessons learned and eager to share them. Two stand out: 1) ask for advice – from teachers, bosses and “the best students in the class”; 2) in the end, the only one who can do what you need to be done is yourself. That lesson was learned early when she was diagnosed with type 1 diabetes and her shocked family realized she would have to get an insulin shot every day for the rest of her life. None of her family was physically able to do it. So at 8 YEARS OLD, she realized the lesson that set her up the rest of her life – she had to be responsible for herself. No excuses.

LATINOS’ RELIGIOUS DIVERSITY MAKES THE NEWS, WITH ONE EXCEPTION – The April 15 *Time* magazine cover story on Latino “Evangelicos” reported that by 2030, only 50 percent of Hispanic-heritage Americans will be Catholic. According to the Pew Forum on Religion, rapidly growing percentages of Latinos are becoming evangelicals.

But the multipage cover story does not mention the huge surge of Hispanics into the Mormon Church. Globally, Hispanics make up the largest “ethnic” group of Mormons, according to Keith Atkins, Hispanic outreach director of the Church of Latter Day Saints in Salt Lake City. A Mormon missionary training center is now located in Santo Domingo. Nationally, the church does not collect ethnic membership data, church officials said. But there are increasing numbers of Spanish-speaking stakes (parishes) in the Southwest; and in California, there are several Spanish-speaking wards.

WHAT TO CALL “THEM?” THE AP CAVES-IN TO POLITICAL CORRECTNESS – What to call “foreign nationals living and working in the U.S. illegally” (FNIWUSIs?) has been a political conundrum ever since comprehensive immigration reform failed in 2006-07. Five terms are common: 1) “ILLEGAL ALIENS,” the official term in law, used by U.S. Supreme Court Justice Sotomayor and advocates wanting to halt illegal immigration; 2) “ILLEGAL IMMIGRANT,” which Sen. Chuck Schumer claims is best, clear, legal and gets to the point; 3) “UNAUTHORIZED,” encouraged by the Migration Policy Institute; 4) “ILLEGALS,” which many newspapers use, shorting, as they are wont to do, all other terms to one word; 5) “UNDOCUMENTED,” which religious and ethnic immigrant advocates insist is the only term that is not “offensive” (read “politically incorrect”). “There is no such thing as an illegal person,” they claim with increasing vigor. But the term is clearly disingenuous in that most so-called undocumented workers knowingly obtain, carry and use FRAUDULENT documents – which is a deportable felony. And almost all have official status and documentation in their homelands. Nevertheless in April, The Associated Press – which publishes the once-respected “Style Book” – declared that the proper term is “UNDOCUMENTED,” all others being “offensive.” “This seems to be too far on the side of political correctness,” declared media critic Howard Kurtz.

Margaret (Peggy Sands) Orchowski was a reporter for AP South America and for the United Nations in Geneva, Switzerland. She earned a doctorate in international educational administration from the University of California-Santa Barbara. She lives in Washington, D.C., where she was an editor at Congressional Quarterly and now is a freelance journalist and columnist covering Congress and higher education.

Curanderismo Class at UNM Marks Its 13th Year

by Michelle Adam

As a child in South Texas, Dr. Eliseo “Cheo” Torres grew up with *curanderismo* as a way of life. His mother and all the other neighborhood mothers knew about medicinal plants and healing rituals, and if somebody faced a severe illness, they’d seek out the local curandera Doña María.

Now as vice president for student affairs and faculty member of the College of Education at the University of New Mexico (UNM), Torres has brought his younger years to the university level. When he came to UNM in 1996, he created the first international conference on traditional medicine jointly with the Mexican Institute of Traditional Medicine. Later he offered a university course on traditional medicine with 40 students. Since then, this same conference, now called “Traditional Medicine Without Borders: *Curanderismo* in the Southwest and Mexico,” has grown into a class held every year in the last two weeks of July. More than 200 students attend from all over the country, and this 13th year of the class will probably draw even more students.

It’s a unique opportunity for people to learn about traditional medicine in a modern university setting. Few universities offer this kind of experience, and thanks to Torres, UNM has helped bridge two worlds of medicine and culture.

“I don’t think people are learning this anywhere. They go to naturopathic schools or other types of schools, but there is no school or certificate for *curanderismo*,” he said. “We have a lot of people coming from out of state now – from the Midwest and Iowa areas, and a group out of Denver, Texas, Sacramento, New York City. There are pockets of groups.”

These individuals come from across the country to learn about a traditional art of healing where plants and rituals are used to bring holistic healing to mind, body and spirit. And the class on *curanderismo*, a Spanish word and art, has drawn pockets of teachers from throughout New Mexico, where the old Spanish traditions still remain, as well as Mexico.



During the first week of the course, local New Mexico healers and practitioners teach and discuss health practices. Every day, the classes begin with opening ceremonies, and follow with a vast array of subjects: an overview of *curanderismo*, laugh therapy, therapeutic and ceremonial uses of the *temazcal* (the Mexican sweat lodge), medicinal plants of the Southwest, energy work, chakra/herb healing, cupping, food as medicine, healing through music, and much more.

“Every session is great. It depends on whether the person is interested in herbs or medicinal plants. We have a bit of everything,” said Torres. “We do demonstrations and bridge these two traditions of two countries [the U.S. and Mexico].”

For the second week of the summer, more than 25 healers join the class from Mexican cities and communities such as Cuernavaca, Tepotzotlán, Amatlán, Oaxaca and Mexico City. Opening ceremonies on the UNM lawn continue, followed by more teachings on the following: Mexican traditional medicine, healing the evil eye (a tradition brought from the Moors to Spain centuries ago), healing intestinal blockage, healing *susto* (what today we call PTSD), shamanism, healing sadness, and medicinal teas. Optional community classes and events and massive health fairs also take place during the weeks.

“There are so many rituals to deal with emotions for people

when they can't afford to go to a psychiatrist," explained Torres. "And there's cupping work like the Chinese do. Mexicans have done their own cupping and acupuncture for years. The more you learn, the more you see it has been in their traditions for a long time."

As a two-week-long class, the course offers many an introduction to *curanderismo*, with information of a broad reach to give a taste of this traditional art form. By providing a university setting for an older medicine, participants and higher education itself are able to bring these teachings into the modern arena as well.

"We have nurses and physicians attend. It's common. They deal with patients who come with traditional beliefs. They are able to understand why things come up during doctor's visits. Modern medicine is wonderful, but sometimes it helps to integrate traditional medicine with modern medicine. Some doctors incorporate things into their work," explained Torres.

"The university is also a perfect setting if this is done correctly. It is a new frontier. This hasn't been in the classroom, and it hasn't been researched that much. You look at Chinese medicine, and it has been around for a while and has been researched, but Mexican *curanderismo* hasn't been. A lot of work was done in the '60s on *curanderismo*, and then it died. Now it is resurfacing again. There might be something in it that could benefit humanity if done currently. Some of these plants are wonderful."

This university course has helped bridge the modern research institution with an ancient art, and has also brought together cultures with ancient practices people have carried with them in their families.



"There is a lot of interest in the Native American population to work with curanderos. Last year, the Mexican healers were in the pueblo of Tesuque and will be in the year to come. There is a lot of exchange between the two groups," said Torres. "Some students have also come to reclaim their culture because it's a lost tradition for them. They know that their grandmothers used rituals or plants to heal. Others come out of curiosity and some out of the reputation – that it's a fun and interesting class. They do readings, reflection papers and a term paper at the end, and they participate."

Not only has the class opened doors for students to discover their roots and family rituals and practices, it has also provided curanderos, especially those in New Mexico, a place to be honored and share their knowledge and wisdom. Tonita González, a local healer, has seen the importance of this firsthand.

"Before there were many using *curanderismo*, but many were afraid to tell the doctors this. When Cheo [Torres] opened the door, he gave strength to the people who were working with this medicine," said González. "One person began to speak to another, and the class helped grow the recognition of plants that are good for you again."

While González is now a healer herself, her introduction to the world of *curanderismo* was through Torres' class five years ago. She had been chronically ill for about 10 years, with Bells Palsy, among other ailments, and was on at least 30 different pills she was given by doctors to medicate her situation. She had gone to many practitioners to heal, but none had provided a cure.

González sat in on a class where Rita Navarrete, a Mexican curandera, spoke to students on the healing qualities of laughter. González hadn't laughed or felt comfortable showing her face for more than a decade, but Navarrete invited her up on stage to face her fears. Later González apprenticed with her in Mexico for more than a year and helped her heal her ail-





throat aches. Whatever herbs or foods were available became medicine to help keep the family healthy.

While other students went to school, Navarrete was unable to — she had to help her grandmother take care of her siblings. And by 12 years old, she began work as a servant in another home because her father had become injured and couldn't work. At this time, Navarrete discovered that people worked as professional massagers, but it was only years later that she embarked on a journey as a healer.

In her mid-20s, when her daughter faced a chronic kidney infection problem and her husband nervous dermatitis — and all efforts to find a cure led to dead ends — Navarrete explored traditional medicine. She returned to regular school with her own kids, and also studied plant and food medicine. Navarrete was able to cure family ailments by changing their diet, and since then has obtained at least 86 certificates in traditional

ments. Today she is without any medication and has been able to live an abundant life as a curandera herself.

“*Curanderismo* is a way of living. It's a lifestyle,” said González. “*Curanderismo* empowers people to make their own decisions for themselves and be accountable to themselves. In modern medicine, if you have a headache, you are told to take an aspirin. With *curanderismo*, we ask what it was you did that changed and brought on the headache. We help them see what it is that they can do to make it better.”

Now when González teaches or provides support for the *curanderismo* class, she often does so alongside Navarrete, her teacher. This teacher and great friend of hers was there during the first international conference Torres held at UNM and has been there consistently ever since.

“Of all colleagues, I'm the only one who hasn't stopped coming here,” she said. “Coming here has changed my life. It has amplified my community, has connected me to other cultures and given me more confidence in myself and my work.”

Navarrete is among 30 other Mexicans who come to UNM every year to teach. Specifically, she travels to the U.S. from Cuernavaca and Jilotepec. She is the director of Kapulli Mexico, La Cultura Cura, a school and clinic of traditional medicine in Jilotepec, Mexico, where people from the UNM classes come to work and visit. She also teaches at Centro de Desarrollo Hacia La Comunidad, at the University of México-Morelos.

Navarrete grew up in a family of curanderas in Mexico. She was raised primarily by her grandmother, who had different remedies for taking care of ailments: localized massages with butter, baking soda and warm herbs helped with stomach problems, and tomatillo with baking soda benefited

healing modalities, and studied Mesoamerican culture.

“I have not stopped,” she said. “It's a passion.”

Today her specialty is in helping individuals with chronic illness, and providing life coaching. She works with the *temazcal*, the Mexican sweat lodge, the *sobadora*, energetic and physical hands-on healing, and is an herbalist, nutritionist, chiropractor, counselor and motivational speaker.

When she comes to the U.S. for the *curanderismo* class and on other occasions, she shares her knowledge and practice with others. “There are many people who want to follow this path — they come from many parts of the country,” she said.

Navarrete also joins other healers during these last two weeks of July in several Ferias de Salud, health fairs, offered in different locations on UNM's campus.

“Thousands come out to the fair,” she said. “We had 1,300 treatments [from about 70 healers] in one afternoon last year.”

For Navarrete and many others, the work of *curanderismo*



has changed their lives. "I have been able to fight for a happier quality of life in my older years," she said. "And I've seen many changes in others who have followed this path. They have improved their health, have changed their diets and have sought more teachers to keep learning."

One student who was touched deeply by the *curanderismo* class and Navarrete's work is Susana Lee, a New Mexico resident and Colorado College student who attended last year's class at UNM. Participating in the class opened doors for her of a future with traditional medicine that she will now pursue in independent studies at her college.

"It was life-changing," Lee said of the event. "A lot of things I had hope in as a child were there – people were fighting for these things. All the teachers wanted to reach out to us."

During her younger years, Lee felt that everything in life was something to be deeply respected. "I felt that all we need the land can provide, and that we are deeply connected," she said. "Maybe other children feel this as well, but the environment around us has tried to make us feel this isn't real. This class is a coming together of all that I've believed, and I'd defend it with my life."

Lee isn't alone in experiencing doors opening to another way – and medicine normally not available at universities. It's

the reason why Torres originally created this class at UNM and will continue to do so for years to come.

"I hope in 10 years, people will be more understanding of what this topic is, and that it becomes more integrated into practices," he said. "Whatever makes people feel better and improves their lives is key."

Torres has served as a voice to traditional medicine beyond UNM as well. Two summers ago, he, Navarrete and a few others went to Washington, D.C., and shared their work at the Annual Smithsonian Folk Life Festival. "We were told that in a few years, the whole theme of the folk life festival will be of traditional medicine," he said.

UNM is also in hosting a *curanderismo* exhibit at its Maxwell Museum of Anthropology. "The museum is wonderful," said Torres. "It should be a super exhibit."

The exhibit opened May 4 but will have another official opening July 23, when all the healers and students come together again from Mexico and throughout the country to share and expand their knowledge of traditional healing. What Torres described as a "wonderful collaborative relationship with UNM" will continue and celebrate its 13th year.



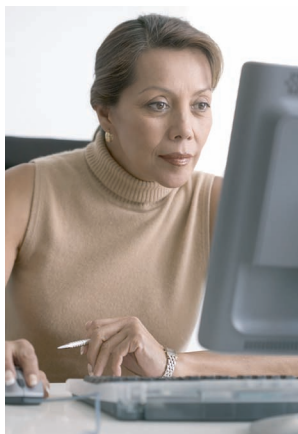
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Hispanics and Medical Careers

by Gustavo A. Mellander

All professions have pecking orders. Some are more strident and demanding compared to others. After finishing extensive academic and laboratory training, many in the allied health professions face a period of initiation, one they must survive. Mandatory internships, subservient work conditions, and virtual blind obedience make many a graduate wonder if they will ever be treated as equals. In the fullness of time, that period of compulsory service and required silence does end, and one is accepted as a professional colleague.

Medical Doctors and Nurses

Well, it does for medical doctors but not for nurses. Nurses are invariably doomed to years of subservience, frequently peppered with scorn and disregard. That's just the way many doctors treat most nurses. And don't forget the vast salary differences between both professions. No wonder 60 percent of all nurses quit the profession in their first five years of work.

Exceptions exist. Many doctors do develop a cooperative professional relationship with nurses – but they are the exceptions.

Generally, the personal and professional disparity is so ingrained that few changes occur and then ever so slowly and only sporadically. We should encourage equality between medical doctors and nurses. But we must not be so naïve as to expect rapid changes.

Young Hispanics

Hispanic high school girls interested in allied health careers invariably say, eight out of 10 times, that they want to be nurses. There is nothing wrong with becoming a nurse. It is an honorable profession, a needed one and one interlarded with service opportunities.

My objection is that too many Hispanic girls – and boys – seek a nursing career because they do not feel they can do any better. That's a shame and a product of misinformation. We must shatter that mindset.

In years past, I have suggested in this column that more Hispanics should become medical doctors. When questioned, I respond that medical doctors are among the highest-respected and well-paid elite in this country and there aren't enough Hispanics in those ranks.

Highly educated, well-paid and highly valued, American doctors enjoy social position and more respect than their counterparts in most other countries. They have it over them. Whether it's China's "barefoot doctors" who receive very scant



formal education before they are sent out to the countryside to, in effect, learn by practicing. Luckily, they are also instructed to contact a seasoned doctor for assistance when they encounter patients with serious conditions. "Learn as you go" is prevalent in many other countries as well.

In many foreign countries, medical training is substandard compared to American medical education. It is one of the reasons so many foreign students seek to train in the United States and why so many foreign-trained doctors never pass our boards when they move here.

I am always disappointed when I find Hispanic youngsters choosing careers below their potential. Second-best career options should be eliminated from their thinking. Too many select nursing or other allied health fields instead of seeking to become medical doctors. I quickly repeat there is nothing wrong or inferior about nursing or other allied health fields. They are honorable and essential professions.

But Hispanics should aim for careers that challenge their highest potential. I thus urge everybody – parents, teachers and established Hispanics professionals – to encourage young Hispanic children to consider a medical career. And the encouragement must begin early, long before high school.

Every child who exhibits an interest in science should be encouraged. Parents should speak to their child's teacher and share the child's interest. Parents should support their children's interest and nurture it by encouraging such experiences such as attending science fairs and introducing children to medical doctors.

An interested medical doctor can help a child select which courses she should pursue in high school and college as well as provide valuable insight on how to survive medical school. Starting in high school, youngsters should connect with a local hospital or a doctor's office to better understand that world.

More so than in many other professions, practicing MDs are influential in helping students get accepted to the right college and later to a medical school.

Where to Start?

The key question for youngsters to ponder is if medicine is the right career for them. Luckily, this question has been asked by thousands. Their responses have created a pathway to self-examination and discovery. I list a few questions and replies that can help would-be students decide.

Should I Become a Doctor?

Perhaps some of the following appeals to you:

- Do you like challenges?
- Are you interested in science and how the body works?
- Do you care deeply about other people, their problems and their pain?
- Are you a good listener?
- Do you enjoy learning?
- Are you intrigued as to how medicine can be used to improve life?

Experts say that if one can answer “Yes” to most of these questions, chances are you have the right personality to become a doctor.

As importantly, it is very helpful to understand what doctors actually do. A good way of finding out is to interview as many doctors as one can.

Generally, physicians diagnose and care for people who are ill or have been injured. They take medical histories, perform physical examinations, conduct diagnostic tests, recommend and provide treatment, and advise patients on their overall health and well-being.

There are several different types of physicians, but they can usually be divided into three broad categories.

Primary care physicians are the doctors patients usually visit. They treat a wide range of illnesses and regularly provide preventive care. They enjoy long-term relationships with their patients. Pediatricians, family practitioners and general internists are primary care physicians.

Surgeons perform operations to treat diseases and repair injuries.

Specialists develop expertise related to specific diseases, age groups and body organs. Cardiologists, psychiatrists, geriatricians and ophthalmologists are examples of specialists.

How Much Education Does It Take to Become a Doctor?

A serious educational commitment is necessary to become a doctor. It typically takes from 11 to 16 years to complete one's education. That includes four years of undergraduate study, four years of medical school, and three to eight years of training in a residency, depending on which specialty one chooses.

To practice, one must pass a state medical board. Later, in order to maintain one's medical license, doctors are required to continue taking courses and learning about advancements in their field throughout their career.

How Much Do Doctors Earn?

While doctors' salaries are among the highest for all occupations, their years of training as well and their work hours can be long and unpredictable. Many doctors work more than 60 hours a week. They might also have to respond to emergencies, be on call for their patients, and work long hours depending on the type, size and location of practice.

Recent data notes that medium annual starting salaries range from nearly \$300,000 for surgeons to \$225,000 for anesthesiologists to \$160,000 for family practice physicians. Bear in mind that the average household annual income in this country is less than \$50,000.

So Much to Consider

Clearly, one must arm oneself with endless facts before making a decision about a medical career. Given so much data to be absorbed, how are potential students and their families to unravel so much information?

Every medical college, of course, has useful information, but I suggest the first place to study is the American Medical Association's website, www.ama-assn.org.

It is a lodestone of useful and practical information. One can hardly absorb it all, and it is constantly being updated. They site also features a career center, videos, insight into the profession, articles on recent changes and developing opportunities, etc. I urge one to study the “Resources for Medical Students” section.

Pay particular attention to these five parts: 1) AMA Foundation Scholarships; 2) Minority Affairs Section – Funding, Grants and Educational Programs; 3) Women Physician's Congress Scholarship Fund; 4) Loans, Scholarships and Service Commitments; and 5) Student Debt.

It really includes an abundance of useful information.

Must Your Family Be Wealthy?

There was a time when going to medical school meant your family had to have a lot of money. That is why many sons of medical doctors went to medical schools. I specifically said sons because even 50 years ago very few women were accepted. That has changed and changed dramatically.

One need not be wealthy to be accepted and succeed in medical colleges. Secondly, few restrictions exist based on gender. In fact, over 50 percent of medical school students are female.

Health Professions Scholarship Program

Many medical schools have full scholarship programs. Let me introduce you to a government program: the Health Professions Scholarship Program (HPSP).

It offers prospective military physicians, dentists, nurse practitioners, optometrists, psychologists, physician assistants, pharmacists and veterinarians a paid medical education in exchange for service as a commissioned medical officer.

Created in 1972, these opportunities are available in the United States Army, Navy or Air Force.

The HPSP has become the primary source of trained health care professionals entering the U.S. Armed Forces. Subject to

eligibility for a commission (such as U.S. citizenship, physical and academic qualifications, etc.), scholarship “selectees” are commissioned as second lieutenants in the Army Reserve or the Air Force Reserve, or as ensigns in the Navy Reserve. The selectees are placed on inactive reserve status during their medical training.

Prospective students compete for scholarships that cover some or all of their medical school years. The Air Force offers three- and four-year scholarships, and the Army offers one- to four-year scholarships.

While on scholarship, the financial expenses of tuition, fees, as well as books and equipment are paid for by the student’s sponsoring service. They also receive a monthly cash stipend.

As inactive reserve officers, students are required to serve 45 days of active duty for training each year. While on active duty, they receive the same rights, privileges and pay as any other active-duty officers. For the first two years of training, this duty can be spent attending an officer basic school (Army, Navy, Air Force) or executing “school orders” (participating in clinical training) at the student’s university. For the third and fourth years, the student will often carry out elective clinical rotations at a military hospital.

Upon graduation, students are promoted to the rank of captain in the Army and Air Force, or lieutenant in the Navy. As medical school graduates, they might be placed on active duty if matched for residency in a military or civilian hospital.

In general, Army and Air Force medical residents are allowed to complete their residencies before proceeding to their first assignments, while Navy personnel complete an internship and then serve as a general medical officer.

Students must apply to military residencies and accept these positions when offered. Wages for military residents are higher than for civilians, but a military residency requires further service obligations, which are paid back concurrently with the obligation from medical school.

The incurred service obligation is generally one year for every service-paid year of schooling, with a minimum of two years for physicians and three years for other specialties. Additional time required for certain postgraduate programs, such as lengthy residencies, can result in longer service obligations. Fulfillment of the obligation begins only after postgraduate training is completed.

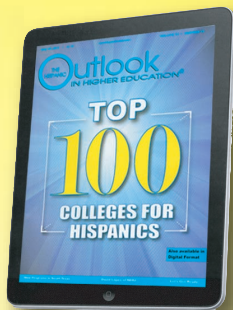
Bottom Line

We need more Hispanic medical doctors. A medical career is respected, lucrative and attainable. The lack of money should no longer limit one’s ambitions; many scholarships exist. Prejudice against women has all but disappeared.

Dr. Mellander served on two hospital boards while serving as a college president for 20 years.



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By George R. Ryskamp and Peggy Hill Ryskamp



This book, penned by George R. Ryskamp and Peggy Hill Ryskamp, is designed to assist the millions of Americans who can trace your heritage across the Rio Grande. In *Finding Your Mexican Ancestors*, they will find direct, easy-to-follow instructions that will lead you through Mexico's carefully preserved records. The book is easy to navigate, and the authors show how to find and use parish records, civil records and other useful Mexican resources.

2007. 209 pages. ISBN: 978-1593313074. \$16.95 paper. Ancestry Publishing, (800) 507-4612. www.ancestry.com.

Patients of the State: The Politics of Waiting in Argentina

By Javier Auyero



Patients of the State is based on research conducted in the waiting area of the main welfare office in Buenos Aires, in the line leading into the Argentine registration office where legal aliens apply for identification cards, and among people who live in a polluted shantytown on the capital's outskirts while waiting to be allocated better housing. Javier Auyero considers not only how the poor experience these lengthy waits but also how making poor people wait works as a strategy of state control.

2012. 216 pages. ISBN-13: 978-0822352334. \$22.95 paper. Duke University Press Books, (919) 688-5134. www.dukeupress.edu.

The Tyranny of Opinion: Honor in the Construction of the Mexican Public Sphere

By Pablo Piccato



In the mid- to late 19th century, as Mexico emerged out of decades of civil war and foreign invasion, a modern notion of honor – of one's reputation and self-worth – became the keystone in the construction of public culture. Mexicans gave great symbolic, social and material value to honor. Tracing how the idea of honor changed in 19th-century Mexico, Pablo Piccato examines legislation, journalism, parliamentary debates, criminal defamation cases, personal stories, urban protests and the rise and decline of dueling in the 1890s.

2010. 400 pgs. ISBN: 978-0822346456. \$26.95 paper. Duke University Press Books, (919) 688-5134. www.dukeupress.edu.

...And the Clients Went Wild!: How Savvy Professionals Win All the Business They Want

by Maribeth Kuzmeski

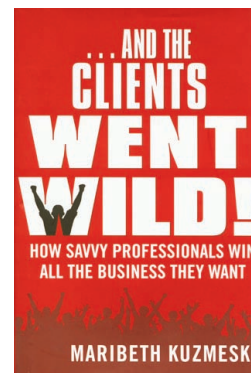
2010. 288 pgs. ISBN: 978-0470601761. \$24.95 cloth. John Wiley & Sons, www.wiley.com.

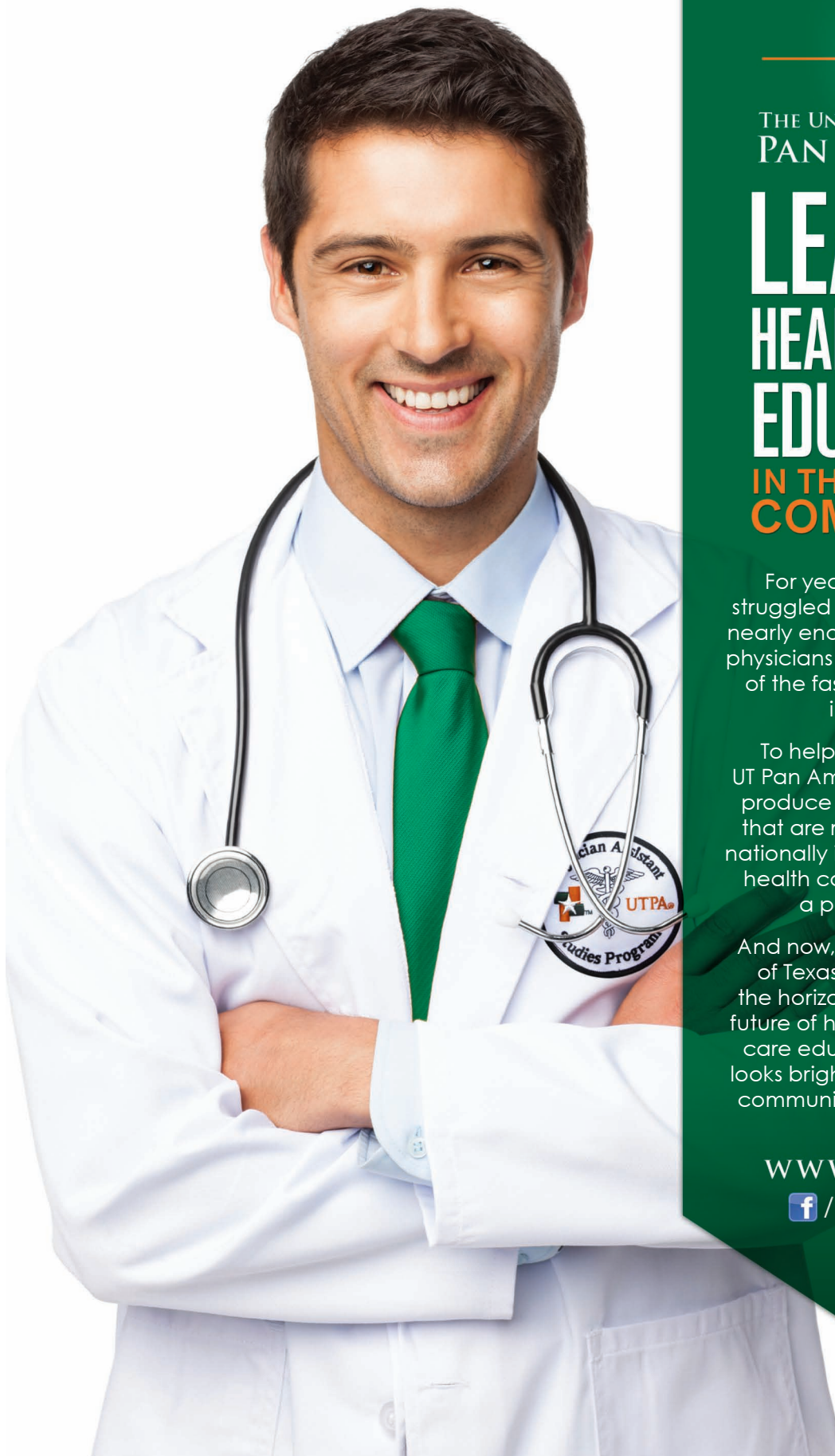
There is a tendency to believe that with so much emphasis on social media these days, traditional marketing is outmoded and old-fashioned. But that is not the view of Maribeth Kuzmeski, the author of *...And the Clients Went Wild!* Kuzmeski and her firm, Red Zone Marketing, consult and speak for businesses from financial services firms to Fortune 500 corporations on strategic marketing planning and business growth. But when is it appropriate and productive to rely on social media and when should marketers go old school? This book finds a way to thread the needle and choose wisely when it comes to launching a marketing campaign. There's no reason, the author posits, you can't have the best of all worlds in advancing a marketing goal. As the author puts it, "whether by means of Facebook, Twitter, streaming video, or by old-fashioned word of mouth, public relations, or personal sales skill, the goal is to win, right?" And this is what the author proposes – a guide to what it takes to be a winner.

The book is complete with real-life examples of successful campaigns of contemporary businesses. These examples show how mixing and matching both traditional and new marketing methods can be effective. Kuzmeski details the concepts that she has found to be successful in her work for numerous major clients. As she explains, "When you think of a great business, you often think of its clients. They're not just happy customers; they're raving fans who'll take time out of their day to tell you or anyone within range just how much they love that business. They'll line up before dawn for its latest product offering, create buzz, and treat the brand as a personal status symbol."

Social media does provide a wonderful opportunity for word of mouth – a valuable tool in marketing any product or service. But sometimes "boots on the ground" word of mouth by way of in-person surveys and sampling are tried-and-true time-honored marketing methods. But as the author points out, using one method of marketing to the exclusion of another is shortsighted. The author promises that this book focuses on the practical – what's worked for a wide range of businesses – and employing an eclectic mix of methods, platforms and technologies. She also provides a guide to the five key principles for cultivating passionate and vocal clients. And while some business people might think that vocal and passionate clients are troublesome and high-maintenance, the truth is that client word of mouth is just as valuable as customer word of mouth to successful marketers. And when clients feel they are being heard by marketers, that's half the battle.

Reviewed by Mary Ann Cooper





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**Hispanic Outlook
Magazine 2013*



Dean, College of Pharmacy

The University of Michigan invites nominations and applications for the position of Dean of the College of Pharmacy.

Established in 1876, the College of Pharmacy is a research-intensive unit committed to excellence in professional and graduate education within one of the nation's premier public research universities. A member of the American Association of Colleges of Pharmacy since its founding, the College was reaccredited for seven years in 2011. It offers a professional curriculum leading to the Pharm.D. degree and to Ph.D. degrees in Medicinal Chemistry, Pharmaceutical Sciences, and Social and Administrative Sciences, and maintains an enrollment of approximately 340 Pharm.D. students and 85 graduate students. Today, the College has a diverse group of nearly 100 faculty and staff. Many have been recognized on campus, nationally and internationally for their service and contributions to pharmacy research and education.

The Dean is responsible for providing academic, administrative, and fiscal leadership, and reports directly to the Provost and Executive Vice President for Academic Affairs. The Dean represents the College in promoting collaborations with other units, including the other health science schools, on the university's highly interdisciplinary campus. The Dean is expected to be a passionate advocate for the College in its relations with internal and external constituencies and have a proven record of fundraising success. Candidates for this position will have a Pharm.D. and/or Ph.D. or equivalent experience in a discipline related to the overall mission of the College, a distinguished scholarly record in research and education appropriate for a tenured appointment in the university at the rank of professor, demonstrated leadership and administrative abilities, an understanding of current issues in pharmacy and health care, and a fundamental commitment to diversity.

Nominations and applications will be reviewed beginning June 2013. Individuals from underrepresented groups are encouraged to apply. Inquiries, nominations, and applications consisting of a letter of interest, *curriculum vitae*, and the names and contact information of three references, should be submitted in electronic form to:

Mary Elizabeth Taylor
Witt/Kieffer
New York, NY
UMichPharmacy@wittkieffer.com

Email inquiries may be addressed to Professor Ellingrod, Chair of the Search Advisory Committee, at pharmdeansearch.chair@umich.edu.

For more information about the College of Pharmacy, see <http://pharmacy.umich.edu/pharmacy/home>

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BOARD of GOVERNORS State University System of Florida

Florida Seeks STEM/Health Experts

The State University System of Florida is a national leader in the delivery of STEM degree programs, and its strategic plan calls for doubling the number of STEM graduates by 2025. The Chancellor is seeking two senior leaders to guide the creation of the system's first-ever STEM and health strategic plan.

Special Advisor for STEM and Health Initiatives

(One-year contract appointment; location negotiable)

The Special Advisor will collaborate with academic leadership at the system's 12 member institutions to oversee the development of a strategic plan for STEM and health programs. The plan will contemplate issues such as program development, enrollment projections, accrediting issues, communications initiatives, and system-wide and institutional goals that help ensure a positive return-on-investment for the State of Florida. The ideal candidate would be a seasoned leader (former provost, dean, etc.) from an institution with health and STEM programs and will have an earned doctorate and proven track record of experience in leading complex and highly coordinated strategic planning efforts. The Chancellor is looking for an individual who can easily move between "thinking and doing" - balancing an ability to offer advice while contributing to critical deliverables. The ideal candidate will be a master of collaboration and possess exceptional communication and interpersonal skills. The chosen candidate will be invited to negotiate regarding terms of employment such as length of contract (12 months maximum), working hours, base of location, compensation, etc.

Director of STEM and Health Initiatives

(Permanent full-time position in Tallahassee, Fla.)

The Director will work closely with the Special Advisor for STEM and Health Initiatives (see description above) in the development of a strategic plan for STEM and health programs. The ideal candidate will have an earned doctorate and a proven track record of experience in strategic planning efforts, preferably in an academic setting. As a primary writer and editor of the plan, the ideal candidate will possess exceptional organizational and communication skills. The Chancellor welcomes applications from a diverse range of individuals with backgrounds in any STEM or health field.

**Email a cover letter and CV to vacancies@flbog.edu
or fax to 850.245.9981.**

Candidates are subject to pre-employment background screening.

The State University System of Florida serves more than 330,000 students in 12 institutions ranging from a nationally-ranked liberal arts college to top-ranked comprehensive research universities. The Board of Governors is the constitutionally created body that oversees the system and appoints a Chancellor who serves as the chief executive officer.

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COLORADO COLLEGE

OPEN TENURE-TRACK POSITIONS

Colorado College, a highly selective liberal arts college with an enrollment of approximately 1900 students, seeks to fill five tenure-track positions for Fall 2014 in:

Economics and Business (Business)
German
Political Science (American Politics/Government)
Sociology (Micro-sociologist)
Inorganic Chemistry

Information about Colorado College is available at <http://www.ColoradoCollege.edu>. Interested applicants should refer to the full job descriptions for each position found at <http://www.coloradocollege.edu/offices/dean/faculty-employment-opportunities/>, as they become available. Check the website for job closing date. Ph.D. must be complete or very nearly complete before starting date.

Colorado College is distinctive for its modular "Block Plan" calendar. The academic year is divided into eight 3½ week blocks. During each block, students take and faculty teach one course at a time, with a maximum enrollment of 25 students per class. Faculty teach six blocks per year. The college's unique academic calendar supports experiential learning opportunities such as field trips and service learning and lends itself to other innovative teaching and learning strategies.

The Colorado College welcomes members of all groups and reaffirms its commitment not to discriminate on the basis of race, color, age, religion, sex, sexual orientation, gender identity, gender expression, national origin, or disability in its educational programs, activities, and employment practices. The College is committed to increasing the diversity of the college community. Candidates who can contribute to that goal are particularly encouraged to apply.

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Oakton serves the near northern suburbs of Chicago with campuses in Des Plaines and Skokie.

Individuals with a commitment to working in a culturally competent environment and who reflect the increasing diversity of Oakton's student body and community are sought for the following opening:

• Director of Research and Planning

The anticipated start date is September 1, 2013.
Full consideration deadline is July 12, 2013.

To learn more about these positions and complete an applicant questionnaire, visit our Web site at:

www.oakton.edu
Click on "employment"



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HARVARD UNIVERSITY

The Department of the History of Science at Harvard University is conducting a search for a tenured professor in the history of medicine and its allied fields. We are particularly interested in candidates who work in global contexts and will complement and extend the department's existing strengths. Candidates should have an exceptional record of research and proven excellence in undergraduate and graduate teaching and mentoring.

Applicants should submit a cover letter, curriculum vitae, teaching statement, and research statement by July 1st, 2013. Materials should be uploaded to the Harvard academic positions site at <http://academicpositions.harvard.edu/postings/4770>. The committee will request additional materials as needed from candidates over the summer.

Harvard is an Affirmative Action/Equal Opportunity Employer, and we actively encourage applications from women and members of minority groups.

CHICAGO BOOTH



The University of Chicago Booth School of Business is seeking to appoint outstanding scholars to tenure-track positions in Marketing beginning in the 2014-15 academic year. We are seeking the best possible candidates without regard to subfield of specialization. Applications are invited from individuals who have earned a PhD (or equivalent) or expect to receive a doctorate in the near future.

Members of our faculty are expected to conduct original research of exceptionally high quality, to teach effectively, and to participate in and contribute to the academic environment. Junior candidates will be judged on potential, and we will rely heavily on the advice of established scholars.

Each candidate should submit a curriculum vitae, a sample of written work, and at least two letters of reference from scholars qualified and willing to evaluate the candidate's ability, training, and potential for research and teaching. Applications will be accepted online at:
<http://www.chicagobooth.edu/faculty/openings>

We will begin formally reviewing applications on July 1, 2013 and strongly encourage you to complete your application by then. We will continue to accept applications until February 28, 2014.

The University of Chicago is an Affirmative Action/Equal Opportunity Employer.



HARVARD BUSINESS SCHOOL

Marketing Faculty Position

The Marketing Unit at Harvard Business School invites applications for a faculty position to start in July 2014. Marketing encompasses understanding consumer behavior, international marketing, business-to-business marketing, product management, new product development and marketing organization and systems. Applicants should have outstanding records in Ph.D. or DBA programs, strong potential and interest to do research at the forefront of their fields, and great enthusiasm for teaching. Position entails teaching in graduate and executive education programs and creative development of appropriate teaching materials.

Candidates should submit CV, copies of publications and working papers, and letters of recommendation at:
www.hbs.edu/research/faculty-recruiting/.
Closing date for applications is July 1, 2013. If there are materials that can only be sent in hard copy, you can send them to: Harvard Business School, Faculty Administration, Attn: Marketing Application, Morgan Hall T25, Soldiers Field Road, Boston, MA 02163.

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Kornberg School of Dentistry TEMPLE UNIVERSITY®

Temple University Kornberg School of Dentistry is seeking a Clinical Director for the Kuwaiti Ministry of Health Educational Program

As part of an agreement with the Kuwaiti Ministry of Health, Temple University Maurice H. Kornberg School of Dentistry is seeking to recruit an assistant/associate professor and director who will supervise the clinical education of dentists in a two-year Advanced Education in General Dentistry program. The candidate must be able to practice dentistry in an AEGD or faculty practice. The candidate must have a DDS/DMD degree from an accredited US Dental School and a minimum of two years post-graduate training in Advanced Education in General Dentistry and/or General Practice Residency, or the equivalent. Candidates with additional education in public health (MPH or DrPH/PhD) and expertise in management of community clinics will be preferred. Applicants should have at least two years of experience working in an academic, hospital, community health center or government institution with an in-depth understanding of clinical operations and management, as well as clinical practice experience. Candidates should possess exceptional interpersonal and leadership skills, and experience in teaching and working with international dentists. Candidates should be comfortable providing multidisciplinary oral health care for a wide variety of patients including patients with special needs and medically compromised patients; and advanced restorative, surgical, prosthodontics, periodontics, and surgical care. Candidates must be eligible for Pennsylvania licensure.

Salary and rank will be commensurate with experience and qualifications. Temple University is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply. For confidential consideration, interested individuals should send a cover letter, curriculum vitae, and three references to **Dr. Lisa Deem, Associate Dean for Admissions, Diversity, and Student Services, Temple University Kornberg School of Dentistry, 3223 North Broad Street, Philadelphia, PA 19140.**



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The position requires a minimum of a bachelor's degree and two years of progressive development experience.

For more details and application visit: <http://depauwjobs.iapplicants.com>

DePauw University is an equal opportunity employer. Women and members of under-represented groups are encouraged to apply.

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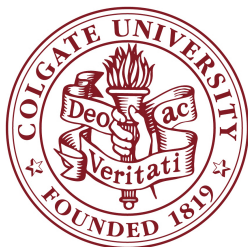
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Vice President for Finance and Administration and Treasurer

Colgate University invites applications and nominations for the position of Vice President for Finance and Administration and Treasurer.

Colgate University is a highly selective residential liberal arts institution distinguished by academic excellence and interdisciplinary inquiry. Colgate takes pride in the active engagement of its students and faculty in local, national and global communities. Located in the Village of Hamilton in upstate New York, the Colgate campus is considered one of the nation's most beautiful campuses. Colgate also prioritizes prudent investment in its facilities through recent renovations and new construction projects and anticipates several new capital projects in the near and long term.

With an enrollment of approximately 2,850 undergraduates, Colgate offers 53 possible majors to its students. Colgate faculty members are committed to excellence in teaching and scholarship as well as personalized attention to students, and the University maintains a 9:1 student-faculty ratio. Colgate's operating budget is \$160 million, and the market value of the Colgate endowment is approximately \$740 million.

Reporting to the President and serving as a key member of the senior administration, the Vice President for Finance and Administration and Treasurer is the principal business officer of the University and provides tactical and strategic financial leadership to the Colgate community. Preferred qualifications for the next Vice President include a minimum of seven to ten years of progressively responsible executive experience in finance and administration, well-rounded financial skills with solid experience in budgeting, strategic planning and financial reporting, successful experience with the oversight and management of capital projects, and knowledge of capital markets. Higher education experience is preferred but not required. A bachelor's degree is required with a preference for an MBA or other advanced degree.

Initial screening of applicants will begin immediately and continue until the position is filled. For full consideration, please provide applications or nominations on or before July 15, 2013. Colgate University will be assisted by Ellen Brown Landers and Lorraine Hack of Heidrick & Struggles, Inc. Nominations and applications should be directed to:

Colgate University Vice President for Finance and Administration and Treasurer Search Committee
c/o Heidrick & Struggles, Inc.
303 Peachtree Street NE
Suite 4300
Atlanta, GA 30308
Telephone: 404 682 7313
Email: colgate@heidrick.com

Colgate, an Affirmative Action and Equal Opportunity Employer, is committed to developing and sustaining a diverse faculty, student body, and staff to further the University's academic mission. Minorities are encouraged to apply.



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Kornberg School of Dentistry TEMPLE UNIVERSITY®

Temple University Kornberg School of Dentistry is seeking applicants for a full-time Assistant/Associate Professor position to serve as the Director of the Division of Operative Dentistry, Department of Restorative Dentistry to begin July 1, 2013. The candidate should have experience and demonstrated leadership skills in teaching and providing patient care using current evidence-based methods in caries management. The responsibilities for this position will include designing and implementing a new curriculum in cariology and restorative dentistry, clinical supervision of students as general dentists, development of contemporary didactic curriculum materials, lecturing, preclinical instruction, and research in the field of operative dentistry. Applicants should be familiar with current pedagogical teaching methods including evidence-based oral health care. Qualified candidates must have a valid Pennsylvania dental license or the necessary credentials to obtain an institutional teaching license and must have an MSc in Operative Dentistry from a US program.

Send resume to **Dr. Lisa Deem, Chair Search Committee, Office of the Dean, Temple University Kornberg School of Dentistry, 3223 North Broad Street, Philadelphia PA, 19140.**

Temple University is an equal opportunity/affirmative action employer, female and minority applicants are encouraged to apply.

Priming the Pump...

THE SEARCH FOR SCHOLARLY INFORMATION

Miquela Rivera, Ph.D., is a licensed psychologist with years of clinical, early childhood and consultative experience. She lives in Albuquerque, N.M.

“Research is formalized curiosity. It is poking and prying with a purpose.” – Zora Neale Hurston, American author and anthropologist

It is 11:30 p.m., and the movie just ended. Carlos, suddenly remembering that a history term paper is due in the morning, logs onto his computer to start the assignment that was made 10 weeks earlier. Click, click ... click, click, click. Copy and paste. Click, click, click, click. Increase the font size. Add a graphic. Click. Click. Print. Done.

Done? Sorry, Charlie. You have barely started.

Like deer in the headlights, Latino students are often intimidated, overwhelmed or immobilized by the thought of conducting research. Unaware of the treasure trove in a library, clueless of where to start and often starting late, they turn to the Internet, assuming that anything they need can be found there. It can't. It usually takes more.

They need to look in the library. But they must be taught how to use it.

Teaching Latino students the information cycle – how coverage of a topic progresses – is one of the first steps in helping them learn to conduct research. Knowing what to seek and where to seek it is critical to getting the process started. Television, radio and the Internet are sources of information about events that have occurred that day. Newspapers carry what happened yesterday or in the past few days. Events or information shared in the last few weeks will be in popular magazines while academic journals might carry research completed in the last several months. Books – often the first place students will look in a library – actually contain information that is older than a year. Government documents in the oh-so-boring section of the library (unless you are rather anal, and then it is your favorite place) also contain staggering amounts of data on an enormous range of topics, including some that few would even think to ask. Finally, reference books hold the information gleaned since years ago, still classic in its foundation of knowledge yet updated for current use. Because the Internet does not yet carry all of these sources, Latino youth cannot fully appreciate the search for

scholarly information until they hit the library.

Parents or other adults can introduce young Latinos to the treasures of a library simply by taking them there. Just as families have a regular pizza night, they can have designated time at the library. Parents of young children should always check and guide what a child is reading, but allow the child to select one or two items for themselves, assuring that the reading level and content are appropriate. From references on dinosaurs to stories from the deep sea, children who are encouraged to explore the library at a young age find comfort, challenge and excitement there for the rest of their lives. And children who struggle with reading will be gently exposed to more print material and find it less aversive with time, especially if they participate in some of the activities aimed at increasing reading power.

Latino students in middle and high school can begin to look at scholarly sources for information, including references, journals and databases. While this will help them narrow down their search for information, instructors must teach them how to ask the critical questions about what has been read in order to judge its appropriateness. It also allows them to find other sources in the bibliography, either broadening or narrowing their search. Unlike information often found through Google or other search engines online that have no authoritative source, scholarly journals, books and reference sources allow the student to know who exactly who authored the work.

Hispanic students of any age can find a librarian or media specialist to be a savvy friend who knows the latest thing that might be of interest. A dedicated librarian gets to know the patrons, knows the collections and keeps abreast of trends and changes. A good librarian can be a young Latino's personal intellectual shopper, guiding them to materials of interest.

The search for information is not just a click away. It is also down the block or across the campus. And a library card can get any Hispanic student farther than a gift card will.

