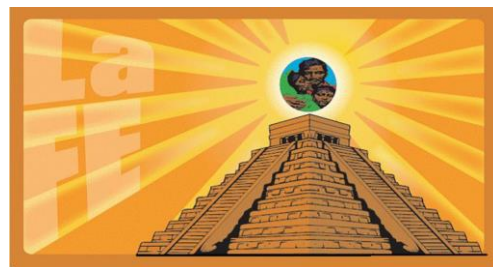




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## **A Critical Review of the Latino Health Workforce and Health Professions Education and Training Representation**

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### **I. Introduction**

This brief examines the representation of Latinos in the healthcare workforce and health professions education and training as they relate to improving the health of the Latino community.

First, I profile the status of Texas' health workforce, its distribution, and whether it meets the state's needs. The focus is on medicine, dentistry, pharmacy, nursing, and the mental health professions of psychiatry, psychology, professional counseling, and clinical social work. Generally, the growth of the workforce has not kept pace with the state's population growth, which has reached over 30 million. People of color accounted for 95% of the increase between 2010 and 2021.

Secondly, I profile the representation of Latinos in the targeted professions - the workforce and their education and training. As the largest racial and ethnic population (40.2%), strategies and interventions are critically needed for Latinos to achieve 'parity' representation across most of these health professions.

The availability and accessibility of healthcare providers are central to a healthcare system's performance, particularly access and quality. Nationally, the U.S. health system is far behind numerous other industrialized countries in affordability, efficiency, equity, and healthcare quality.<sup>1</sup> Health disparities and inequities continue as a stain in the U.S. Health Care System, particularly among people of color. Unlike most other industrialized countries, the United States has yet to recognize health care as a 'human right.'<sup>2</sup>

The lack of sufficient people of color across many health professions significantly contributes to the failures in solving the many health disparities and inequities that still prevail.<sup>3</sup> Healthcare practitioners who share racial and ethnic identities are essential in increasing cultural competency and have been shown to lead to improved health outcomes.<sup>4</sup>

The state ranks 48<sup>th</sup> regarding overall health system performance and last on access and affordability.<sup>5</sup> Its overall clinical care rank is 50<sup>th</sup>, impacted by the equally low 50<sup>th</sup> rankings in access to care, the uninsured, and annual preventative services.<sup>6</sup>

Texas' sustained national status as having the highest percentage (18%) of uninsured residents (5.2 million) is a critical factor for its poor healthcare performance scorecard. Latinos represent nearly 60% of the state's uninsured population, or over 3 million. The adverse health and economic effect of the uninsured is extensively documented.

Specifically, Texas adults and children have less access to medical, dental, and mental health services attributable to a lack of health insurance, health profession shortages, and many health-underserved designated areas.<sup>7</sup> Finally, the state ranks in the top 10 in healthcare practitioner shortages.<sup>8</sup> In particular, the need for mental health professionals is getting significantly worse.<sup>9</sup>

This dismal healthcare landscape foretold its poor response to the COVID-19 pandemic and the unequal impact on Latino and Black families.<sup>10</sup> The state ranks 46<sup>th</sup> in overall racial and ethnic equity<sup>11</sup> and 38<sup>th</sup> and 48<sup>th</sup> in having the most “profound” inequities in health care across the United States for Blacks and Latinos, respectively.<sup>12</sup> Overall, health equity for Latinos ranks 40<sup>th</sup> (of 42 states), and health care access, quality, and outcomes metrics rank 46<sup>th</sup>, 37<sup>th</sup>, and 33<sup>rd</sup>.<sup>13</sup>

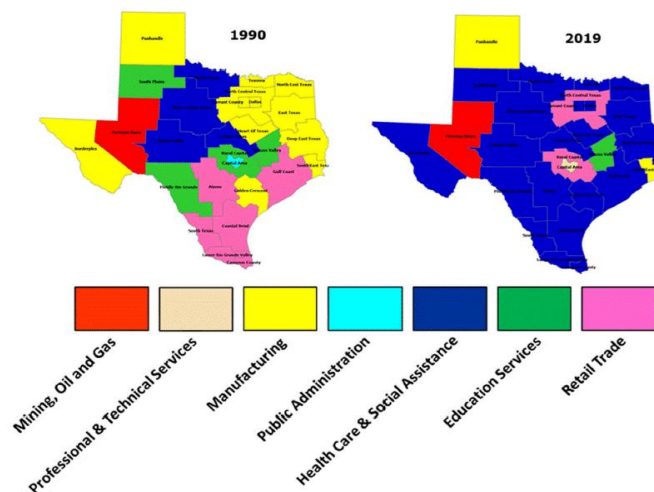
Texas’ healthcare system and workforce environment demonstrate the need and challenges to increase the number of Latino health practitioners. Unless otherwise noted, the following supporting data is from the Texas Health Professions Resource Center.

## II. Healthcare Workforce Demand and Distribution

**Overview:** According to the Texas Workforce Commission, the Health Care and Social Assistance industry is the most dominant industry for employment in the United States and Texas. Demand for healthcare workers is projected to increase, given the growth of the state’s youth and elderly populations.

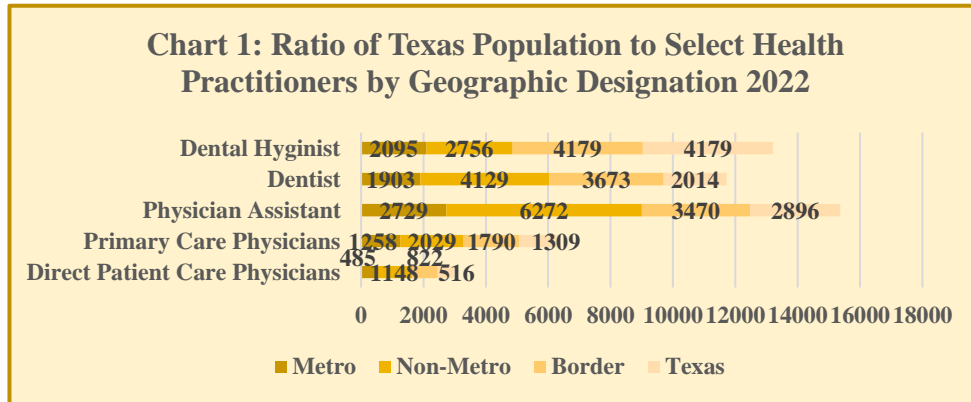
The health workforce sector faces training challenges as employers demand higher-educated workers due to growing healthcare needs, market demands, and industry expectations.<sup>14</sup> Indeed, between 1990 and 2019, it has become the largest industry in 21 of 28 Workforce Development Areas (Figure 1).<sup>15</sup>

**Figure 1**

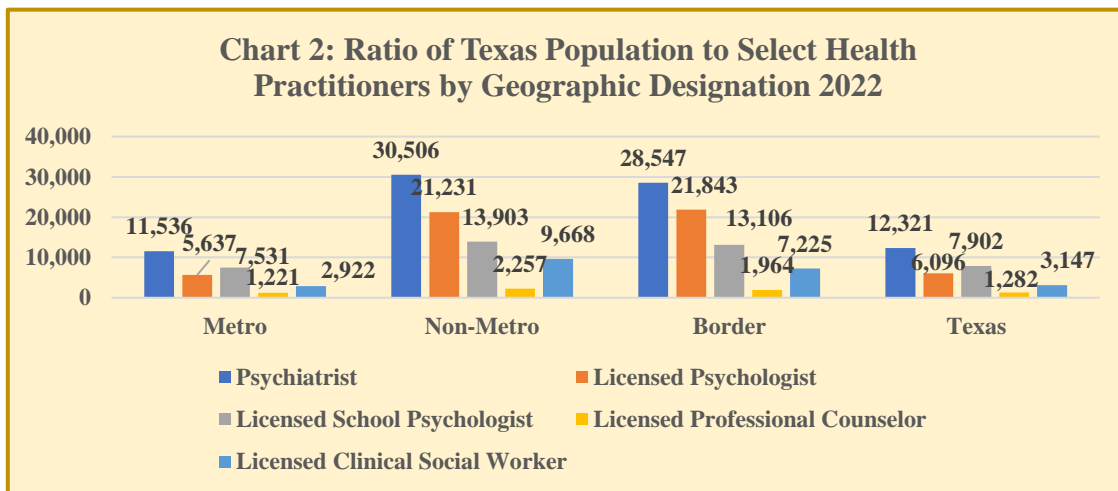


The state’s health workforce shortages are among the worst nationally in health practitioner-to-population ratios. The state ranks 39<sup>th</sup>, 49<sup>th</sup>, and 47<sup>th</sup> nationally in primary care physicians, dentists, and mental health providers to population, respectively. All are below the national average for each, e.g., 850 individuals per 1 mental health professional compared to the 380 to 1 national average. Further, in an April 2022 State Comptroller report, Texas had the 4<sup>th</sup> lowest nurse-to-population ratio among all states, with only 9.25 nurses per 1,000 residents.<sup>16</sup>

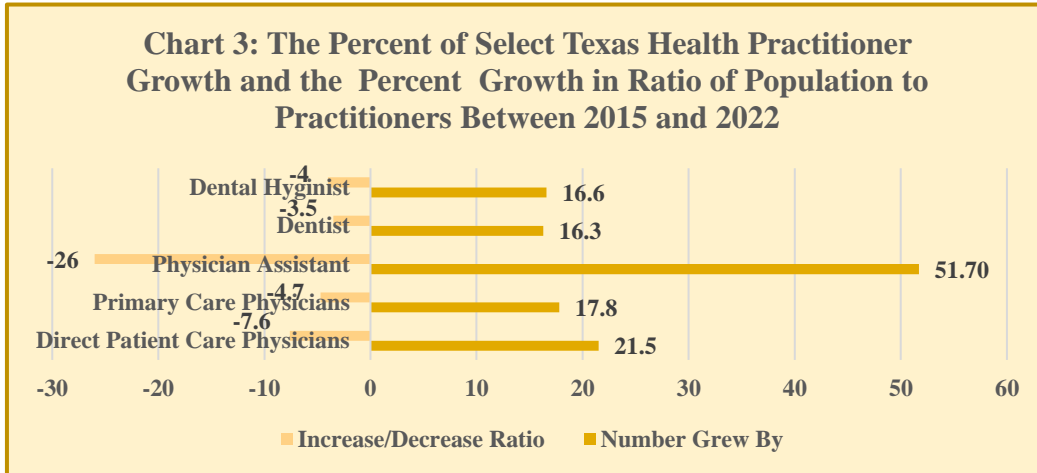
**Chart 1 – Dentist and Physician Population Distribution Ratios:** The population per dental and medical practitioner ratio is greatest in non-metro areas, except for dental hygienists. For example, there is a 1258:1 ratio for primary care physicians in urban areas compared to 2029:1 for non-metro and 1790:1 for the Border.



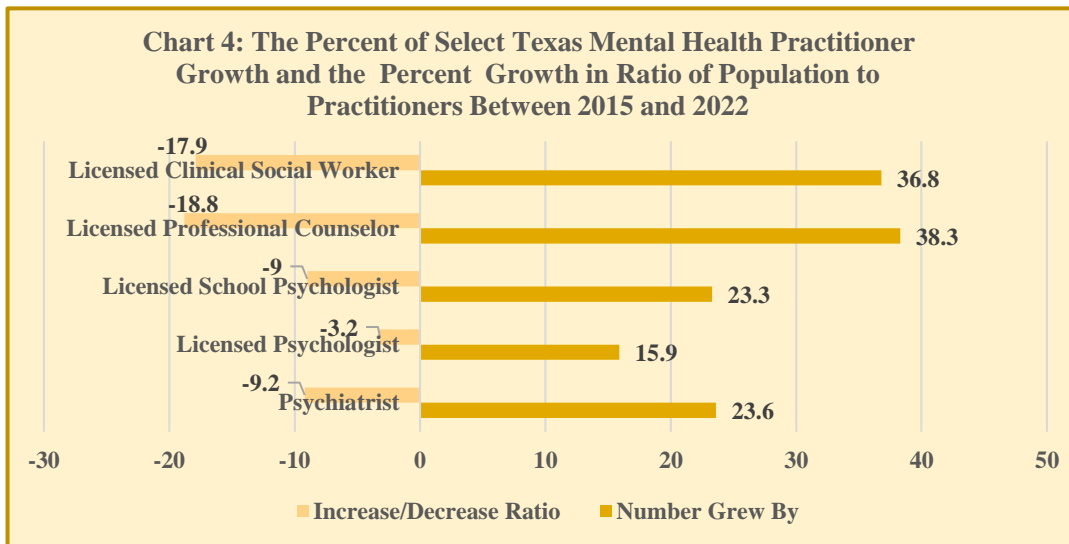
**Chart 2 – Mental Health Providers Population Distribution Ratios:** The population ratio for mental health practitioners is much greater than that for the state’s medical and dental professionals. There are stark differences between the metro, non-metro, and border areas across the five mental health practitioners. The non-metro and border areas have the most severe shortages, e.g., psychiatrists 30,506:1 in non-metro areas and 21,843:1 for licensed psychologists in the border areas compared to 11,536:1 and 5,637:1 respectively for the metro areas.



**Chart 3 – Dentist and Physician Population Ratio Trend:** Texas’ dental and medical practitioners significantly fall short of need. While all have experienced percentage growth in their numbers between 2015 and 2022, the state’s population increases resulted in a decreased ratio of practitioners to population, ranging from minus 3.5 for dentists to minus 7.6 for direct patient care physicians.



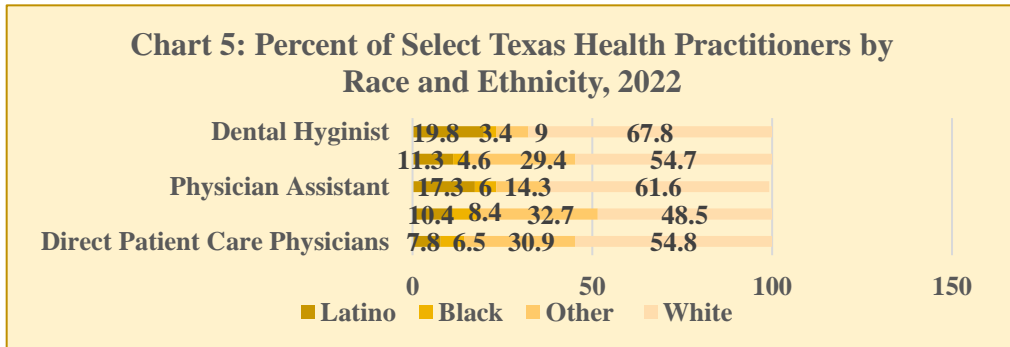
**Chart 4 – Mental Health Practitioner Population Ratio Trend:** More severely than medical and dental providers, Texas’ mental health practitioners are not meeting the need. Clinical Social Workers and Professional Counselors grew the most between 2015 and 2022. However, the state’s population increases also resulted in a decreased ratio of practitioners to the population, ranging from minus 3.2 for psychologists to minus 18.9 for professional counselors.



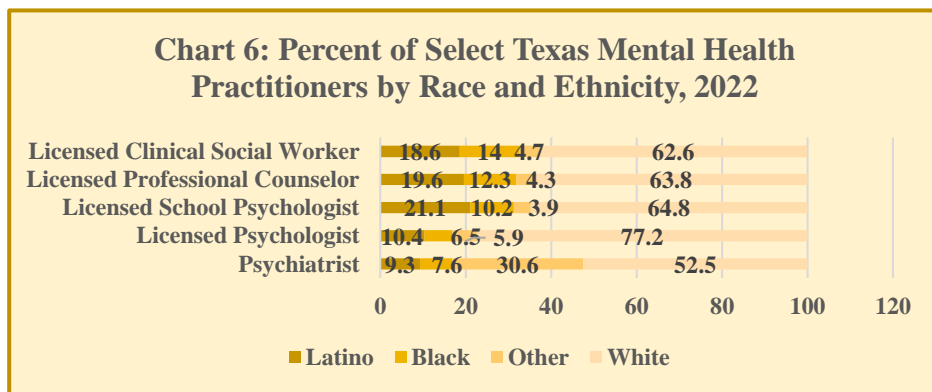
### III. Health Workforce Practice Profile

**Overview:** Latinos are significantly underrepresented in critically needed medical and mental health practice. In all the profiled professions, they are far below parity compared to their population representation of 40.2 percent. Blacks are also significantly underrepresented across most of the health workforce compared to their 13.4 percent population representation. They have achieved parity in the nursing profession. Whites far exceed their population representation of 39.8 percent across most profiled health professions. The ‘Other’ group represents 9.3 percent of the state’s population and exceeds their population representation across most profiled health professions, driven by the Asians who singularly comprise 5.7 of the state’s population.

**Chart 5 – Medical and Dental Practitioners:** The most significant gaps in Latino underrepresentation are among direct patient care, primary care<sup>a</sup> physicians, and practicing dentists. They represent only 7.8, 10.4, and 11.3 percent of these practitioners. While dental hygienists and physician assistants are represented at 19.8 and 17.3 percent, they are still well below parity.

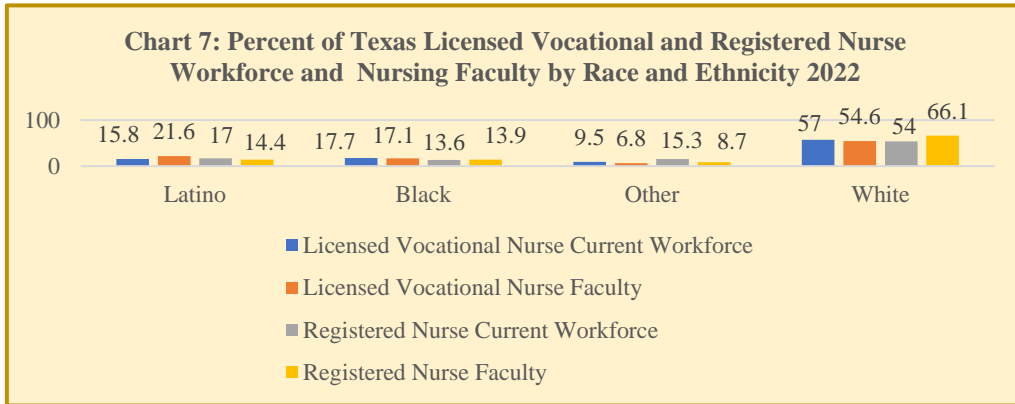


**Chart 6 - Mental Health Practitioners:** Latinos are underrepresented across all the primary mental health professions. They lag all racial and ethnic groups compared to their population representation. Their underrepresentation is worst among psychiatrists and licensed psychologists at 9.3 and 10.4 percent, respectively.

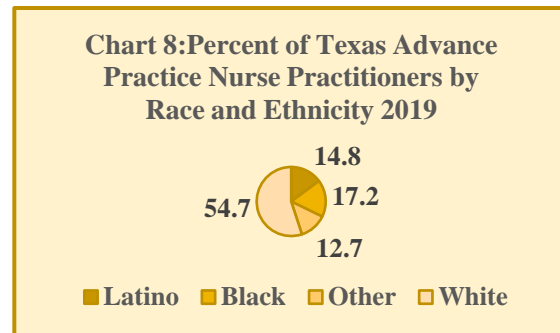


**Chart 7: Vocational and Registered Nurses and Faculty:** The underrepresentation of Latino practicing nurses is dismal for both vocational and registered nurses – 15.8 and 17 percent, respectively. They lag all racial and ethnic groups compared to their population representation. The same is reflected in vocational and registered nurse faculty representation – 21.6 and 14.4, respectively.

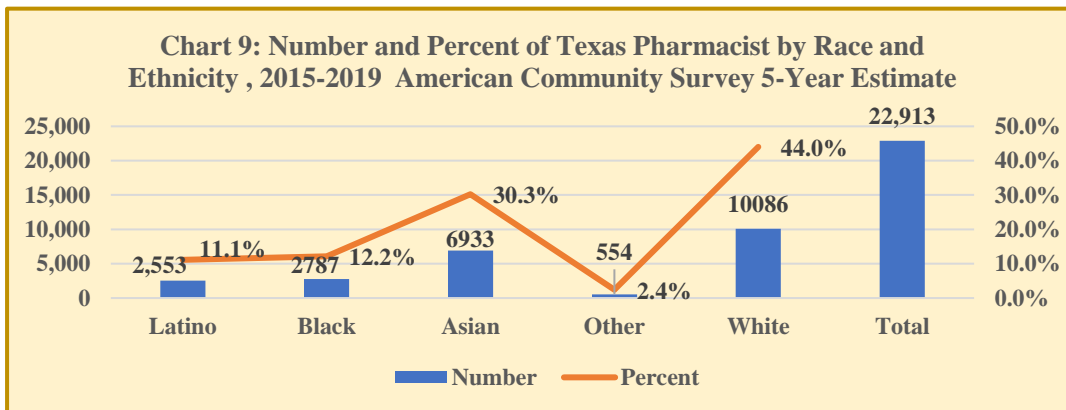
<sup>a</sup> PCP includes family medicine, general practice, internal medicine, obstetrics and gynecology, and pediatrics; and DPCPs are all practice physicians including specialists.



**Chart 8: Advanced Practice Nurse Practitioners:** Latinos are significantly underrepresented in the more specialized and independent advanced practice nurse practitioners. They represent only 14.8 of the Advance Practice Nurses in 2019. All other racial and ethnic groups are at population parity or exceed it.



**Chart 9: Pharmacist:** Latino pharmacists are significantly under-represented at 11.1 percent compared to all other racial and ethnic groups. White and Black representation is 44% and 12.2%, respectively, while Asian pharmacists are represented at 30.3%, five times their 5.3 population representation.



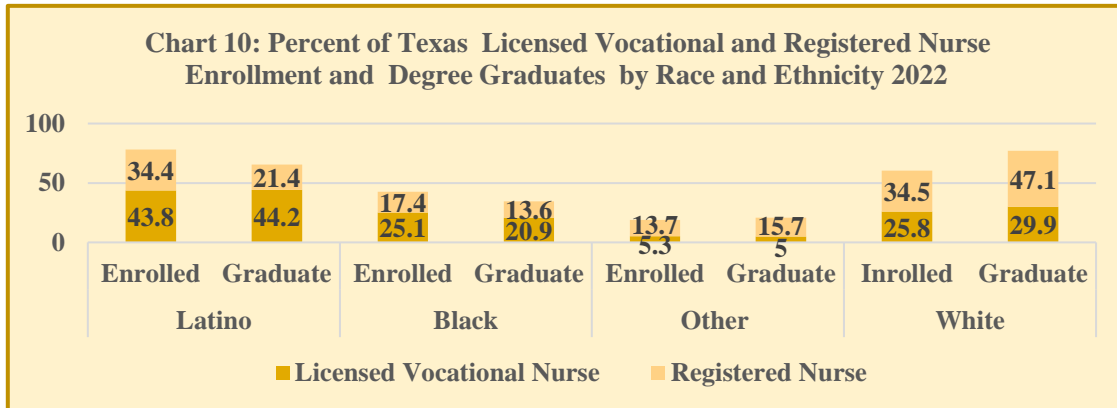
**IV. Health Professions Enrollment and Degrees Conferred<sup>b</sup>**

**Overview:** Latinos, except in vocational nursing, are underrepresented in enrollment and degrees conferred in the state’s nursing, pharmacy, medicine, and dental schools. Their underrepresentation in pharmacy, medicine, and dental schools is one-half of parity to their population representation or less.

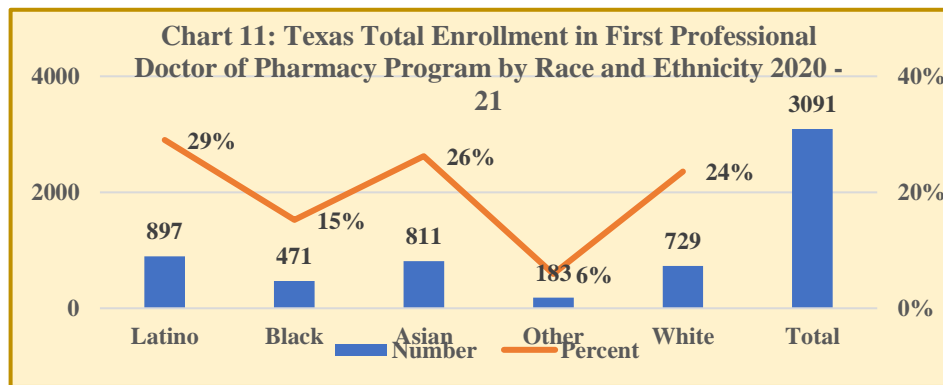
<sup>b</sup> Not all health professions education and training institutions are captured in the data, e.g., Texas’ three Osteopathic Medical Schools are not included.

Notably, Latinos also comprise 46% of the state’s population, ages 18 – 25, compared to 13% Black, 34% White, and 4% Asian. Most first-year enrolled students in these health professions are in this age group.

**Chart 10 – Licensed Vocational and Registered Nurse:** Latino enrollment and degree graduates from vocational nurse programs in 2022 are slightly above population parity at 43.8% and 44.2%, respectively. Whereas in registered nurse programs, they are below parity at 34.4% and 21.4%, respectively. Blacks exceed parity in enrollment and degree graduates, while Whites are below parity except for registered nurse graduates.

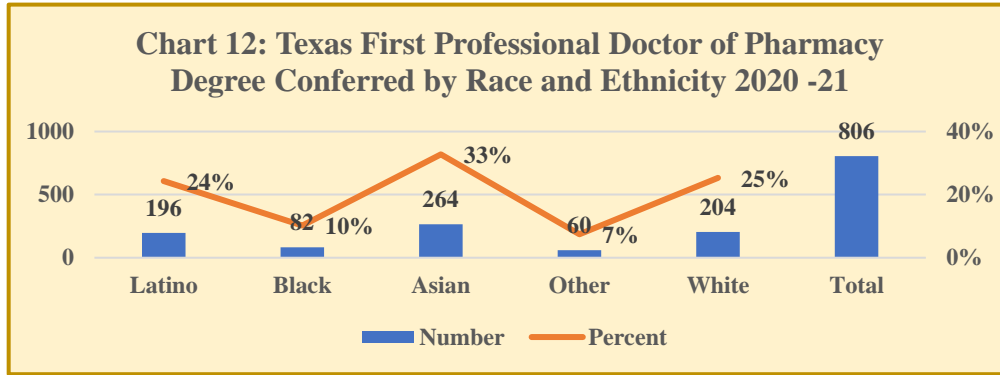


**Charts 11 and 12 – Pharmacy Enrollment and Degrees Conferred:** In 2020 – 21, Latinos comprise 29% of total enrollments in Texas Pharmacy Schools. Their enrollment exceeds all racial and ethnic groups. However, along with Whites (24%), they are below population parity compared to Blacks, Asians, and the Other groups who have achieved parity. Asians exceed parity by three times their population representation.



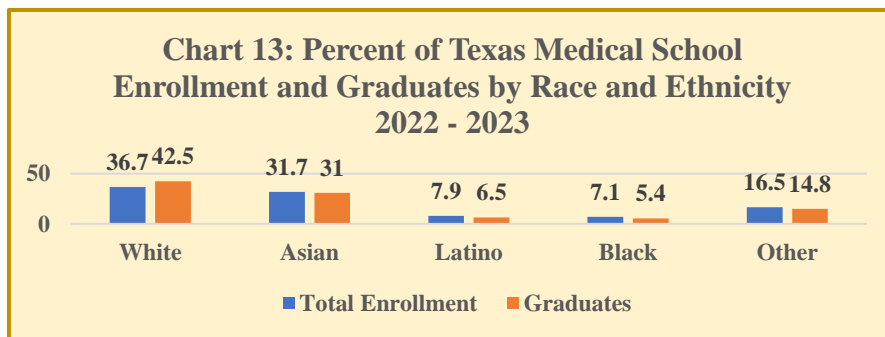
Source: American Association of College of Pharmacy

Latinos comprise 24% of all graduates from Texas Pharmacy Schools in 2020-21, well below parity. Asians represent the largest group of graduates at 33%, achieving parity four times above their population representation. Blacks and Whites are below parity at 10% and 25% respectively.



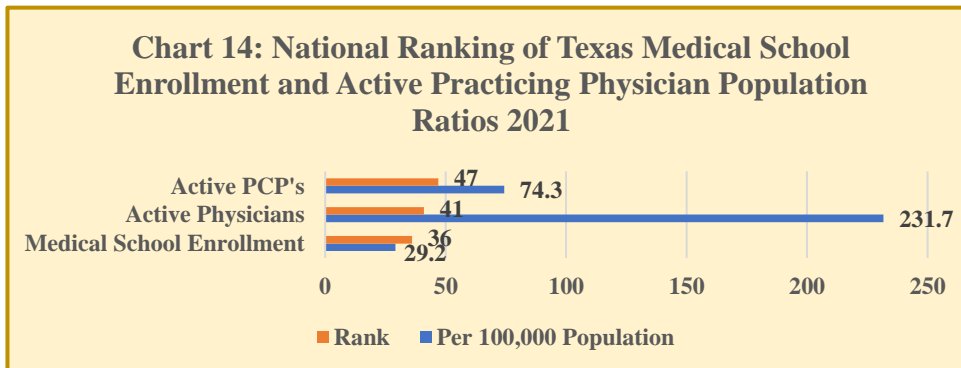
Source: American Association of College of Pharmacy

**Chart 13 – Medicine:** Latinos are the most underrepresented racial and ethnic group in Texas Medical Schools, comprising 7.9% of total enrollment and 6.5% of graduates. Black enrollment and graduates are underrepresented at 7.1% and 5.4%, respectively. White graduates are slightly above parity at 42.5% and below at 36.7%. Asians significantly exceed parity as they comprise 31.7% of total enrollment and 31% of all graduates. The Other group exceeds parity at three times their population representation of 3.4% (excludes Asians).



Source: American Association of Medical Colleges

**Chart 14 - National Rank, Medical School Enrollment and Physician–Population Ratio:** Texas Medical Schools enrollment per 100,000 population is 29.2, nationally ranking the state at 36<sup>th</sup> for this metric. It ranks much worse at 47<sup>th</sup> and 41<sup>st</sup> in the number of active primary care providers and active physicians per 100,000 population, respectively.

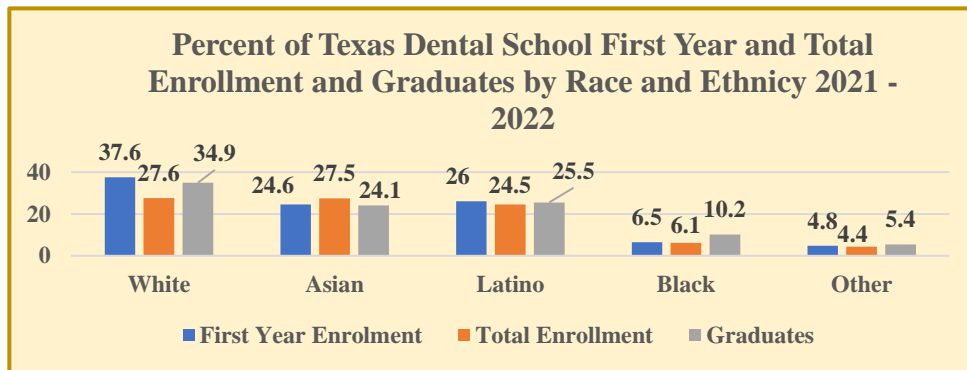


Source: American Association of Medical Colleges, State Physician Workforce Data Report, January 2022

**Chart 15 – Dental:** Latinos comprise 26% of Texas Dental School’s first-year enrollment, 27.5% of total enrollment, and 25.5% of the graduating class of 2021-22. Blacks and Whites are below parity



across first year and total enrollment and graduates. Asians have the highest representation of racial and ethnic groups and exceed three times their population representation.



Source: American Dental Education Association

## V. Conclusion

It’s striking that Texas’ purported economic dominance, as the number 1 in U.S. GDP growth,<sup>17</sup> does not appear to ensure adequate or equitable healthcare for its population. The lack of Latino and Black population parity in the healthcare workforce is a barrier to addressing healthcare disparities and inequities. The lack of parity is also partly why Texas’ healthcare system landscape ranks poorly compared to most other states.

There is compelling evidence that workforce diversity in healthcare can significantly contribute to health-based scientific inquiry, care decision-making, and access and care quality for an increasingly diverse population.<sup>18</sup> Increasing the diversity of healthcare professionals is necessary to alleviate healthcare inequities and disparities, yet recruiting qualified students from underrepresented backgrounds into health professions education and training continually remains controversial.<sup>19</sup>

Texas has made some progress in improving the representation of Latinos and other people of color in the health professions and workforce. However, how significant is the progress assessed from the perspective of increased health professions education and training institutions and population growth since 1980?

In 1984, the Chicano Health Policy Development, Inc. (later Center for Health Policy Development or CHPD) produced a 241-page report, “Mexican American Health Professions Opportunity Policy Study.” CHPD was one of 9 national grant awardees from the Hispanic Policy Development Project based in Washington, D.C., and New York. The report detailed state population demographics, health status, education and training institutions, and the education pipeline production of certificates and degrees awarded across health occupations.<sup>c</sup>

Numerically and in percentage, Latino health professions enrollment, graduates, and workforce representation have increased by 2 to 3 times since the 1980s. However, Texas has advanced from the 3<sup>rd</sup> largest state with a population of 14.2 million in 1980 to over 30 million and the 2<sup>nd</sup> largest state in the country.

Latinos comprised 21% or 2.9 million of the state’s population and have grown to become the majority population at 40.2% or 12 million. Notably, the number of educational institutions providing health

<sup>c</sup> I authored the report and was CHPD’s Executive Director.

professional training has also increased significantly since the 1980s, e.g., the number of medical schools has increased from 8 to 16. A more thorough analysis is needed to examine the progress and continuing underrepresentation.

Finally, a comprehensive assessment of policy and program efforts by public schools, higher education, and health professions training institutions to increase the Latino health workforce is certainly warranted. Latino advocacy must also underscore the urgency for initiatives to address their underrepresentation in the health workforce.

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<sup>1</sup> New International Study: U.S. Health System Ranks Last Among 11 Countries; Many Americans Struggle to Afford Care as Income Inequality Widens, <https://www.commonwealthfund.org/press-release/2021/new-international-study-us-health-system-ranks-last-among-11-countries-many>

<sup>2</sup> Health Care in the United States and the Affordable Care Act, American Bar Association, Vol. 43, No. 3, The State of Healthcare in the United States, 2018

<sup>3</sup> The National Deficit of Black and Hispanic Physicians in the US and Projected Estimates of Time to Correction, JAMA Network, June 1, 2022; Interactive: Demographics of State Doctors, Health Care Professionals – Largely underrepresented, <https://www.texastribune.org/2015/04/01/interactive-demographics-texas-health-professional/>; Missing Persons: Minorities in the Health Professions, A Report of the Sullivan Commission on Diversity in the Healthcare Workforce, 2004, <https://api.drum.lib.umd.edu/server/api/core/bitstreams/ffa2d34e-ba9f-4b01-afa2-58016e8658a8/content>; Increasing Diversity in the Health Professions: Recommendations to improve Title VII of the Public Health Service Act, National Hispanic Health Foundation and Josiah Macy, Jr. Foundation, June 22, 2009,

<sup>4</sup> Reported Importance and Access to Health Care Providers Who Understand or Share Cultural Characteristics with Their Patients Among Adults, by Race and Ethnicity. National Health Statistics Reports. 2019;130: 1-12.

<sup>5</sup> 2022 Scorecard on State Health System Performance: How did states do during the COVID-19 pandemic? <https://www.commonwealthfund.org/datacenter/texas>

<sup>6</sup> Americans Health Rankings, 2022, <https://www.americashealthrankings.org/explore/states/TX>

<sup>7</sup> County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute and Rober Wood Johnson Foundation, 2021;

<sup>8</sup> States with the Highest Healthcare Workforce Shortages, January 20, 2023, <https://www.valuepenguin.com/states-highest-healthcare-workforce-shortages#healthcare>; The U.S. Nursing Shortage: A state-by-State Breakdown, August 25, 2023, <https://nursejournal.org/articles/the-us-nursing-shortage-state-by-state-breakdown/>; and 2019 State Physician Workforce Data Report, 2019, American Association of Medical Colleges

<sup>9</sup> Texas' shortage of mental health care professionals is getting worse: The COVID-19 pandemic exacerbated an already short supply of therapists, psychologists, psychiatrists, and social workers, <https://www.texastribune.org/2023/02/21/texas-mental-health-workforce-shortage/>

<sup>10</sup> 4 <https://www.texasmonthly.com/news-politics/texas-health-care-vulnerable-coronavirus/>; and <https://www.dallasnews.com/news/2020/12/19/covids-untold-story-texas-blacks-and-latinos-are-dying-in-the-prime-of-their-lives/>

<sup>11</sup> 2022 Scorecard on State Health System Performance: How did states do during the COVID-19 pandemic? <https://www.commonwealthfund.org/publications/scorecard/2022/jun/2022-scorecard-state-health-system-performance>

<sup>12</sup> Achieving Racial and Ethnic Equity in U.S. Health Care: A Scorecard of State Performance, The Commonwealth Fund, November 2021.

<sup>13</sup> Achieving Racial and Ethnic Equity in U.S. Health Care: A Scorecard of State Performance, Commonwealth Fund, November 2021

<sup>14</sup> Report on Texas Growth Occupations, Texas Workforce Commission, December 12, 2022.

<sup>15</sup> Texas Workforce Commission's Labor Market & Career Information, Texas Workforce Report, 2019 to 2020

<sup>16</sup> Nursing in Texas: Charting the State's Nursing Profession, State Comptroller, Fiscal Notes, April 2022, <https://comptroller.texas.gov/economy/fiscal-notes/2022/apr/nursing.php>

<sup>17</sup> Texas' economic dominance continues, ranks No. 1 in U.S. in GDP growth, <https://www.texasbankers.com/Magazine/News/2022-05/22-05-Texas-economic-dominance-continues-ranks-No-1-in->

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<sup>18</sup> Diversifying the Physician Workforce – From Rhetoric to Positive Action, New England Journal of Medicine, March 9, 2023, Quinn Caper IV. M.D.

<sup>19</sup> The hypocrisy of the Supreme Court’s affirmative action decision,

<https://www.dallasnews.com/opinion/commentary/2023/07/08/the-hypocrisy-of-the-supreme-courts-affirmative-action-decision/>;

State affirmative action bans helped White, Asian students, hurt others,

<https://www.washingtonpost.com/education/2023/06/29/affirmative-action-banned-what-happens/>; and Racial and Ethnic Diversity at Medical Schools – Why Aren’t We There Yet? New England Journal of Medicine, November 1, 2021, James P. Guevara, M.D., M.P.H., Roy Wade, M.D., Ph.D., M.S.H.P., and Jaya Aysola, M.D., M.P.H.