

**Hispanic Heritage Speech  
for the**

**Health Resources and Services Administration,  
Office of Minority Health, and  
Program Support Center  
Of the  
U.S. Department of Health and Human Services**

**Elena Rios, MD, MSPH  
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Dr. Graham, Dr. Espinosa, Dr. Raggio-Pagan and honored guests –

I am president and ceo, NHMA ---mission is to empower Hispanic physician leaders to improve the health of Hispanic populations. We now are the umbrella organization to individual members and soon to have institutional members, as well as our NHMA Council of Medical Societies -all Hispanic medical societies - and have network with the national Hispanic health professional associations - nurses, dentists, mental health groups, health executives, latino caucus of apha, dieticians.

Good Morning. It is great to celebrate Hispanic Heritage Month with all of you today, especially because HRSA, OMH and PSC are so vital to the health of all Americans and celebration is a time to feel good and positive. I would like to share my story and vision for how Hispanics can become healthier through your agency efforts especially with the new Affordable Health Care Act as its new patient's rights go into effect tomorrow – the 6 month anniversary of the law.

President Obama's Administration is the first to transform this great nation's health care system to one of affordable access to services ---prevention and primary care and behavioral health and oral health ---with interdisciplinary health care delivery teams and home health and most important, public health infrastructure with a focus on diversity, health equity and leadership. The National Hispanic Medical Association looks forward to working with all of you to develop your new rules and regulations.

We know that the Hispanic population now represents 50 million or 16 percent of the population, the largest group of minorities, and will be one out of four Americans in 30 years or in one more generation. We are a young population with low SES profile – low income jobs, low education attainment, living in poverty or blue collar households and neighborhoods with few health services or healthy lifestyle services. So we have lots of need ---and we are here to celebrate how YOU FULFILL THAT NEED For so many Hispanics.

Let me tell you my story -----

I am from Pico Rivera, LA County, Southern California, eldest of five. My generation is the first to have affirmative action & financial aid and goals for diversity in Stanford University where I

went to college in 1973 -77 and in medical education and the first to have health access for elderly and poor, many programs started that became HRSA.

My grandparents were undocumented from Mexico who journeyed to work in Los Angeles during the Mexican Revolution. Immigrant values and strong traditions of the Mexican culture – our diet, music, and focus on family were instilled in my parents and uncles and aunts ---with a close knit extended family.

I graduated catholic grammar school at the head of the class – won academic awards, drama contests, spelling bees, essay contests, and the regional math contest with a 4 year scholarship to an all girls catholic high school. I worked in high school starting when I was 14 during the summer and then at a local community hospital ---where my mother was working her way up after having 5 children and staying at home to raise us ---she worked in the nursing office while attending the local community college (Rio Hondo) to become a nurse. Then I graduated and was runner up Miss Pico Rivera in 1973 and started at Stanford University.

My maternal grandmother was active in church, and my mother became active in local politics –executive secretary to the LA Chief of Police in the 50s and hosting voting at our home every year, even after we moved to the Republican neighborhood in East Whittier in late 70s --my mother became part of the Democratic Central committee, eventually attending the Democratic national convention – as I finished Stanford University --helping the local elected officials like Gloria Molina, Hilda Solis, Ed Roybal and his daughter , Lucille. I was in college and medical school becoming friends with Dolores Huerta’s oldest son, and a future Congressman, Xavier Becerra and future producers and law school deans, and even a roommate who would be deputy chief counsel to a president and future doctors and lawyers – all wanting to find our path to help our communities.

At Stanford, I studied hard and networked with the minority students learning how much we had in common - we all wanted to change the world. I was a Stanford in DC Govt intern in 1976 to learn about changes made in DC. So I went to UCLA Public Health School – health planning and policy analysis. Due to the health system agencies closure by President Reagan, I then completed my premed studies and went to UCLA Medical School and started the Chicano/Latino Medical Student Association of California with a grant from the state; and then I brought together the Boricua and the Midwestern and the Texan Latino medical student leaders in 1987.

Next was working in Santa Clara County hospital Internal Medicine Residency and UCLA NRSA Health Policy Fellowship and then started my public health career with the California – OSHPD -- policy research on clinics as the place to train medical students and dental students back in 1992 – then was appointed to the White House in 1993 – as the Coordinator of Outreach to bring in health experts to comment on the Clinton health care reform plan.

A group of physicians I invited to meet with the health care team some of whom were presidents from Hispanic medical societies decided to start a national network. When the AMA came out against health reform, the White House had a press event with President Clinton and 10 medical societies who had a total member base greater than the AMA. We called our group the NHMA and knew we had to fill a void for health care reform, for the needs of HHS for medical expertise and input on health programs for the Hispanic communities and to advance health care policies. I

served at HHS in the OWH for 4 years –developing the regional offices and minority women’s health leadership and cultural competence conference and then started working in the nonprofit sector in 1999.

HRSA provided the first funding to NHMA to develop a national advisory committee to discuss pipeline strategies in 1995, then 5 regional meetings in 95-96, our annual national conferences in 97. In 2000, through a CA of OMH HRSA supported the first NHMA Leadership Fellowship in collaboration with Dr. Jo Ivey Boufford and the Wagner Graduate School of Public Service, NYU– which has trained 130 midcareer Hispanic physicians. We also started our Resident Leadership Program which has trained 80 residents. We now have a stellar Board of Directors led by chairman, Dr. Ciro Sumaya, founding dean, Rural public Health School Texas A&M, Kathy Flores, Fresno – past president of national AHEC, Jaime Rivera, director of Betances FQHC in NY, Emilio Carrillo, NY, Onelia Lage, first Hispanic president of a state medical board from the University of Miami, Yolanda Partida, RWJF Hablamos Juntos national director, Joan Reed from Harvard, Reed Tuckson, United Health, Jorge Puente, Pfizer, and others. Our foundation chair is Mark Diaz, UC Davis and private practice – interested in clinical trials with private practices.

In 2005 we started our Congressional Hispanic Health Briefing Series – two a year, which has become a focus of policy discussion on health disparities with national advocates and congressional staff. We have worked with all minority health groups and the Hispanic national groups to engage them in health care advocacy and to support the appropriations for many of the programs you run. And in 2006 NHMA started its foundation with a national scholarship program and had a research summit with the Josiah Macy Foundation on increasing diversity in Title VII - the medical education workforce with Hispanic and African American faculty leaders.

NHMA has convened panels of experts – and 2 National Health Disparity Summits with HHS – 2002 with a Congressman Ciro Rodriguez of San Antonio and the Congressional Hispanic Caucus and the RWJF ---with Surgeon General Carmona and a congressional roundtable...and in 2007-8 with the OMH and national partner organizations in NY, CA, TX. The last meeting provided the policy recommendations on access to health care, prevention of diabetes and obesity, diversity in the health care workforce –that we provided to Senator Kennedy and the Hispanic Caucus and the Obama White House team for health care reform. At the end of the health reform debate in early March, at Speaker Pelosi’s office, when I was invited with about 20 other stakeholders to present our platform yet once again, I told the group how proud we were because we had consensus recommendations from our summits ---I went down a list ---and had seen just about all of our recommendations become part of the new health care reform law ---a week later we celebrated the passage the Affordable Care Act with all the presidents of our sister NMA, AAIP, Council of Asian American and Pacific Island Physicians, Hispanic Nurses, Hispanic Dentists, and other leaders at our 14<sup>th</sup> Annual Conference here in DC.

So now let me switch the focus to how to continue to build the opportunities of Health Care Reform for our Hispanic communities and other vulnerable communities.

## WHAT DO I THINK IS IMPORTANT FOR HISPANIC HEALTH CARE ---

First, Secretary Sebelius has her **HHS 5 Year Strategic Plan** with a first strategic goal of Transformation of Health Care:

- **Make Coverage More Secure for Those Who Have Insurance; Extend Affordable Coverage to the Uninsured**
- **Reduce Health Care Costs while Promoting High-Value, Effective Care** and encourage widespread adoption and meaningful use of health information technology
- **Emphasize Primary Care, Prevention and Wellness**  
HHS will develop programs that expand the primary care workforce and encourage health care providers to practice in health professional shortage areas; and promote healthy lifestyles,
- **Improve Health Care Quality**  
HHS will support patient-centered research; improved patient outcomes.
- **Ensure Access to Quality, Culturally Competent Care for Vulnerable Populations – with evidence-based care for individuals**

## HP2020

**Vision:** A society in which all people live long, healthy lives.

### **Mission:**

- Identify nationwide health improvement priorities;
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge;

### **Overarching Goals**

- Achieve health equity for all populations thru a focus on social and physical environments that promote good health
- Promote healthy behaviors for all individuals

### **Population Health Framework**

IOM – The future of the Public’s Health, 2003

Called us to look at Communities, Business, Academia, Media - Public and Private Sectors working together with HHS and all the Federal Government agencies on social determinants of health. The Health Equity as well as Workforce Diversity Expansion, I believe ---must become a regional effort along the vision of a population based efforts so that we can develop the physicians and dentists and nurses from our Hispanic communities to become the public health leaders of the future.

HRSA ---FOCUS on the increasing of ACCESS TO CARE To THE most vulnerable in our society – urban and rural, HIV/AIDS, clinics, primary care, children, geriatrics, organ donation, etc. and the Public Health Infrastructure, especially the training of healthcare workforce and leadership development for our Public Health and Safety Net

OMH ---National Plan of ACTION --

## **Cultural Competency**

Cultural competency is one of the five objectives, and a crosscutting principle. A core belief of the NPA is that improving cultural and linguistic competency is necessary for improving health outcomes for racial and ethnic minorities and underserved populations.

Culture can be defined as a "set of shared attitudes, values, goals, and practices." Culture informs how a group perceives health, wellness, disease, health care, and prevention. This framework builds upon the CLAS Standards of the Office of Minority Health, one of the most historic health care guidance that have been adapted by national and local government, private foundations, nonprofits health facilities, to address their own vision, mission, and values. Cultural competence has been incorporated in the fundamental training of Medical education and other training and hospital accreditation by Joint Commission, and the National Federation of State Medical Boards as well as the NQF and the NCQA and others ----

Of note, the access, community capacity and public health infrastructure objectives are focused on the development of the safety net systems and they also include cultural competence ---but in order to build the cultural competent care for poor Hispanic populations, we need to focus on the Safety Net and many HRSA programs and Opportunities you all have to shape.

## **Future of the Safety Net under Health Care Reform (Katz, Mitchell. NEJM, Aug. 11, 2010)**

Core centers (public hospitals and clinics and community health centers (free))

Uncompensated care provided by private hospitals and physicians

Emergency departments – must screen patients and refer them for hospital treatment as needed that must be provided, regardless of patient's ability to pay

The safety net also provides teaching sites and services for communities (burn centers, trauma centers)

The new health care reform law calls for the reduction of Disproportionate Share Hospital funds by \$20B by 2020 as the newly insured population of 30 million Americans join the health care programs many of you will continue to build over the next decade. Philanthropy may decrease as health care reform is touted as solving the problem.

However, the need for the Safety Net will remain due to those who do not enroll in insurance programs, who do not understand nor are taught about insurance, the Undocumented, those who believe there is a Stigma of Medicaid.

There will be a great need to support the Services directed to the poor – case management, language services, bilingual staff, community services and cultural competent services.

Medicaid Expansion

Clinic Expansion

NHSC Expansion

Coordination of care – referral networks

Medical homes are now being certified in clinics

Infrastructure investment

Health IT

Attention on lowering costs and creating incentives to do so –

Scope of work and team efforts – medical, dental, mental health and allied health workers

**But there is a warning about Safety Net given HCReform** ----that society will turn

against it once they realize who the last of the uninsured are (the undocumented)...and that people will start to believe that HCR took care of the uninsured problem....

as well as the fact that the Safety Net needs to change because it is going to collapse - lack of sustainability, no referral system, need to start decreasing costs (incentives for the clinics have always been fee for service and DSH to decrease for the private hospitals ----( and of course always ignored - the private docs are going to become employees/joining the ACO networks/ with H-IT driving the change I think)...

The Future for HRSA and OMH and PSC policies mandates a movement to transforming our communities and public health infrastructure ---including our input/experience/leadership at all levels. Hispanic physicians, dentists, nurses, mental health and public health experts have knowledge on delivery of prevention and treatment and understand their communities' needs that need to be changed --- in the transformation to a more responsive system as the nation changes to a minority nation.

## **Cultural competence is the framework we need to focus our QUALITY HEALTH CARE EFFORTS.**

A key to promoting cultural competence and monitoring change associated with implementation of these initiatives is the capacity to collect and analyze data that provides ongoing information and quality improvement regarding equitable treatment to diverse populations.

Another critical component is the development of key performance indicators that can help provide focus as well as explicit information regarding expected outcomes. This information then provides input for quality improvement activities.

**Embedding cultural competence in a quality-improvement framework** helps to ensure that such an initiative is lasting and ongoing. In this way, cultural competence becomes embedded in the health care delivery system.

**I believe we need to encourage the development and support of cultural competence policies and programs across HHS targeted at safety net services so that health care insurance and health care prevention and treatment programs will be utilized by more Hispanic individuals and families and communities.**

The workforce needs to be a major focus of health care reform in order to meet the demand of the diverse populations, YES WE NEED A DIVERSE WORKFORCE ---WE NEED MORE HISPANICS IN MEDICINE AND ALL THE HEALTH PROFESSIONS (we are only 5% of doctors in the nation) but we recognize an even more critical public health mandate is to build the cultural competence capacity and training of all health care professionals at the national and local settings.

Consequently, there needs to be a greater emphasis on the community health worker model ---for both the traditional promotora community person who learns basic health education information, and the community health worker, with new curriculum and certification standards that will become a standard in the US health system.

**We need to include Cultural Competence ---in the new Medically Underserved Areas and Health Professional Shortage Area policies that drive the workforce to needed areas in the country too.**

In summary, as we celebrate HISPANIC HERITAGE, our public health leaders need to raise the national agenda for cultural competence and health literacy and language services as we develop the National Quality Agenda, the National Workforce Plan, the National Prevention and Public Health Plan and other health care programs to include as many of the Hispanic populations of the future that we can ----

THE NHMA Looks forward to finding the champions and leaders in our communities to work with you HRSA OMH and PSC to work toward improving the health of all Americans in the US.

