

Testimony

Submitted to the

U.S. Senate Subcommittee on Public Health

“Hispanic Health Improvement Act of 2002”

by

Elena Rios, M.D., M.S.P.H.

President & CEO

National Hispanic Medical Association

CEO, Hispanic-Serving Health Professions Schools, Inc.

September 23, 2002

Senator Kennedy, Senator Frist, Senate committee members, Senator Bingaman and Congressman Rodriguez, it is an honor to provide testimony to all of you today in support of the “Hispanic Health Improvement Act of 2002”.

The National Hispanic Medical Association (NHMA) represents licensed Hispanic physicians in the United States. The mission of the NHMA is to improve the health of Hispanics. The Hispanic-Serving Health Professions Schools, Inc. represents 22 medical schools and 3 public health schools. The mission of this organization is to develop Hispanic student and faculty and research capacity to improve Hispanic health.

Hispanics are now 14% of the US population and by 2050, one out of every four Americans will be of Hispanic origin. In the case of Hispanic patients, we are challenged by the language needs, literacy levels, lower levels of poverty and education, citizenship status, strong cultural beliefs and attitudes, family group decision-making, poor awareness of public health programs or how to follow instructions that come with complex treatment regimens, prescription drug labels, referrals for specialty care or lab and xray preps and tests. Our health system is the best in the world; but in order to be proud of that system, the “Hispanic Health Improvement Act of 2002” challenges the U.S. Senate to develop new strategies to improve the quality of healthcare delivery that responds to the needs of Hispanics.

In August, NHMA and Honorary Co-chair, the Congressional Hispanic Caucus, along with the U.S. Department of Health and Human Services convened the National Hispanic Health Leadership Summit along with the Environmental Protection Agency, the National Highway Traffic Safety Administration, the Robert Wood Johnson Foundation, the California Endowment, Amgen, Aventis, PhRMA, GlaxoSmithKline, and several national Hispanic organizations. 150 health providers from Hispanic communities and our partner representatives put forward many recommendations to improve programs at the Federal, State and community levels and there is much overlap with what we are addressing today. We will have a report this Fall from our meeting.

I would like to address proposed strategies for the Department of Health and Human Services to continue to improve health care programs and activities to improve the health of Hispanics.

Access to health care

The major barrier to access to health care is the fact that 2 out of 5 Hispanics under the age of 65 do not have health insurance. This legislation addresses this barrier by creating grants for outreach and enrollment and increasing eligibility for the SCHIP and Medicaid program and we applaud these efforts. We also believe that employers need incentives to increase their ability to provide insurance, especially small employers who employ Hispanics but cannot afford to offer insurance benefits.

We applaud also that a special focus for the new grant program would be families with limited English proficiency, and we recommend that there be reimbursement for interpreters added to this legislation. Moreover, the U.S. Department of Health and Human Services, currently

reviewing its guidance to the nation on LEP services under Title VI and supported by the Administration, should have a clear and firm guidance to direct to our health providers. It is critical that communication be enhanced between providers and patients and we are supportive of the Federal government, representing the largest insurance programs in the nation of taking the lead in this area. We recognize the vision for the development of the reimbursement policy for LEP services for the Medicaid programs and SCHIP in this bill and also recognize that the bill for the reauthorization of Community Clinics also provides provision to do so. We hope that there could be a strategy – perhaps starting with a Congressional task force linked to the future of Medicare, Medicaid and the SCHIP on LEP services reimbursement and evaluation of interventions to guide policy making.

Other major areas addressed in this bill that we support include expanding assistance for aliens who are lawfully residing in the United States who are pregnant women and children, simplifying the applications and determination of financial eligibility, and expanding wrap around benefits of SCHIP including dental health and pediatric vaccine distribution.

U.S. – Mexico Border Health

This year, the Institute of Medicine published its first major report on Hispanic health. It is a critical need to further investigate with experts on a program that could enhance the insurance products for the Hispanic population, especially in this area of the nation, where so many Americans live without access to care. In addition, the US-Mexico Border Health Commission has great potential to serve as a conduit for advancing health programs if properly supported.

Diabetes, HIV/AIDS, Cancer, and Mental Health

President Bush and the U.S. Department of Health and Human Services and the Institute of Medicine Report “Unequal Treatment” have continued to focus the national health agenda on the Disparities in Health for Racial and Ethnic minorities in the United States. This bill calls for the increase of education and prevention as well as clinical treatment services in the area of diabetes, HIV/AIDs, cancer, and mental health. We need to emphasize that there is a critical need to increase prevention not only to better quality of life but to cut down on the tremendous costs to our society when Hispanics and others are constantly found in the end stages of chronic diseases without having had proper medical care. We as a nation can change this.

We are especially aware of the new programs being supported in this bill for a patient navigator system, community health workers and the Special Population Networks such as Redes en Accion and recognize these as models for chronic disease interventions in Hispanic communities.

Diversity in the Health Professions

The U.S. Federal government has supported the national policy to recruit disadvantaged and minority students into the health professions since the 1960s. The literature has proven over and over again that the Federal Health Careers Opportunity Program has resulted in 2-3 times the number of graduates practicing in medically underserved areas and Hispanic and Black physicians provide more care to their own communities and to Medicaid and uninsured patients than the non-minority doctors. In addition, in this era of increasing health care costs, we must also consider that the minority patients, who tend to be uninsured, will eventually create more cost in the system, as they demonstrate chronic illnesses. Thus, it is more effective for the health system to finance recruitment programs for future minority doctors who can provide targeted services. The consequences of not supporting minority health workforce development will be greater costs to the taxpayers of America, who would bear the brunt of the shifting costs.

But even the 3 decades of Federal funding of HCOP has not resulted in enough Hispanic workforce. Hispanics are only 5% of the total physicians, 2% of the total nurses and lesser proportions in allied health professions. There are many factors to consider why the recruitment efforts over 3 decades have not resulted in greater numbers of Hispanic and other minority physicians and health professionals. A major reason is the limited support from the health system for academic skills building and admissions preparation services available in minority community schools and for universities. The Federal government and a small number of private programs have been in this business that needs to be expanded.

We believe that the Federal government should continue support of the recruitment program, the Health Careers Opportunity Program (HCOP) at a \$40 million dollar level; however, there should also be a new approach with a focus on outcomes in collaboration with the business community. The private sector, after all, has a greater proportion of physicians – in HMOs, in private practice, in hospitals, in academic health centers. So too, the Congress should continue to fund the HRSA Centers of Excellence program (COE) at a \$40 million dollar level in order to recruit faculty and develop activities – curriculum and research, mentorship, and faculty development.

Specific programs that have proven track records of increasing the disadvantaged student success rate in being admitted to medical schools include academy magnet high schools for math and science or health careers, admissions counseling, financial support and scholarships, post-baccalaureate programs for students who need enhanced skills building for the science curriculum and MCAT test preparation. We and other minority health professional organizations will continue to work with the Federal government on these efforts.

Hispanic – Serving Health Professional Schools

This bill supports the development of priority grants with health professions schools with a track record of enrolling Hispanic students and hiring Hispanic faculty, providing a resource of curriculum and academic activities. Health professions schools should be provided incentives to build the necessary curriculum, faculty and research for the 21st century health. We believe that

medical schools and other health professional schools should be directed by Federal funds with incentives to promote health professional and research service to the medically underserved areas.

Data Collection and Research

We strongly support data collection and research that contains racial and ethnic identifiers in order to demonstrate trends and new knowledge for our program development and a more effective policy analysis and policy debate on what is needed to improve Hispanic health. Hispanic identifier is critical, as is data collection on the Hispanic sub-groups – Mexican, Puerto Rican, Cuban, Central, and South American.

Data collection through community-based research is most important, as is being done now by NIH, AHRQ, and CDC. We strongly support expanding these opportunities in this bill – for example, the NIH Project Export Program, NIH and HRSA Centers of Excellence, the Agency for Healthcare Research and Quality Exceed Program (Excellence Center to Eliminate Racial Disparities in Health), the CDC REACH program and community research efforts, and the NIH efforts led by the Center for Minority Health and Disparities in Health research activities. What is critically needed to improve Hispanic health, is the development of future research and researchers – so we need training of Hispanic researchers and others interested in Hispanic health services and policy research. We need research institutes, publications, and clearinghouses so that policy can be developed.

Cultural Competence Medical Education

There is a critical need to provide curriculum for training of medical students and other health professional students in order to prepare for the workforce of the future. In addition, we recognize the importance of training of physicians, who never had information about minority patients. NHMA is developing community led curriculum with evaluation and outcomes protocols, and publishing case studies that tell stories of different sub-group encounters with physicians and a new Website to serve as a resource for Hispanic cultural competence. HSHPS schools have been developing curriculum for their students and the HSHPS, Inc. collection of that information is in progress.

Office of Minority Health and HHS Agency OMHs

Lastly, there is a critical need for leadership for the nation. Minority health is a complex endeavor, as we know. The OMH and the Agency OMHs are needed to coordinate the Minority Health Resource Center, and to coordinate its outstanding internal programs and linkages to constituents through the HHS Regional offices.

The Center for Cultural Competence and Language is a service that this bill addresses so that we can have more interventions in the health system – demonstration projects to learn from.

We recognize the opportunity for the OMH to promote leadership development and would encourage the bill to include this as an area of priority, for we cannot expect the health system to change and understand the needs of Hispanic health without first educating the leaders of the health system. Finally, we believe that Hispanic leaders need to be promoted in the Federal and private sectors in decision-making positions to advance a quality health system for all Americans.