National Hispanic Medical Association

VIRTUAL CHAPTER POLICY FORUM

Northern & Southern California NHMA Chapters

COVID-19, Heart Disease, & Health Care Workforce

October 29, 2020
6:00 PM – 8:15 PM EDT
www.NHMAmd.org

@NHMAmd @NHMAmd.org

Welcome

Elena Rios, MD, MSPH, FACP
President & CEO
National Hispanic Medical Association
Washington, DC

- Encourage your patients to enroll and inform others about the clinical trials for COVID-19 Vaccines
  - www.CoronaVirusPreventionNetwork.org
  - www.COVIDVACCINESTUDY1.com

- 2020 Virtual Health Leaders and Scholars Awards Ceremony – Nov. 19 http://bit.ly/NHHFCeremony2020
- 2021 NHMA National Hispanic Health Conference – Mar. 17-20, 2021 http://bit.ly/NHMAConference2021

Overview

Ilan Shapiro, MD, FAAP
Co-Chair
NHMA Southern California Chapter

Housekeeping

- Presentations to be followed by a moderated discussion
- Microphones will be muted
- Type questions in chat box
- Recording available next week at www.NHMAmd.org

Instructions to receive CME will be included in thank you email. Webinar recording & CME will be available for 1 year at www.NHMAmd.org/webinars

Learner Notification

ENDURING MATERIAL LEARNER NOTIFICATION

National Hispanic Medical Association
No and So California – CA State Policy Priorities on COVID-19 and Latinos and HealthCare Workforce Diversity
Date of CE Release: October 29, 2020
Date of CE Expiration: October 29, 2021
Location: Online

Acknowledgement of Financial Commercial Support
No financial commercial support was received for this educational activity.
Acknowledgement of In-Kind Commercial Support
No in-kind commercial support was received for this educational activity.

Satisfactory Completion
Learners must complete an evaluation form to receive a certificate of completion. You must attend the entire webinar as partial credit is not available. If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.

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INTERPROFESSIONAL CONTINUING EDUCATION

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Physicians
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Objectives - After Attending This Program You Should Be Able To
1. Participants will be able to understand health prevention policies pre- and post- COVID-19
2. Participants will be able to understand the health care workforce and diversity priorities for the future.

Disclosure of Conflict of Interest
The following table of disclosure information is provided to learners and contains the relevant financial relationships that each individual in a position to control the content disclosed to Amedco. All of these relationships were treated as a conflict of interest, and have been resolved. (C7 SCS 6.1--6.2, 6.5)

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First	Last	Commercial Interest
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Kimberly	Chen	NA
Ben	Melano	NA
Marko	Mijic	NA
Jeffrey	Oxendine	NA
Elena	Rios, MD, MSPH, FACP	NA

Kimberly Chen, MPA
Principal Consultant
California State Senate Health Committee

Cardiovascular Disease & Diabetes in the Latino Community

Maria Carrasco, MD, MPH
Board Member, NHMA
Regional Physician Lead on Cultural Competence
Kaiser Permanente

Cardiovascular Disease

CVD major risk is HTN and Hyperlipidemia

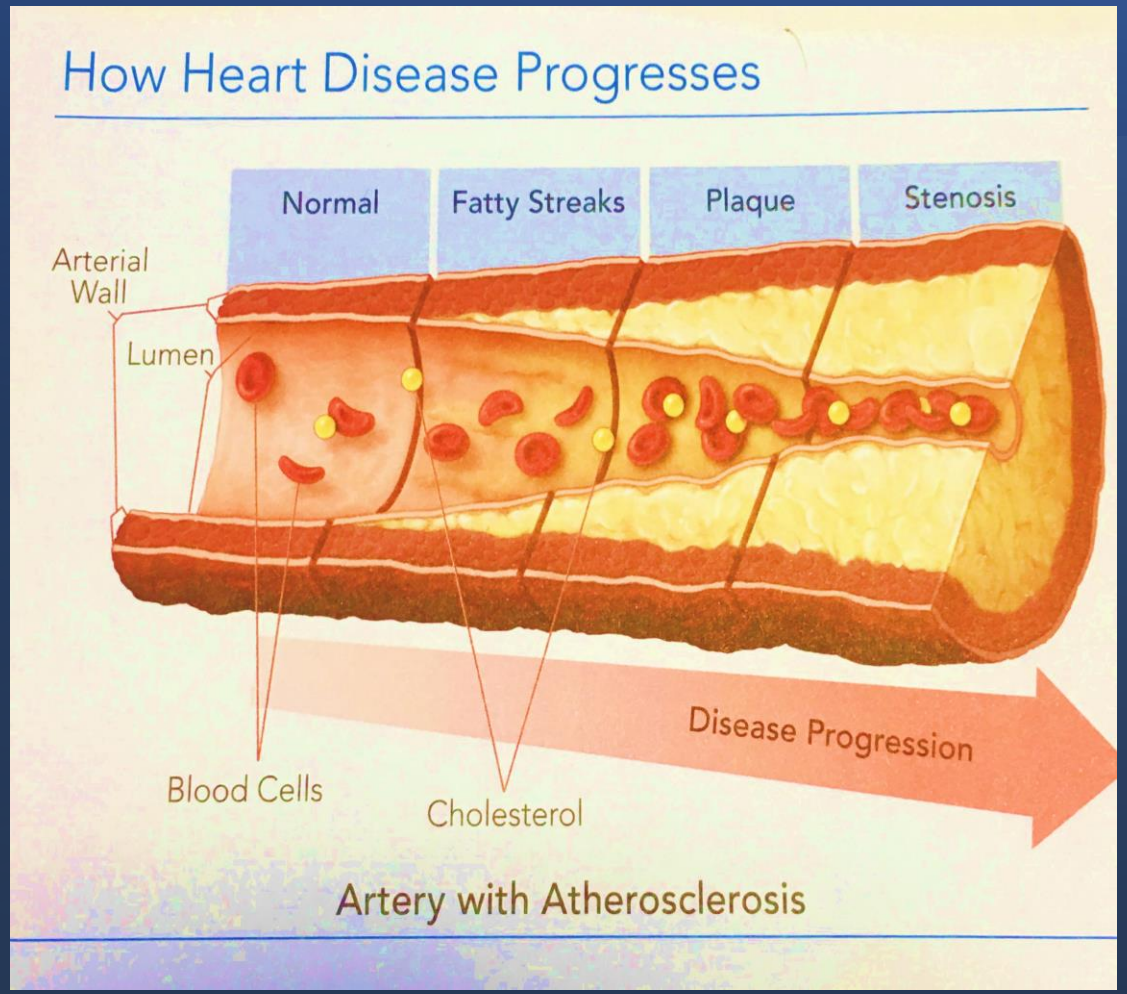
CVD risk doubles if have HTN & Diabetes

- Uncontrolled Diabetes increases risk of Heart Disease and Stroke
  - 68% Diabetics 65+ yo die of heart disease
  - 16% Diabetics die of a stroke

Race of Ethnic Group	% of Deaths	Men, %	Women, %
American Indian or Alaska Native	18.3	19.4	17.0
Asian American or Pacific Islander	21.4	22.9	19.9
Black (Non-Hispanic)	23.5	23.9	23.1
White (Non-Hispanic)	23.7	24.9	22.5
Hispanic	20.3	20.6	19.9
All	23.4	24.4	22.3

American Heart Association

CVD Risk associated with High Cholesterol



In USA, 38% population has Cholesterol >= 200 mg/DL

Cholesterol (plaque) builds up in the arteries, the arteries begin to narrow, which lessens or blocks the flow of blood that can lead to a Heart attack

Health Conditions that Increase risks of high Cholesterol:

- Diabetes – lowers HDL and increases LDL
- Obesity – Increases high lipid levels
- Familial Hypercholesteremia

Prevention is KEY

Diabetes USA Data

Prevalence: In 2018, 34.2 million Americans, or 10.5% of the population

- Nearly 1.6 million Americans have type 1 diabetes, including about 187,000 children and adolescents

Undiagnosed: Of the 34.2 million adults with diabetes, 26.8 million were diagnosed, and 7.3 million were undiagnosed

Prevalence in seniors: The percentage of Americans age 65 and older remains high, at 26.8%, or 14.3 million seniors (diagnosed and undiagnosed)

New cases: 1.5 million Americans are diagnosed with diabetes every year

Prediabetes: In 2015, 88 million Americans age 18 and older had prediabetes.

CDC National Diabetes Statistics Report, 2020.

Diabetes & Latinos

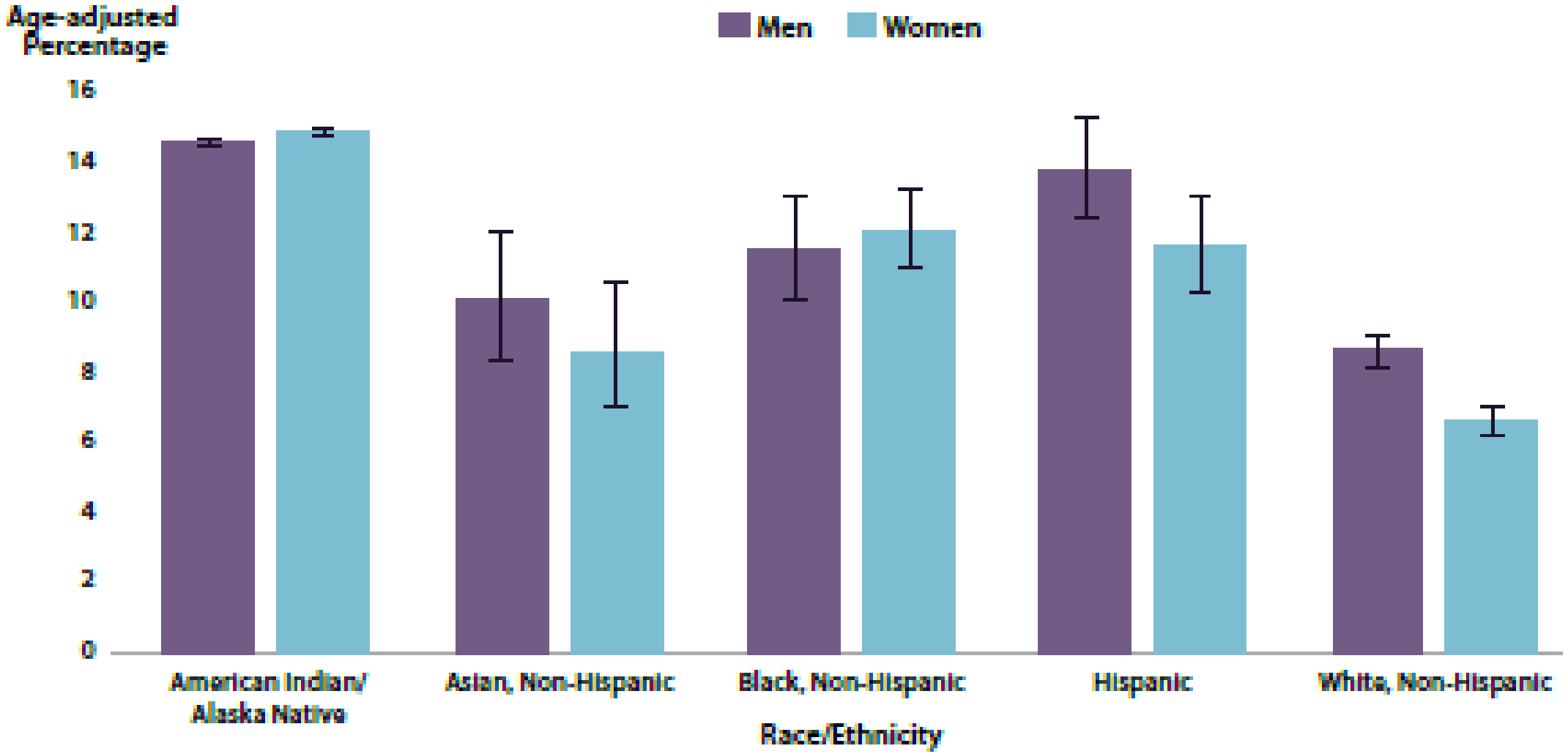
- Hispanic adults are 1.7 times more likely than non- Hispanic white adults to have been diagnosed with diabetes
- In 2016, Hispanics were 2.6 times more likely to be hospitalized for treatment of end-stage renal disease related to diabetes, as compared to non-Hispanic whites.
- In 2017, Hispanics were 1.4 times more likely than non-Hispanic whites to die from diabetes

Age-adjusted percentage of diagnosed diabetes adults age 18 and over, 2017-2018

Population	Percent
Non-Hispanic White	7.5
Hispanic	12.5
Central/South American	8.3
Cuban	6.5
Mexican	14.4 *
Puerto Rican	12.4

Source: CDC 2018. National Diabetes Statistics Report, 2017..
https://www.cdc.gov/diabetes/data/statistics-report/index.html

Prevalence Diagnosed DM by Race/ethnicity & Sex ages 18 and older United States 2017-18



Education & Diabetes

Age-adjusted prevalence of diagnosed diabetes by education among adults aged 18 years or older, United States, 2017–2018			
	Total Percentage	**Men Percentage**	**Female Percentage**
< High School	13.3 %	13.0 %	13.6 %
High School	9.7 %	11.2 %	8.6 %
> High School	7.5 %	8.3 %	6.8 %

Source: CDC, 2019. National Vital Statistics Report. Vol. 68, No. 9.
https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09-508.pdf [PDF | 1.76MB]

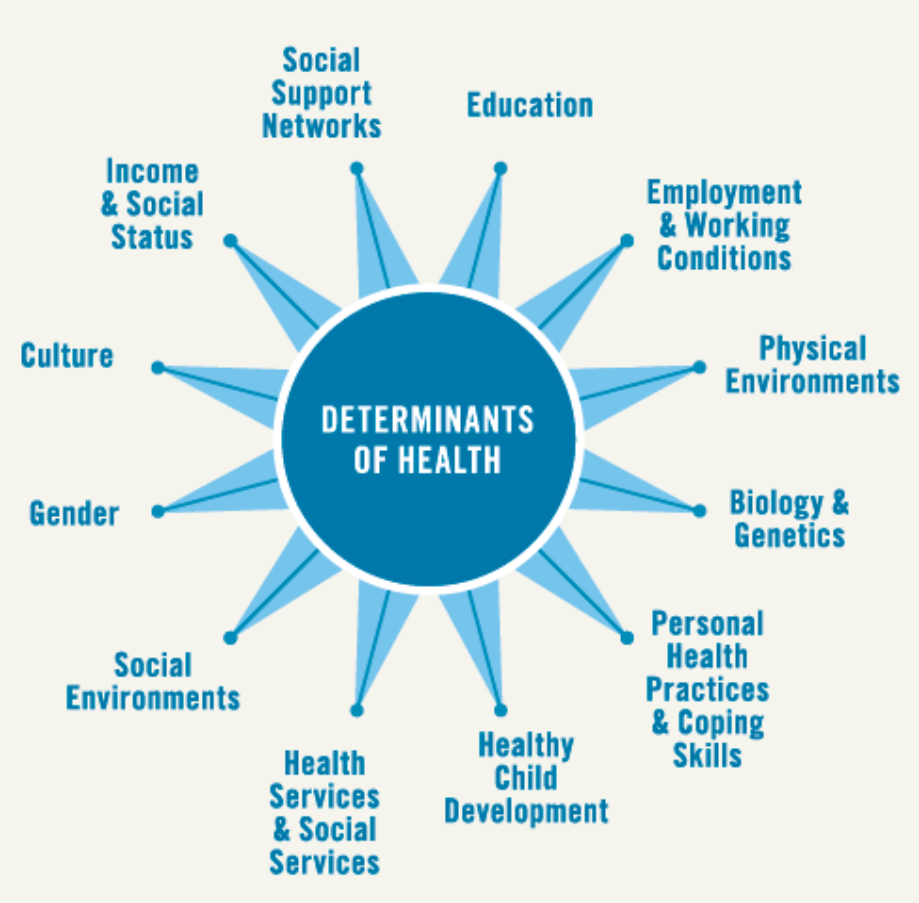
DM Death Rates*

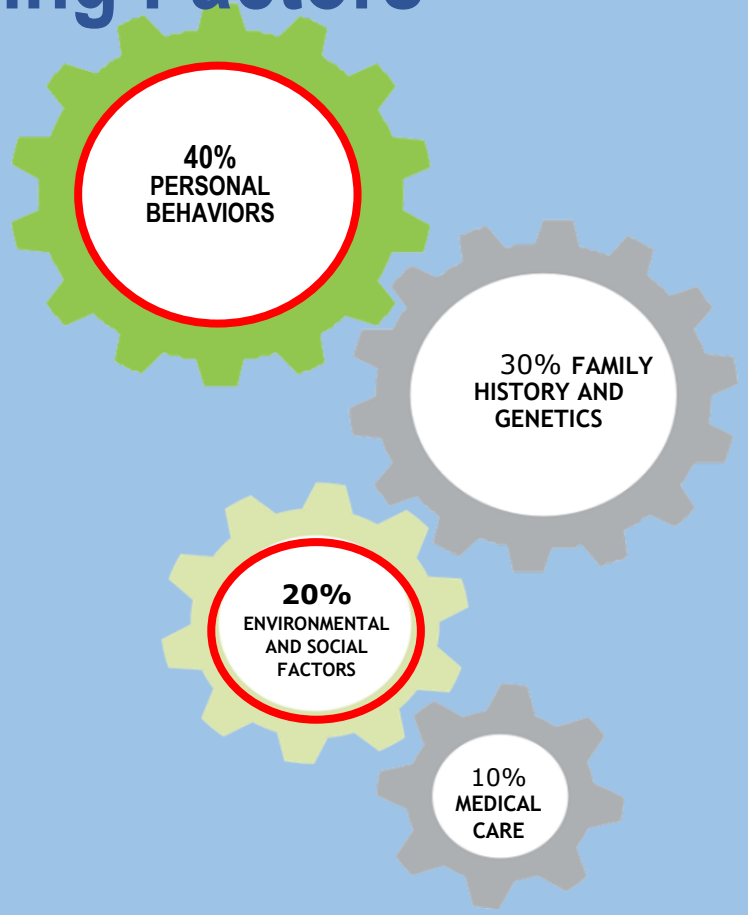
Age-adjusted diabetes death rates per 100,000 (2017)			
	Hispanic	**Non-Hispanic White**	**Hispanic / Non-Hispanic White Ratio**
Male	31.3	24.0	1.3
Female	20.9	14.6	1.4
Total	25.5	18.8	1.4

Source: CDC, 2019. National Vital Statistics Report. Vol. 68, No. 9. .
https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09-508.pdf [PDF | 1.76MB]

*Diabetes may be underreported as a cause of death

Health Outcome Contributing Factors





"Many of the biggest drivers of health and health care costs are beyond the scope of health care alone.

Unmet health-related social needs, such as food insecurity and inadequate or unstable housing, may increase the risk of developing chronic conditions, reduce an individuals' ability to manage these conditions, increase health care costs, and lead to avoidable health care utilization"*

**U.S. Dept of Health & Human Services, Center for Medicare & Medicaid Services/Innovation*

Challenges in Achieving Equitable Outcomes

Patient-related

- Forgetfulness
- Lack of knowledge
- Value of therapy
- Cultural/Ethnic
- Denial
- Financial
- Health literacy
- Social support

Medication-related

- Complex regimens
- Side effects
- Taking multiple medications
- Length of therapy

Provider-related

- Poor relationship and / or poor communication with healthcare provider
- Disparity between provider and patient around cultural / religious beliefs
- Lack of feedback and ongoing reinforcement from the provider
- Providers / pharmacists emphasizing negative aspects of the medication (side effects with minimal solutions) vs benefits

Lessons Learned From Patients

- Tell me what's wrong (briefly)
- What do I need to **DO** & why
- Emphasize **benefits** (for me)

If meds, ***break it down for me***:

1. What it is for
2. How to take (concretely)
3. Why (benefit)
4. What to expect

Remember: what's clear to you is clear to you!

How Patients Feel about Health Literacy

- Patients may have negative feelings and emotions related to their limited reading ability or limited understanding.

  Institute of Medicine, 2004

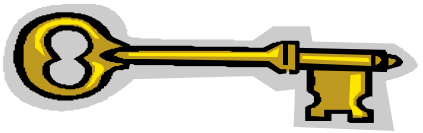
- The health care environment can make it hard for patients to tell us they don't read well or do not understand.

- They hide this with a variety of coping techniques.

  Parikh N Pt Educ and Counseling 1996

Roads to Diabetes Control

Meals



Education

Exercise

Medicine or Insulin

Stress control

Prevention Heart Disease in DM

Non-Modifiable

- **Age**: Increase Risk (4 of 5 are 65+ or older)
- **SEX/GENETICS**: Male > Female
- **HEREDITARY/GENES**: African-Americans and Latinos

Prevention is KEY

Modifiable - Emphasize

- **High Blood Pressure**: One of the highest risks; diet, exercise, weight loss and medication can help
- **Sugar in the blood**: a good control of sugar level in the blood is good for the heart
- **High Cholesterol**: An appropriate diet, exercise and medication, can decrease the cholesterol
- **Smoking**: Increase risk of 33% (1/3); even with smoking 2 cigarettes a day
- **Overweight or Obese**: Extra weight, especially fat around the waist or abdomen, presents just as much risk as smoking
- **Physical activity**: Very helpful. Even if weight does not change, this may help
- **Emotional Stress**: May lead to eating too much and/or to smoking

Empowering Patients in Improving Health Outcomes - Patient Perspective

Education Engagement

- Value Proposition - connect the dots – Motivate
- Understand the body and DM
- Know A1c level #
- Focus to reach A1c targets
- Purpose of medication and effect on different parts of body
- Problems with medications, speak to MD in timely way
- Understand complications of DM in poor control

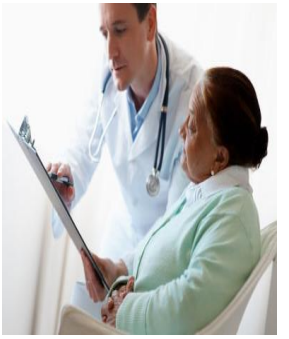
Change Behaviors

Modify	Modify diet to eat healthier
Manage	Manage weight by eating less cheese & sodas
Move around	Move around more, above & beyond job activity
Avoid	Avoid Fast foods
Attend	Attend stress reduction classes

MD at every visit addresses: Weight, BP, A1c

Improving DM Health Outcomes

Clinician Perspective



Is Equitable Care Possible?

Communication

- Use basic vocabulary (health literacy)
- Discover pts motivation/the "Value Proposition"
- **Educate patient on their A1c level**
- Explain "why" control is important – consequences
- Explain medication
- Use "Teach Back" method

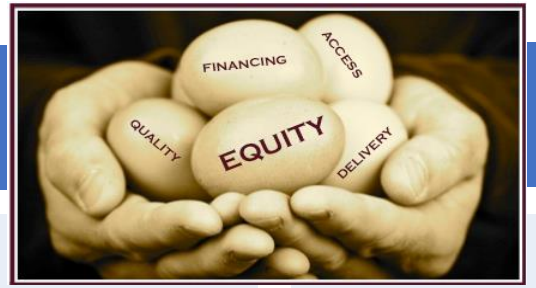
Commitment

- Conversation style is important
  - Build trust - Pts want to feel MD cares
  - 2-way conversation for English speaking Latinos; Spanish speaking Latinos prefer specific direction
  - Get the family involved
  - Eye contact important

Repetition

- Ask what is your A1c & what is your target A1c
- DM management -Requires more touches

Clinicians



Patients

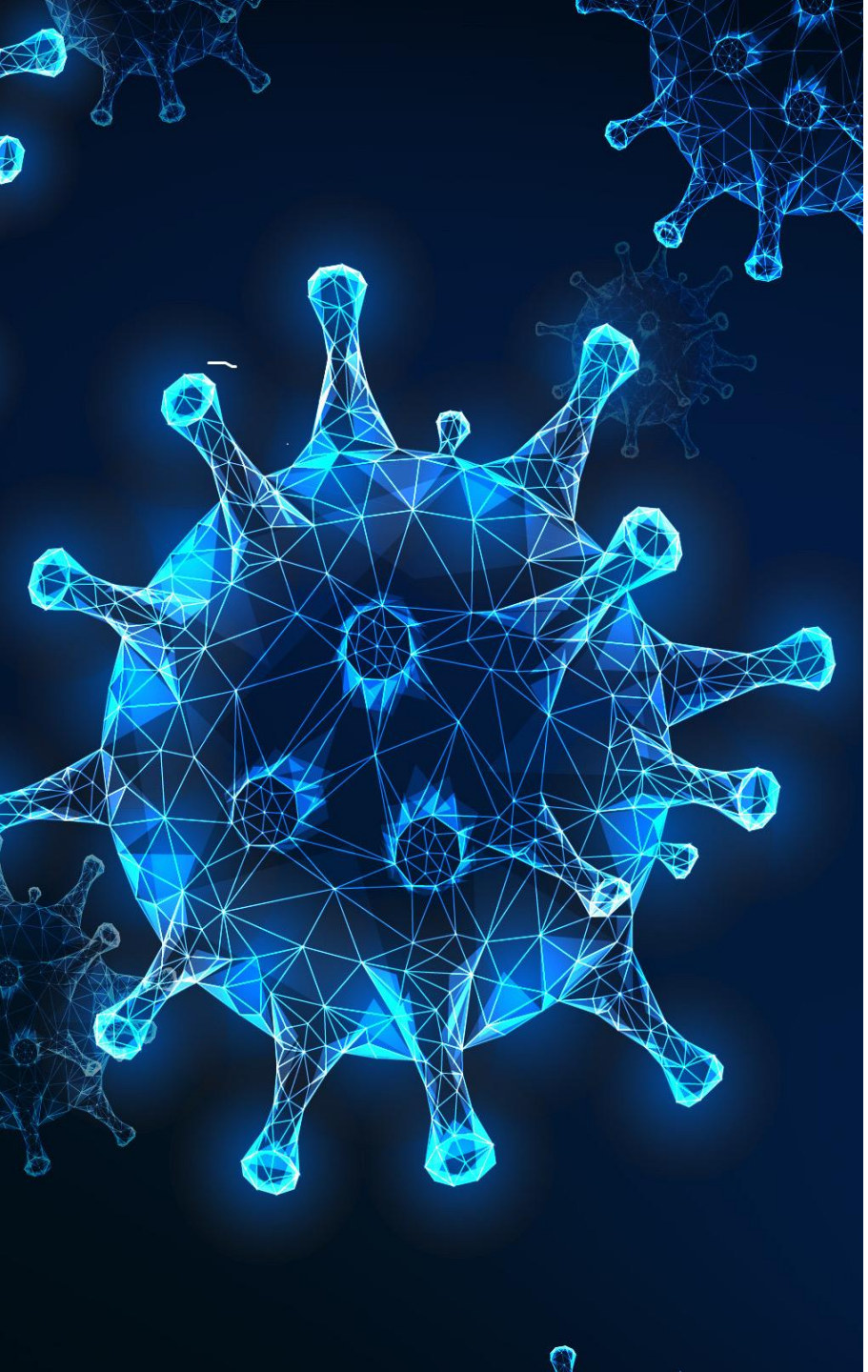
- *Be personable*
- *Discuss Hemoglobin A1c # and what is goal*
- ***Encourage weight loss/no gain and exercise***
- *Discuss medications challenges*
- *Ask for Patient to choose what they will focus on*

- *Be honest with your doctor*
- *Discuss your thinking around medications*
- *Share challenges with your diet and exercise*
- *Ask about your Numbers for your Hemoglobin A1c*

Impact COVID-19 & Social Determinants of Health in Ethnic Minorities

- **Work conditions**
  - Essential workers – higher risk of exposure
  - Little or no paid sick leave
  - May be excluded from unemployment or stimulus checks
- **Living situation**
  - Higher-density housing
  - Multi-generational households
  - Access to clean water
- **Health considerations**
  - Underlying co-morbidities – ie. **DM, Obesity etc**
  - Access to health-care/ afraid to access healthcare

"COVID-19 in Racial and Ethnic Minority Groups" – Centers for Disease Control and Prevention – www.cdc.gov



Chronic Diseases and COVID-19

- People with underlying medical condition such as Diabetes have a higher risk of severe illness from COVID-19. Not a higher risk of contracting disease.
- Diabetes is a chronic metabolic condition that causes high blood sugar levels that cause microvascular damage. In general, infectious diseases such as COVID-19 are more serious in people with diabetes.
- The immune system does not work as well in diabetics, which makes it harder for body to fight the virus.
- Diabetes keeps the body in a low-level state of inflammation, which makes its healing response to any infection slower

COVID-19 Racial/Ethnic Disparities

Reported Disparities

African-Americans
- National: 13% of population,
- CA: 6% of population, but 9% deaths
- Los Angeles: Those aged 18 - 49 years are at higher risk than those over age 65, comprising 6% of the population, but 15% of total deaths (~2.5 times increased risk of death)

Latinos
- National: 16% of population, but 27% of deaths
- CA: 39% of population, but 49% of deaths

Native Hawaiian/Pacific Islanders:
- CA: Death rate is 4 times their proportion of population.

Native Americans: (*wasn't being tracked until recently)*
- Indian Health Service reports 4,000 cases across U.S.
- Navajo Nation has lost 73 people.

Internationally
- UK: Black Africans, Pakistani, and Bangladeshis have 3.7, 2.9, and 2.1 higher mortality rate than White Britons

California All Cases & Deaths associated with COVID-19 by Race/Ethnicity

Race/Ethnicity	No. Cases	Percent Cases	No. Deaths	Percent Deaths	Percent CA population
Latino	389,148	61.0	8,334	48.6	38.9
White	111,681	17.5	5,155	30.1	36.6
Asian	35,463	5.6	2,019	11.8	15.4
African American	26,898	4.2	1,278	7.5	6.0
Multi-Race	7,254	1.1	134	0.8	2.2
American Indian or Alaska Native	1,812	0.3	56	0.3	0.5
Native Hawaiian and other Pacific Islander	3,390	0.5	81	0.5	0.3
Other	61,789	9.7	83	0.5	0.0
Total with data	637,435	100.0	17,140	100.0	100.0

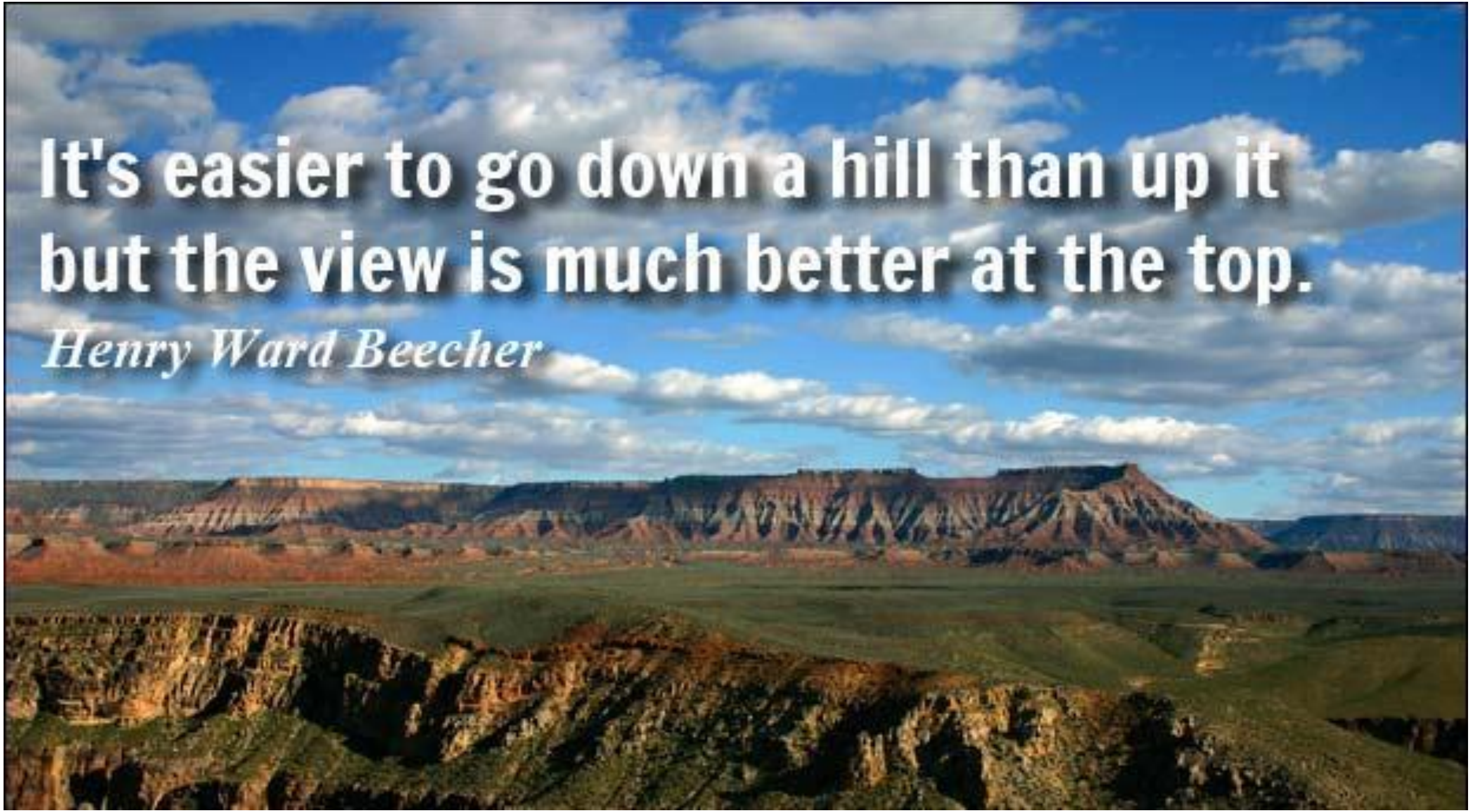
Cases: 901,010 total; 263,575 (29%) missing race/ethnicity
Deaths: 17,298 total; 158 (1%) missing race/ethnicity
***848 cases with missing age**

Calif Dept of Public Health 10-25-20

Call to Action to Decrease CVD

CVD affects Latino Community due to Diabetes, Hyperlipidemia, HTN, Obesity

- More Community Education on CVD as it relates to Hyperlipidemia, Diabetes, HTN and Obesity is needed to close health literacy gap
- Healthcare Organizations need to focus on Value Proposition for Medical conditions like Hyperlipidemia/DM/Obesity/HTN and on new literacy approaches to care
- Focus on improving Health Outcomes around CVD in order to minimize complications and increase life span.


It's easier to go down a hill than up it
but the view is much better at the top.
Henry Ward Beecher

Thank You!

Cardiovascular Disease, COVID-19 & CA Latino Policy

Elena Rios, MD, MSPH, FACP
President & CEO
National Hispanic Medical Association

Latino Population Overview

- 60M or 18.3 % of the U.S. population; 63% Mexican-American
- Socio Economic Status
  - Young population (med age 29.5), low-income, crowded households, mixed families, limited education & English proficiency, large families
- Health Care
  - Greatest uninsured, limited doctor visits & health literacy
  - Underrepresented in medicine, public health & clinical trials
- Occupations
  - Small business, retail, grocery stores, construction, gardeners, janitors
    - Limited social distancing

Source: US Census, 2018

COVID-19 & Latinos

- National trends w/ 30% R/E data nationally:
  - 3 times the non-Hispanic cases
  - 5 times non-Hispanic hospitalizations
  - 2 times non-Hispanic deaths
- Heart Disease: #1 patients, high cholesterol, HTN, post MI
- Latinos clusters in poorest zip codes policies:
  - CA Health Index by census tract
  - poverty, food insecurity, toxic stress, not car owners, tech divide

Strategies for Improved Latino Heart Health

- Education campaign on Heart Disease, Obesity prevention w/resources CBOs
- New Program - parks, environment protection & physical activity
- Economic support needed –jobs, food, housing
- Regular physician, medications, labs

Healthcare Policy 2020

- Coverage (increase needed)
  - Undocumented, Medicaid, Medicare, physicians, clinics, mental health, rural health, DSH, Latino physicians
- Affordable -tax credits, subsidies, prices
- Public Charge, DACA, immigration reform
- Health equity in med ed, research

Federal COVID-19 Legislation

- Support for health care – PPE, hospitals, doctors, telemedicine, testing supplies
- Support for economy – employers, tax payers, airlines, other industries
- Health access – health equity, workforce, military/ships/hotels targeted to surges
- Clinical Trials & Vaccines – diversity
- Project Warp Speed, NASEM reports

Recommendations

- Government
  - Economic relief for small businesses and families; job training
  - Guidance in Spanish
  - Support providers- Medicare, emergency Medicaid, PPE, licensing
  - Public charge not enforced, detention ctrs, prisons, schools
  - Cultural and language services & Latino Leaders needed
- Health Industry - affordability
  - Insurance copays for testing, healthcare/meds
  - Pharmaceutical Companies – pt assistance, free vaccines
- Health Care Systems
  - Health education, referrals, follow-up of all patients, training and research
- Communities
  - Media, Churches, Senior Centers, Schools, Nonprofit minority organizations

NHMA 2019 Conference

California Legislative Process

- Key Steps:
- Securing a Legislator to author sponsored bill. (Optional)
- Introduction of bill & obtaining bill number.
- Hearings in Policy Committees.
  - Senate Health Committee: Richard Pan, M.D.; Chair

California Legislative Process

- Key Steps (cont'd):
  - Assembly Health Committee: Tim Wood, DDS; Chair
  - Hearings in Fiscal Committees
  - Assembly Appropriations Committee: Assembly Member Lorena Gonzalez, Chair

California Legislative Process

- Key Steps: (cont'd)
- Hearings in Fiscal Committees
  - Senate Appropriations Committee: Senator Anthony Portantino, Chair
- House Floor Votes on bill; Senate & Assembly Floors
- If bill amended on the floor must return to bill house of origin for concurrence on amendments

California Legislative Process

- If no amendments & received votes of approval, bill goes to the Governor.
- During Legislative Session, the governor must sign or veto legislation within 12 days of the day of transmittal of a bill.
- Post Session the governor has until Sept. 30 to sign or veto a bill.

California Legislative Process

- Remember the following:

- Entering a new 2-year legislative session; 2021-2022 Regular Session

- November elections will determine which party will be the majority.

- Chairpersons & members of legislative committees may change

California Legislative Process

- Remember the following:
- "Leadership" of both Houses of the legislature develop their priorities on policy, legislation and state budget.
- Regarding the state budget, the Governor submits proposed state budget to legislature by Jan 10

Policy Development: Key Players

- Governor and staff
- California Legislature; key committees/staff
- CA Department of Finance
- CA Health & Human Services Agency
  - CA Dept of Public Health, CA Dept of Health Care Services, OSHPD
- CMA
- CA Hospital Association
- CA Conference of Local Health Officers
- National Hispanic Medical Association

Policy Development: Key Players

- Other Health Professional Organizations
- Pharmaceutical Firms
- Insurance companies
- State wide advocacy organizations:
- California Primary Care Association

NHMA & Its Role

- Establish legislative & budget priorities
- Continue and maintain its policy and advocacy roles; federal and state
- Maintain existing & establish new relationships with key policy makers & staff
- Identify & determine when to testify on health legislation
- Maintain existing & establish new "allies"

Panel 2 Overview

Margarita Loeza, MD
Co-Chair
NHMA Southern California Chapter

Asm. Joaquin Arambula, MD
California State Assembly
District 31

Marko Mijic, MPP

Deputy Secretary for Program & Fiscal Affairs

California Health and Human Services Agency

Meeting CA's Health Workforce Needs and Providing Opportunity

Jeffrey Oxendine, MBA, MPH
CEO, Health Career Connection
Director of Health Workforce and Diversity
UC Berkeley Center for Health Care Innovation & Organizational Research

Oxendine@Berkeley.edu

CA Workforce Challenges

Provider shortages

Maldistribution

Aging workforce

Inadequate diversity and language capabilities

Burnout

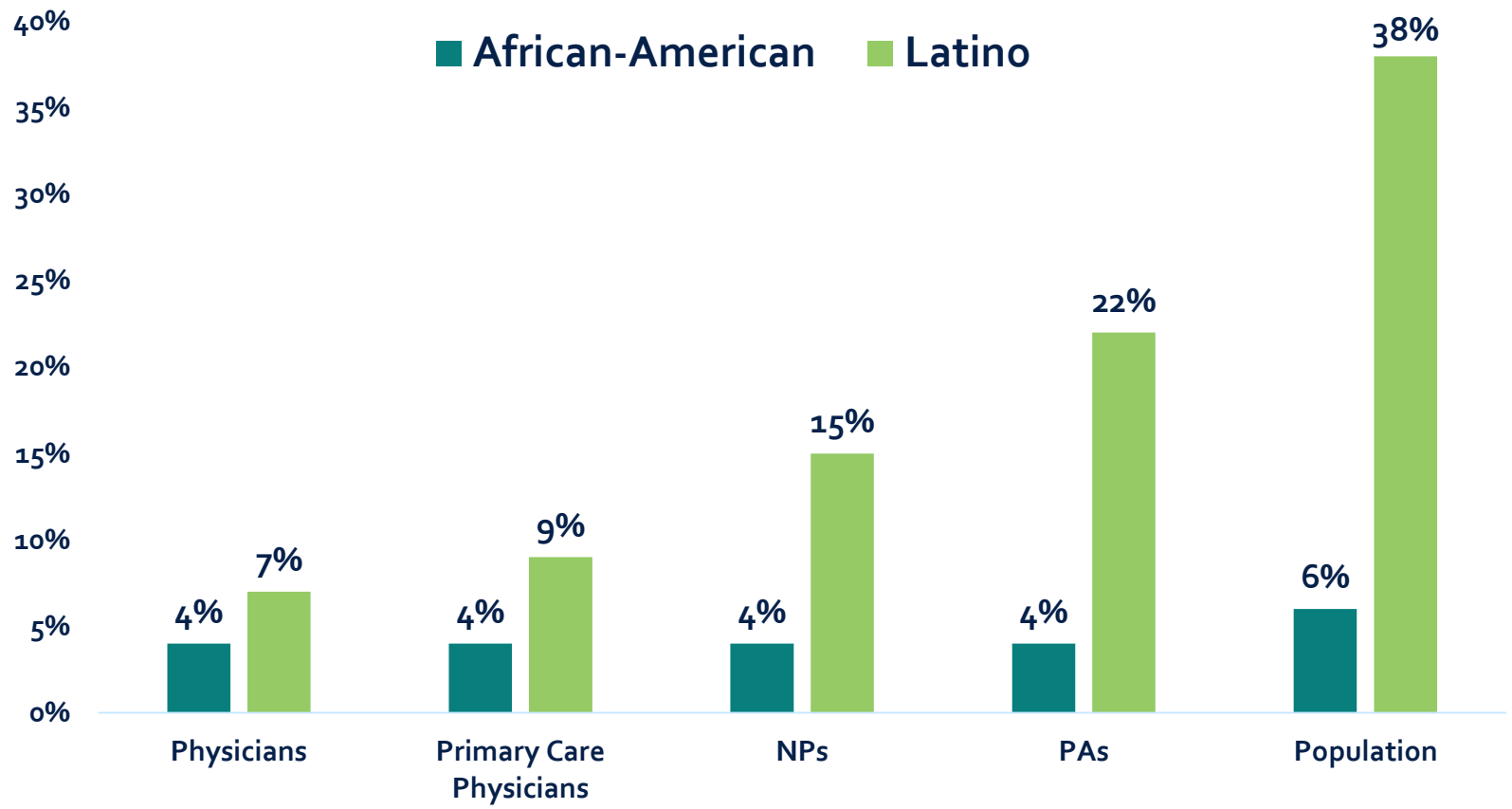
Provider stability and financial health

Inadequate access to quality, affordable, culturally and linguistically competent care

COVID-19 response and recovery

Health inequities, rising costs

Diversity of Clinicians Compared to the Population, 2015



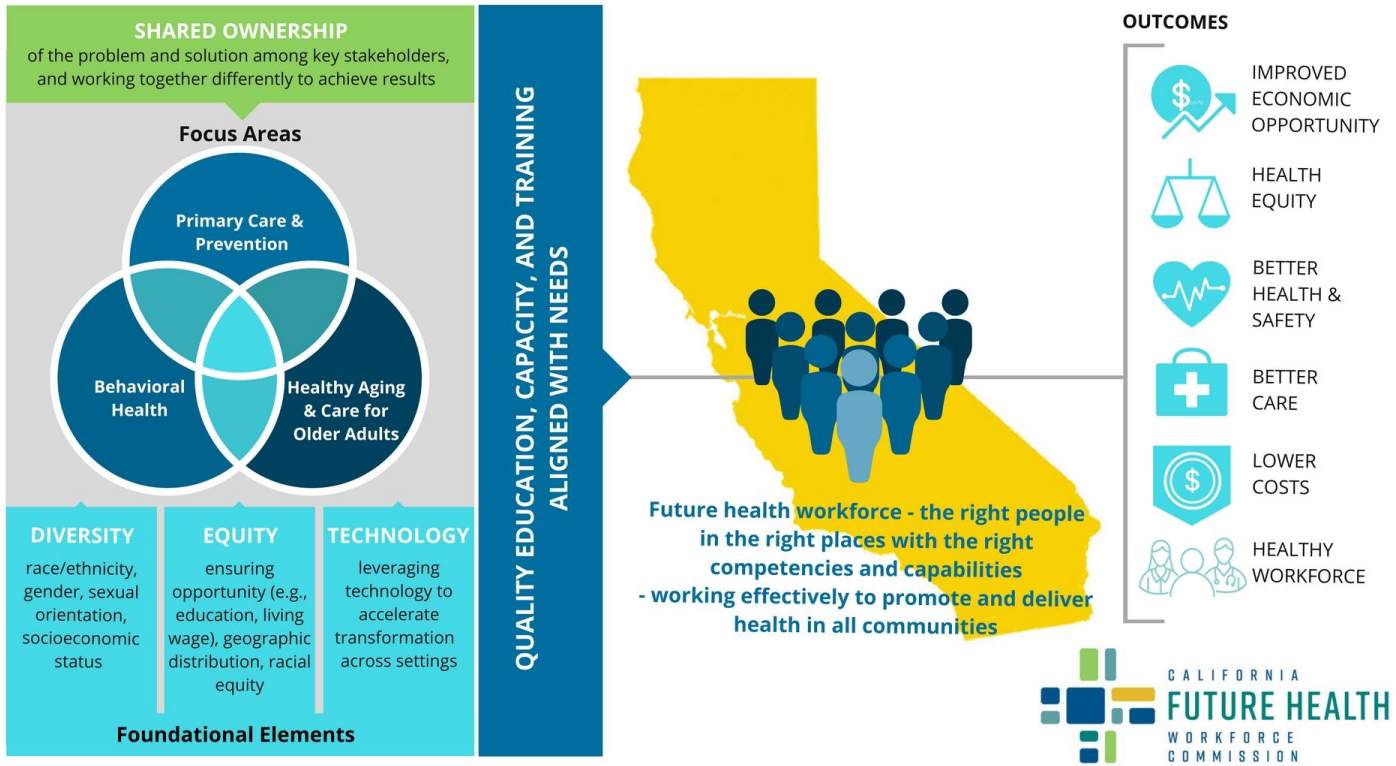
Sources: American Community Survey, Public Use Microdata Sample, 2015, private tabulation. Medical Board of California, Survey of Licensees, May 2015; private tabulation.

CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION

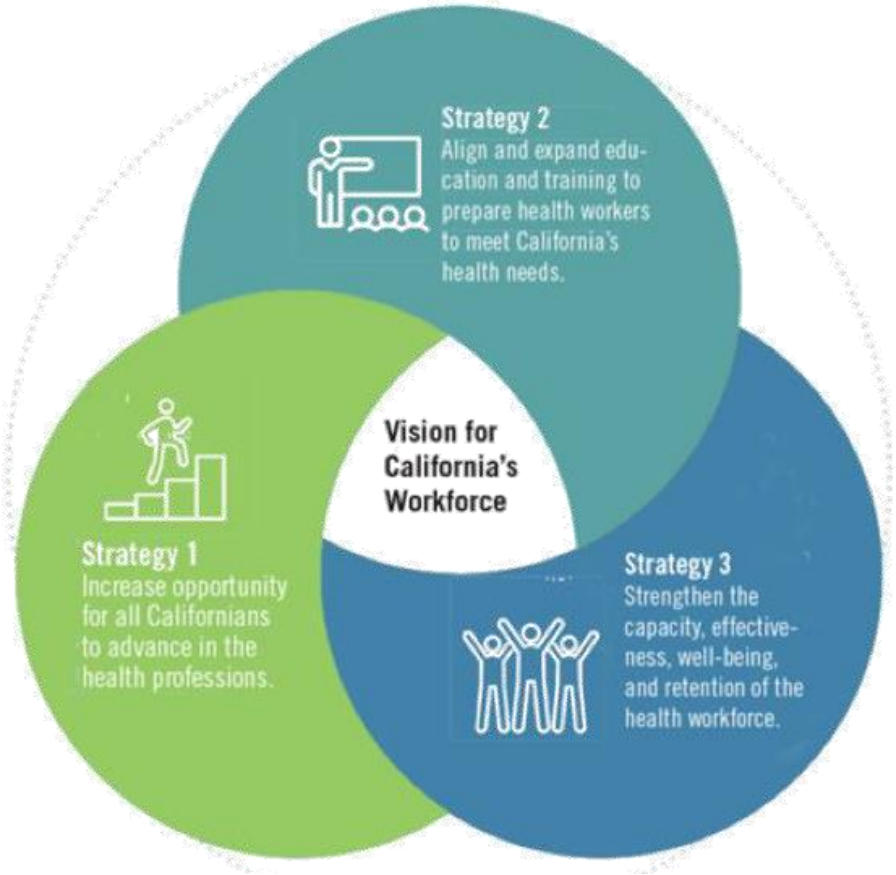
Action Needed Now:

- **7 million** patients with limited English proficiency
- State has **20%** as many Spanish-speaking doctors as needed
- **7 million** Californians live in *Health Professional Shortage Areas* (*HPSAs*)
- BIPOC **disproportionately** impacted by COVID-19, economic crisis and systemic racism
- Opportunity to **advance recovery and workforce**

Future Health Workforce Commission Framework: Focus Areas & Foundational Elements



CA Future Health Workforce Commission Strategies



CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION

Top 10 Priority Recommendations (Strategy 1)

- **1.1:** Expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers.
- **1.2:** Recruit and support college students, including community college students, from underrepresented regions and backgrounds to pursue health careers (HCOP Program).
- **1.3:** Support scholarships for qualified students who pursue priority health professions and serve in underserved communities.

Expanding the Pipeline and Providing Opportunity is more Urgent and Important than Ever

CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION

Expand and Scale Proven Programs

Doctors Academy

FACES for the Future

Biology Scholars Program

Stanford Summer CC

UCR Medical Scholars

UCD Prep Medico

UCSD HCOP

Mi Mentor

Health Career Connection

CR Drew Pipeline Programs-HCOP-Alta Med

UCSF and UCB Latinx COE

Future Physician Leaders

Statewide and Regional Programs

Statewide:

CA Health Professions Consortium

Health Workforce Initiative

CSU Health Workforce

Latinx Physicians of CA

Physicians for a Healthy CA

California Medicine

Regional:

Inland Coalition

OneFuture Coachella

Salinas Valley Health Pathways

Alameda County Health Pathway Partnership

SD Regional Consortium

LLU Pathway Programs

East Bay Health Pathway

LA Chamber Health Pathways

Western U Health Pathways

What we need to expand and scale for the talented students already in the pipeline

Exposure

Experience

Mentorship

Advising

Academic Support

Psychosocial support

Jobs and economic opportunity

Health professions school preparation

HCOP - Health Careers Opportunity Program

- **Undergraduate students** from **disadvantaged backgrounds** prepare for careers in medicine
- Academic, career, psychosocial and grad school prep support
- **60-70%** enter a health field, most at a Masters or Doctoral level
- **25,000 new URM professionals**

Support Existing HCOP Programs

Establish Statewide CA HCOP

20 HCOP's-CSU, UC, CCC, Private

CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION

Top 10 Priority Recommendations (Strategy 2.)

- **2.1:** Sustain and expand the PRIME program across UC campuses.
- **2.2:** ***Expand number of primary care physician and psychiatry residency positions***
- **2.3:** Recruit and train students from rural areas and other under-resourced communities to practice in community health centers in their home region.

Top 10 Priority Recommendations (Strategy 3)

3.1 ***Maximize role of nurse practitioners as part of care team to help fill gaps in primary care***

3.2 Establish & scale a **universal home care** worker family of jobs with career ladders & associated training

3.3 ***Develop a psychiatric nurse practitioner program that recruits from & trains providers to serve in underserved rural and urban communities***

3.4 ***Scale the engagement of community health workers, promotores & peer providers through certification, training & reimbursement.***

Additional Recommendations

Post Bac Program

Loan Repayment

Expand Medical school enrollment-

- **UC Riverside**
- **Charles R. Drew**
- **SJV**

Primary Care Psychiatric Fellowship

California Health Corps-(Community Health Corp also needed)

Bolstering the Public Health Workforce and Infrastructure

Commission Recommendations:

Academic Public Health Departments

Cross Sector regional collaboration to expand capacity to address social determinants

Additional Actions and Investments:

Contact Tracers and Case Investigators

Social need, economic development and recovery

Expanding a diverse talent pipeline

Improved data, compensation, ease of hiring

CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION

Statewide and regional infrastructure needed

Coordinating state level entity- public and private, shared ownership

Regional entities

Road Map, Priorities and Sequencing

Execution, ongoing coordination

Accountability and Reporting

Return on Investment for Californians

- **60,000** students on health profession path
- **47,000** health workers added
- **30,000** workers from underrepresented communities
- **14,500** providers trained - physicians, nurse practitioners & physician assistants

Eliminate *state's primary care provider shortage &* ***nearly eliminate*** *the shortage of psychiatrists by 2030*

CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION

Dr. Evita Limon Rocha

Local pipeline program product- Reach Out & HCC

MD and MPH

ULCA Med, UC Irvine Psychiatry Resident

Policy Advocate

NHMA Resident of the Year

Returned to serve in Inland Empire as Child and Adolescent Psychiatrist

CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION

NHMA Upcoming Events

- **Nov. 5 (12 PM – 1 PM ET):** Webinar: Improving Influenza Vaccination Rates for Hispanic Adults with Diabetes & Cardiovascular Disease During COVID-19 http://bit.ly/NHMAFluWebinar2020

- **Nov. 19 (8 PM – 10 PM ET):** NHHF Virtual Hispanic Health Leaders and Scholars Awards Ceremony http://bit.ly/NHHFCeremony2020

- **Dec. 1 (4 PM – 5 PM ET):** Webinar: When Two Pandemics Meet: HIV and COVID-19 in the Hispanics LGBTQ Community https://bit.ly/2HFN423

- **Mar. 17-20, 2021**: NHMA 21st Annual Conference http://bit.ly/2021NHMA