Health Disparities, Workforce & ACA

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Key Trends

- Minorities face health care disparities in America
  - By 2042, over half of Americans will be minority populations
  - Latinos – immigrants, mixed families with strong cultural values – will be 1 out of 4 Americans

- Our nation is undergoing a major transformation:
  - Cultural Competence & language requirements in hospitals/clinics and for future providers in medical education and public health
  - Health care reform expands health care coverage to Hispanics and African Americans and increases the need for education and outreach efforts
  - Quality value payments for coordinated patient centered care
  - Disparities in obesity and chronic disease for minority populations remain high
  - New demand for community-based health prevention and research

- NHMA/NHHF seeks to cultivate public and private partnerships to make a positive impact promoting prevention awareness & good will in new and growing Latino communities and markets around the nation
Diseases: Diabetes, Heart Disease, Cancer, HIV/AIDS, Hepatitis C, Asthma, Lupus
Social Determinants: poverty, crime, low levels of education, nutrition, safe parks, stress
Supported the ACA – to increase access to care through affordable insurance, quality care models/payments, primary care focus, coordinated care, OMH structure, race/ethnic/language data
CEHCD – NHMA Congressional Briefing on Innovations – Diabetes care through Medicare
Amends Medicare to provide coverage of diabetes prevention program services to an eligible diabetes prevention program individual.

Directs the Secretary of HHS to establish the criteria for a diabetes prevention program in accordance with the standards under the National Diabetes Prevention Program established by the Centers for Disease Control and Prevention (CDC).

Excludes items and services under a diabetes prevention program from the skilled nursing facility prospective payment system.

Includes: (1) items and services under a diabetes prevention programs among federally qualified health center services, (2) rates of referrals of eligible individuals to diabetes prevention programs among the quality measures for covered professional services in the Medicare physician quality reporting system, and (3) an individual's diabetes risk assessment in the individual's Medicare personalized prevention plan.

Expresses the sense of the House that the National Diabetes Prevention Program presents an opportunity for states to reduce the incidence of diabetes among individuals enrolled in their Medicaid programs.
State and local government flexibility and resources to develop health workforce innovations, recruitment strategies

Drive the transformation to a patient centered care model that promotes access, coordination across the continuum, wellness and prevention by collaborating with physicians, starting with primary care, in ways that allows them to successfully manage the health of their patients and thrive in a value based reimbursement environment
Grant programs that support the training of primary care providers, including family medicine, pediatrics, general internal medicine, and physician assistants
Payment bonuses to primary care physicians
Geographic distribution of providers vs need
Primary care health providers needed:
  ◦ Nurse practitioners & Physician assistants
Telemedicine, e-health, apps, technology
STEM and Health Careers

- ACA supports development and implementation of health sciences programs in public secondary schools so that students can prepare for careers in health professions.

- President’s Council of Advisors on Science and Technology Report, 2.2012 on producing 1M additional college graduates in STEM: Recommendation 4: Encourage partnerships among stakeholders to diversify pathways to STEM Careers.
  - High School STEM Summer Programs
  - Expand Dept of Labor Pathways from 2 yr to 4 yr IHE
  - Establish public–private partnerships for bridge programs (HS to College; 2yr–4yr IHE) (Change the Equation)
  - Improve data on supply and demand of workforce – Bureau of Labor Statistics to redefine jobs that require STEM skills such as medial professionals and K–12 educators
  - Enable underrepresented students academic advancement in STEM Fields.

White House Website
President Obama’s STEM Initiative

- November 2009, the President launched the Educate to Innovate initiative to move American students from the middle to the top of the pack in science and math achievement over the next decade.
- To date, this nation-wide effort has garnered over $700 million in public–private partnerships and hit major milestones in the following priority areas:
  - Building a CEO–Led Coalition to Leverage the Unique Capacities of the Private Sector: Change the Equation
    - Preparing 100,000 new and effective STEM teachers over the next decade
  - Showcasing and bolstering federal investment in STEM
President’s FY 2015 STEM Budget

- **STEM Master Teacher Corps**: $20 million to support the creation of a national STEM Master Teacher Corps which would enhance teacher training and professional development of other STEM teachers and identify best practices in schools, districts and states.

- **STEM Innovation Network**: $110 million for competitive awards to prepare students for postsecondary education and careers in STEM fields.

- **100Kin10**: $40 million to support evidence-based teacher preparation programs and to recruit and train STEM teachers in high-need schools.

- **Effective Teaching and Learning STEM**: $150 million to fund partnerships to improve teaching and learning in STEM subjects and fields.

- **Undergraduate STEM education**: $118 million at the National Science Foundation to improve retention of undergraduate STEM majors and improve teaching and understanding of STEM subjects.

- **Major STEM Agencies**: Dept of Education, National Science Foundation, National Institutes of Health, HRSA

Hispanic Serving and HBCU STEM Programs
Need for diversity and health professions in the President’s STEM Initiative (recruitment, counseling, education still needed)

White House, Dept of Education, NSF, NIH, HRSA, Congress, IOM, AAAS, NYAM, RWJF and minority STEM leaders & medical school recruiters/counselors

STEM URG Pathway Program from HSIs/HBCUs to medical school

Charge: Recommendations: K–12, PreMed Pool, Public/Priv Partners
Recommendations: Overarching STEM Programs

- Increase awareness that Medicine is a Stem discipline
- Develop the evidence base, metrics
- Share best practices
- Develop the business model
- Stakeholder input to OMB, Congress with NHMA
- Work with CHC, CHLI, CBC
Recommendations: K–12

- Engagement of parents and communities
- Provide teachers with training and tools
  - Barriers of math and reading
  - Change curriculum alignment with science
- More effective counseling and mentoring to increase the pool of students
- Increase informal STEM learning, service learning
- Target funds for diversity STEM programs at HBCUs and HSIs to work with best practices
- ESEA reauthorization should strengthen K–12
Advice on career options beyond medicine and encourages minority students
Encourage science with new learning styles
MCAT and GRE test-taking
Institutions need to adapt best practices
Change admissions perception of 2 yr inst
Link biomedical science & health professions
Flexible metrics, but community ROI
Increase collaboration with HBCU, HIS, post bacs should be Masters programs
Recommendation: Public Private Partnerships

- Expand Federal authority for private partners
- Expand corporate partnerships beyond their foundations
- Engage the technology sector
- Develop regional and local alliances (STRIVE in Ohio is a model)
- CA model uses State tax incentives for company engagement with STEM programs
- Increase internship programs with companies
- Advocacy campaign needed to Congress for STEM set-aside to health careers, link to HBCUs and HSIs
Established in 1994 in DC, NHMA is a non-profit 501c6 association representing 50,000 Hispanic physicians in the U.S.

Mission: to empower Hispanic physicians to improve the health of Hispanic populations with Hispanic medical societies, residents, students and public and private partners.

Established in 2002, NHMA’s foundation, National Hispanic Health Foundation, a non-profit 501c3 foundation for research & education activities – affiliated with NYU Wagner Graduate School of Public Service.
National Hispanic Medical Association – what do we do?

- Serve as a resource for White House, Congress, and Federal agencies on health policies and programs
- Support Hispanic physician leadership at national and state level
- Provide networking opportunities for advancement of Hispanic health
National Hispanic Medical Association Programs

Resource:
- Federal government
  - Capitol Hill Briefings on Hispanic health Issues to eliminate health disparities
  - Nominate members to Federal advisory commissions
- Private sector
  - Provide technical assistance to corporate health programs
  - Nominate members to corporate boards

Leadership Development:
- NHMA Leadership Fellowship
- NHMA California Leadership Fellowship
- National Hispanic Health Professions Leadership Institute
- Health Professional Student Recruitment and Mentoring Programs

Networking:
- NHMA 18th Annual Conference, Mar. 28–30, 2014, Washington, DC
- Regional Health Reform Events – NE–NYC, WEST –Los Angeles, SOUTHWEST –San Antonio, MIDWEST – Chicago, SOUTHEAST – Atlanta, WASHINGTON DC METRO – Washington, DC
NHMA Network 2013

- Hispanic State Medical Societies
- National Hispanic Health Professional Leadership Network
  - National Association of Hispanic Nurses
  - Hispanic Dental Association
  - Latino Caucus of APHA
  - Latino Forum of Health Executives
  - Physician Assistants for Latino Health
  - Mental Health Workers, Dietitians

- 12,000 Members and 40,000 Prospects
- Latino Medical Student Association
- Partners, Contacts