NHMA & NHHF – Who are We?

- Established in 1994 in DC, NHMA is a non-profit 501c6 association representing 45,000 Hispanic physicians in the U.S.
- Mission: to improve the health of Hispanics and other underserved
- Established in 2002, NHMA’s foundation, National Hispanic Health Foundation, is a non-profit 501c3 foundation for research & education activities – affiliated with and located at the NYU Wagner Graduate School of Public Service
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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
  - Develop cooperative agreements with Federal agencies
  - 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 Resident Leadership Program
- National Hispanic Health Professions and Medical Societies Leadership Institutes

Networking:
- NHMA 15th Annual Conference, Mar. 17-20, 2011
- Regional Networking Events
NHMA Program History

- Leadership --- 1999 - 6 years Fellows, 3 years Residents, 2 years Med students, PH Leadership Fellowship (06), Med Society Inst (07)
- Cultural Competence Research – 2000 - 4 years
- Federal Advocacy – all 15 years – Summit Report 2009
  - Access to Health Care
  - Health Care Disparities – Prevention, Obesity, chronic diseases
  - Medical Education, Cultural Competence
- Resource for Federal Govt and Private Sector – all 15 years; State Govt w/Resident Leadership Program
  - States: NY and CA, Private Sector – NY, CA, FL
- Media – training of fellows (NHTSA), press conferences (conf), regular interviews & press releases
- Technical Assistance – participation on external committees
NHMA Summits

- The Commonwealth Fund Hispanic Uninsured w/Surgeon General Carmona and Congresswoman Hilda Solis – 2002/03
- US DHHS and Congressional Hispanic Caucus – 2002 (San Antonio, TX)(RWJF Report)
- US DHHS OMH – Cultural Competence - 2004
- US DHHS OMH – Hispanic Curriculum in HCOEs - 2002
- US DHHS OMH – Health Disparities Leadership Summit Series (NY, CA, TX) – 2007-8
- Congressional Briefings w/CHC(2x Year since 2005)
Outcomes

- Improved health policies and programs targeting Hispanics (HHS, White House, Congress, grant reviews, health reform, minority health, cultural competence, language, Comparative Effectiveness, HIT, OMH, HCOP, COE, obesity, HIV, diabetes, cancer) & partners
- Leadership training of 130 fellows, 80 residents, NHMA Council of Medical Societies, National Hispanic Health Professional Associations
- Hispanic Health Summits – 2002, 2009 – access, prevention, health workforce diversity
- 14 Annual Conferences
- 3000 members
- 5000 - monthly newsletter, 40,000 mailing list, databases
- Millions - media outreach, websites
National Hispanic Health Foundation – what we do?

- **Education**
  - HispanicHealth.info portal

- **Research**
  - National Center for Hispanic Community Health Research

- **Support Hispanic health professionals and health professional students**
  - Hispanic Health Professional Student Scholarship Fund
Hispanics & Health Care

- The majority ethnic group in America
  - 2042: one out of four Americans will be Hispanics
  - Immigrants and mixed families, low education and income
- High rates of uninsured & problems with disparities in health care according to US DHHS Disparities Reports
- Limited cultural competence, language services
- System lacks Hispanic researchers, providers and leaders in public/private agencies
- Need for new approaches to increase Hispanics in primary care; Medicaid/Medicare payment increase; Health IT, telemedicine
- Need for cultural competence training to all providers about Hispanic populations
Geographic Variation Recommendations

- Support Safety Net Physicians with incentives for improved care for patients
  - Academic Center, Community Hospital, Private practice, Clinic physicians
  - Reimbursement bonuses, incentives for pt quality care, family care
  - Community assessments – health status, disease prevalence, cultural needs, health education programs
Geographic Variation Recommendations

- Innovations for payment mechanisms must include research on the Hispanic Medicare populations and development of model practices that are innovative and targeted to Hispanics to change lifestyle and behaviors to decrease chronic diseases and medical practices that serve low income, low educated, chronic disease populations.
Geographic Variation Recommendations

- Consider the reimbursement levels of the FQHC for safety net systems of care that link to clinics in new ACOs, for example.

- Consider the reimbursement for quality care and savings – linked to DSH payments so as not to phase out DSH but to transform it to a future approach in the safety net care hospitals and physician care services for the poor.
Geographic Variation Recommendations

- Training hospitals and GME reimbursement needs to be adjusted ---and consider allowing diversity of the faculty and students to be a part of the quality equation for primary care residency training reimbursement. Allow GME offices to be linked to the medical schools diversity offices – or consider hospital wide diversity offices, given new Joint Commission requirements for patient safety and cultural competence.
Cultural Competence is Key

- Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. (Adapted from Cross, 1989).
Culture and Health Care

- Significant implications for cost, quality of care and most importantly, health outcomes:
  - variations in patient recognition of symptoms;
  - thresholds for seeking care;
  - the ability to communicate symptoms to a provider who understands their meaning;
  - the ability to understand the prescribed management strategy;
  - expectations of care (including preferences for or against diagnostic and therapeutic procedures); and
  - adherence to preventive measures and medications
CLAS Standards – 2001

The collective set of culturally and linguistically appropriate services (CLAS) mandates, guidelines, and recommendations issued by the United States Department of Health and Human Services Office of Minority Health intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services (National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, OMH, 2001).
Cultural Competence Standards

- Federal Law – Title VI
- Medical Education – AAMC, LCME, ACGME
- Joint Commission, NQF standards
- Licensing – required in CA, NJ
- Language Services in Medicaid – in 13 states
Cultural Competence and Quality

- There is excellent evidence that tracking/reminder systems can improve quality of care, and fair evidence that multifaceted interventions, provider education interventions, and interventions that bypass the physician to offer screening services to racial/ethnic minority patients can improve quality of care. There is, however, excellent evidence for improvement in provider knowledge, good evidence for improvement in provider attitudes and skills, and good evidence for improvement in patient satisfaction. (AHRQ, Strategies for Improving Minority Healthcare Quality (Publication No. 04-E008-01, 2004)
Language Recommendation

- Recommend research of hospital service area language needs in a consistent fashion based on Cultural Competency Framework and Preferred Practices, NQF, Domain #7- Data Collection, Public Accountability, and Quality Improvement
  - HRET Toolkit for collection of race/ethnicity/language data
  - Community assessments – demographic, cultural, epi
  - Cultural program innovations
  - Patient and family centered communication
ACA Impact on Clinical Care

- Increased insured patients & demand for all services with critical shortages of safety-net providers, need for increased nursing
- Payment methods that incorporate quality, health outcomes, incentives to episodes of care and all services over a period of time, with interdisciplinary teams
- New focus on prevention and Hispanic lifestyle
- Increased focus on patient-centered care (cultural competence, language/literacy services & training)
- Hispanic physician and health professional leadership
- Research on Hispanic community health
How to contact NHMA & NHHF

- NHMA
  - www.nhmamd.org

- NHHF
  - www.nhmafoundation.org

- Hispanic Health Portal
  - www.hispanichealth.info