


National Campaigns: ACA, Workforce, Obesity

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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:
 - **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
 - Cultural Competence & language required in hospitals/clinics and for future providers in medical education, **need for workforce diversity**
 - Disparities in **obesity and chronic disease** , **social determinants of health** 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

Major Goals of ACA

- ▶ Extend access to affordable health insurance coverage to the uninsured and underinsured
 - ▶ Reduce health care costs, reduce admissions
 - ▶ Establish nationwide consumer protections that apply to all insurance policies
 - ▶ Focus on health workforce – quality, primary care, team health, pcmh, coordinated care
 - ▶ Shift services to prevention/behavioral health
 - ▶ Reduce health disparities – OMH in HHS agencies, ERL data requirement
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Insurance changes

- ▶ Essential health benefits
 - ▶ Medical loss ratio – 80% profits for care
 - ▶ Rating rules changed – guaranteed issue, no pre-existing condition exclusions, 3:1 age bands, elimination of benefit caps
 - ▶ Health marketplace (Exchanges) for purchase of insurance of qualified companies
 - ▶ Outreach – brokers, certified counselors, community workers, community clinics
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Insurance Coverage Rules

- ▶ Expand Medicaid eligibility (some states opted out based on Supreme Court decision)
 - 133% FPL
 - Childless adults
- ▶ Children can remain on parents plan < 26yo
- ▶ Individual mandate, penalty
 - 2014: greater of 1% income or \$95 adult; 400% (\$46,797) = \$468; child penalty = half of adult
 - 2015: 2% or \$325; 2016: 2.5% or 695
- ▶ Subsidies 133–400% FPL (down to 100% for states that didn't expand Medicaid)


Trends

- ▶ 17 State Marketplaces – Oregon to drop
- ▶ Uninsured: 18% Q3–2013 to 13.4% Q1–2014
- ▶ State to Federal shift: exchange, product, pricing
- ▶ Shopping in future
 - Converging premiums – individual and small group;
 - Based on demographics for products
 - By items: deductible, copay, out of pocket, meds
 - Consumer education – Web Broker Entities, insurance collaborations, campaigns
- ▶ Small group self–insurance, private exchanges
- ▶ Medicaid: 27 states didn't expand; 5.7M uninsured

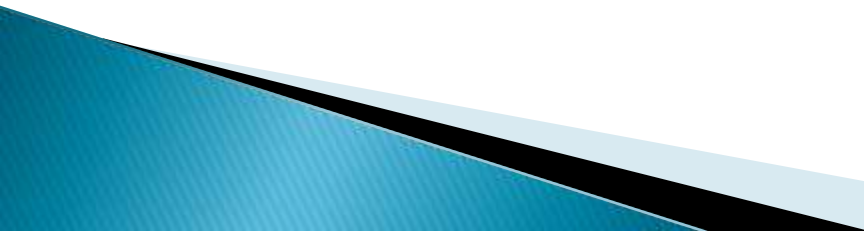
ACA Health Care Workforce

- ▶ 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


Invest in Primary Care

- ▶ 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
 - ▶ Community and Rural/Migrant Clinics major support – collaboratives, PCMH, veterans
 - ▶ National Health Service Corps
 - ▶ Team Based Training
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Primary Care Residency Training

- ▶ Title VII program for training of family medicine, pediatrics, general internal medicine, and physician assistants
 - ▶ July 1, 2011 – 65% or unused GME slots redistributed to primary care in states/territories w/lowest res : pt ratios
 - ▶ PC Extension Program – health dept, M/M
 - ▶ AHC programs for training/research
 - ▶ Teaching Clinics to increase community care
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Community Health Workforce

- ▶ States, Health Depts, Clinics, Hospitals, NGOs
 - ▶ Community outreach and education w/CHW
 - ▶ Preventive medicine, dental public health
 - ▶ CDC public health fellowships
 - ▶ Direct care workers – nurse aides, home health aides, nursing homes and home & community-based care
 - ▶ Nursing – faculty, increased loans, advanced practice nursing
 - ▶ Geriatric, peds, behavioral health
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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.


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


NHHF STEM Diversity Summit, supported by Josiah Macy Jr. Foundation

- ▶ 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
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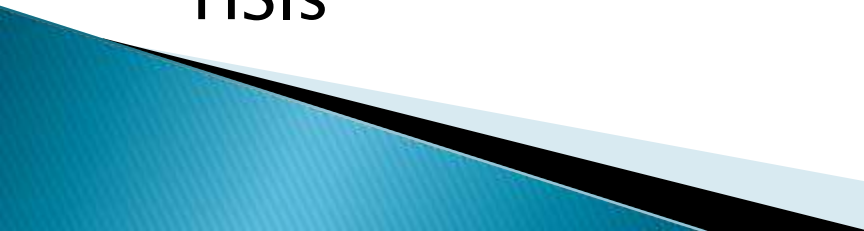
Recommendations: K-12

- ▶ 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
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Recommendations: PreMeds

- ▶ Advise 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
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Recommendation: Public Private Partnerships

- ▶ Expand Federal authority for priv 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
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NHMF/NHMA Project Next Steps

- ▶ Physician Leadership Team and Region Steering Committees (West and NE) meetings
- ▶ Health Communications to Policy & Media
- ▶ California and New York State Government Policy – Latino Caucus, Senate and Assembly Health, Insurance, Education Committees, Governors & Health, Education Departments (May meetings)
- ▶ Federal Government – June Congressional Briefing followed by meetings w/First Lady, Surgeon General, CDC
- ▶ National Media Network – Champions List
- ▶ 2016 – – DNC, RNC Agendas and Presidential Candidate Debates at NHMA Conference

Child Obesity Campaign – Schools

- ▶ Develop programs to increase awareness of students, parents, teachers about the importance of physical activity in daily activities
 - ▶ Increase awareness of nutrition, and support nutritious food and beverages, including free drinking water
 - ▶ Require teachers to educate parents about mandated health appraisals of their children
 - ▶ Enhance School Based Clinics policies
 - ▶ Teach children with teaching methods through colors, visual arts and art forms and forms from the community
 - ▶ Serve breakfast and lunch food in schools that conform to the My Plate guidelines (myplate.gov)
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Communities

- ▶ Mobilize with Town Hall Meetings with messages to build awareness about the ACA and needed prevention services through the internet, TV, phone calls, community programs like the Saturday Family Adventure, doctors' offices open enrollment for child wellness, community gatherings – raffles, metro cards
- ▶ Target community places for marketing efforts for ACA, including barber shops, Yankee Stadium, and Metro Card ads
- ▶ Build linkages that increase the number of Community agencies that go through the application and enrollment training process to increase chances our community will obtain services they are eligible for
- ▶ Train elected officials about the importance of changing behavior about obesity by informing them about the importance to increase community access to nutritious food and drink, Increase green carts with affordable pricing and vending machines with healthy water and decrease sugary drinks
- ▶ Community Functions: fiestas, parades, health fairs, sport events
- ▶ Community Places: Head start, child care, schools, Hair salons, barber shops, grocery stores, post offices, churches, cleaners, libraries, pharmacies, restaurants/fast food outlets, stores/malls
- ▶ Support *promotoras* role as key to consumer education in nutrition Programs: WIC, Snap-Ed, School Meals, MCH Home
- ▶ Support policies for “Safe Routes to School” – sidewalks, crosswalks, walking groups, lighting and landscaping for safety, “eyes on the street”, bike paths

Media

- ▶ Develop Social Media: Apps, Chats, Hotline for phones, I Pads, I Pods, etc.
- ▶ Simple messages should be developed at the appropriate level of Health Literacy
 - Basic messages and in pamphlets/English and Spanish
 - Clear explanation about costs and benefits
 - Cultural messages and especially discuss how obesity may not make you feel sick now, but in the future it has lasting negative impact on health with diabetes and high blood pressure and other problems that result
- ▶ Support media campaigns on TV, radio, internet that focus on obesity reduction interventions
- ▶ Develop technology to be used with media campaigns – apps, smartphones, visual simple
- ▶ Adapt for business – employee ACA education, wellness messages
- ▶ Develop messages and materials in English and Spanish in everyday packaging – posters, flyers, and coupons
- ▶ Ban advertising unhealthy food and beverages to children


Health Care Systems

- ▶ Support self-management and empowerment of patients as key to reducing obesity:
 - Teaching, training, education, partner with other healthcare workers
- ▶ Support WIC, a key program to reach parents and should be supplemented with financial literacy, food insecurity, how people buy groceries and should be able to buy more nutritious food, not the less nutritious food bought in bulk.
- ▶ Support Federal entitlement programs to include:
 - Policies for nutrition
 - Medical homes
 - Nutritionists – workforce policy needs
 - Violence and bullying reduction in our communities
- ▶ Support major media and educational campaign about the Affordable Care Act –
- ▶ Develop education about ACA at community centers with computers –
 - Schools, job centers, health ministries
- ▶ Increase oversight and accountability of Federal policies to increase funds to Latino communities and link health and wellness to immigration reform
- ▶ Require hospitals to link to community locations that focus on wellness – gyms
- ▶ Support health technology for learning – twitter, Facebook, apps, hash tags, videos, youtube, texting, toll free phone numbers, new technology

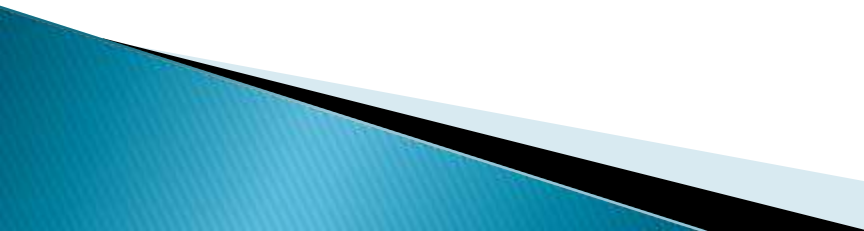
Provider Education

- ▶ Train providers on obesity counseling including BMI measure
- ▶ Incentives in patient-centered medical homes
- ▶ Develop obesity awareness in marketing for Medicaid expansion and Marketplace health insurance enrollment
- ▶ Expand health insurance benefits for prevention programs and small business tax credits
- ▶ Develop Health IT links to patient education materials
- ▶ Expand the Healthcare Workforce with Dept of Labor, HRSA Primary Care, Children's Hospitals, CMS GME, STEM at Dept of ED, NSF, NIH
- ▶ Government should support pipeline programs for Latino students to health professions schools
- ▶ Increase health equity and obesity among Latinos education
- ▶ STEM programs should support health career education
- ▶ Research needed on ACA, Latinos and Obesity Reduction with international and binational strategies and with an Institute of Medicine Study

Government

- ▶ Breastfeeding education programs
 - ▶ Home Visiting for Moms/parents
 - ▶ Build on current Medicaid, CHIP enrollment
 - ▶ IRS links for familiarity with stipends need to be developed to provide incentives to working poor for enrollment with health insurance coverage
 - ▶ Develop government community education programs in ACA to decrease obesity
 - ▶ Community Transformation Grants
 - ▶ Health in all Policies Programs need to be expanded to States –
 - ▶ Dept. of Interior, Dept. of Transportation, EPA community grants with sustained funding for community-level obesity prevention programs
 - ▶ Educate Community Leadership – National Conference of Mayors, NGA, ASTHO, Public Health Officers, School Boards
 - ▶ Undocumented Issues and parents' fear needs to be dealt with so that more parents will participate in educational programs about obesity
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NHMA & NHHF– Who are We?

- ▶ 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
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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
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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 Annual Conferences, Spring, 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 2014

- ▶ 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
 - NY Assoc of Health Execs / USHCC Health Com
 - Physician Assistants for Latino Health
 - Mental Health Workers, Dietitians
- ▶ 50,000 Members
- ▶ Latino Medical Student Association
- ▶ Partners, Contacts

National Hispanic Health Foundation – what we do?

- ▶ Education
- ▶ Research
- ▶ Support Hispanic health professionals and health professional students

NHHF Selected Programs

▶ Education

- Kellogg Foundation Child Obesity (0 – 8 years old)
 - 2013 Report from CA and NY State Policy Summits
 - 2014–15 Summits for CA and NY Legislators/Staff
- Veterans Health pilot project w/ Urban Health Plan, Bronx, NY
- GE NHMA Health Professional Student Mentoring and Leadership Program

▶ Research

- National Center for Hispanic Community Health Research (in progress)

▶ Health Professional Student Scholarship Fund

- Gala in Los Angeles, Nov. 20th
- Gala in NY, Dec 4th

NHMA & NHHF Contact Us

- ▶ NHMA – www.nhmamd.org
- ▶ NHHF – www.nhmafoundation.org
- ▶ Portal – www.hispanichealth.info
- NHMA 19th Annual Conference, Mar. 27–29, 2015, Washington, DC