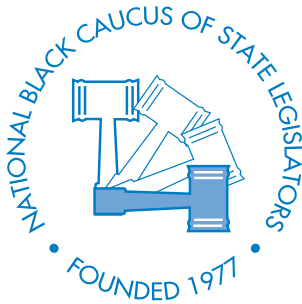


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The Fifth Annual 2007 Health Disparities Conference



NBCSL Conference
Representatives



NHCSL Conference
Representatives

Health disparities are among the most disturbing and intractable public health challenges in the U.S. today. This conference highlighted root causes of racism and inequalities in income and education, as they relate to healthcare access and coverage.

Members of the National Black Caucus of State Legislators (NBCSL) and the National Hispanic Caucus of State Legislators (NHCSL) gathered in San Antonio, Texas, September 13 – 15, 2007 for the Fifth Annual NBCSL/NHCSL Health Disparities Conference.

Speakers covered topics that ranged from access to mental health services for war veterans to the impact of medical technology on underserved communities.

At this year's event, there were fewer lectures and more panel discussions, with greater participation from the floor. Attendees shared their experiences, ideas, initiatives, and knowledge. They discussed legislative obstacles and opportunities, successful strategies, and targets for intervention.

This report is based on transcripts from the lectures and discussions that took place during the conference. It synthesizes topics covered and information exchanged.

Opening Reception

Opening speakers welcomed attendees on behalf of their respective organizations and spoke briefly about the upcoming agenda.



David Anderson
Director of State
Government Affairs
for AstraZeneca

David Anderson, Director of State Government Affairs for AstraZeneca, cited the leadership roles played by the legislators in the communities they serve.



Mary H. Coleman
State Representative (MS)
President, NBCSL

Mary H. Coleman, Mississippi State Representative and immediate past president of NBCSL, thanked the participants for coming to San Antonio to learn.



Felix W. Ortiz
Assemblyman (NY)
President, NHCSL

Felix W. Ortiz, New York State Assemblyman and NHCSL president, spoke about his commitment to returning troops. He said that we need to be accountable; to make sure we can not only meet the goal of stopping the war in Iraq, but of also developing programs to benefit our military personnel.

“This is a great opportunity for us to get together to hear best practices so that we can go back and better serve our constituents. It’s our responsibility as leaders and policy makers to learn about the health conditions that affect the communities we serve.”

Coming Together for the Greater Good

- AstraZeneca is a major international healthcare business engaged in the research, development, manufacture, and marketing of prescription pharmaceuticals and supplier for healthcare services (www.astrazeneca-us.com).



As a national organization it is our priority to make the best decisions for all Americans. We must continue to fight for equality and uplift our communities by our actions—implementing policies that will protect and benefit all Americans.

*Calvin Smyre, NBCSL President,
Georgia State Representative*

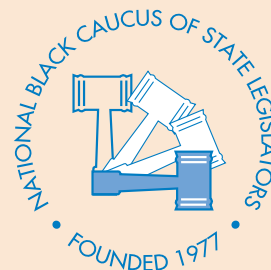
- The National Hispanic Caucus of State Legislators (NHCSL) is the preeminent organization representing the interests of more than 300 Hispanic state lawmakers from across the nation (www.nhcsl.org).



“One of our main goals has been to broaden participation in clinical trials. The more diversity, the better. Everybody comes out ahead.”

*David Anderson
Director of State Government Affairs
AstraZeneca Pharmaceuticals*

- The National Black Caucus of State Legislators (NBCSL) represents more than 600 lawmakers from 44 states, a constituency of more than 30 million voters (www.nbcsl.org).



“Our efforts focus on advancements in education, healthcare, housing, economic development, criminal justice, and employment and job training for the Hispanic community.”

*Felix W. Ortiz, NHCSL President,
NY Assemblyman*

Mental Health: Returning Veterans, Emotional Readjustment

Moderator



Kenneth Freeman, MD, JD

Dr. Freeman is Managing Partner of the consulting firm U.S. Technology Ventures Group and a specialist in health law. He gave an overview of the conference and summarized the agenda for the morning session on mental health care services for returning veterans.

Speakers



Aaron Strickland, MSW

Mr. Strickland is Regional Manager of the RCS Veterans Center in Dallas, Texas, also known as the Vet Center Program or Readjustment Counseling Service.



Hector Garcia, PhD

Dr. Garcia is a clinical psychologist with the Department of Veterans Affairs, San Antonio, Texas



Ivan Walks, MD

Dr. Walks is President and CEO of Ivan Walks & Associates, a multidisciplinary consulting firm specializing in the areas of health and public safety.



Solomon Williams, MD

Dr. Williams represents the Veterans Affairs Heart of Texas Health Care Network, or VISN 17. The Network serves a population of slightly more than one million veterans residing in 134 counties stretching from the Oklahoma border to the Lower Rio Grande Valley of Texas.

Synopses of Speaker Presentations

Aaron Strickland, MSW

Vet Centers operate out of 209 community-based locations in all 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. The primary outreach arm of the Veterans Health Administration, Vet Centers hire returning troops to make direct contact with their peers and are authorized to provide services to immediate family members of veterans. They also offer bereavement counseling.

FACTOIDS

The proportion of mental health problems in those seeking VA medical care has increased over the past two years from 31% in FY 2005 to nearly 38% as of April 2007.

- *Post-traumatic stress disorder (PTSD) is the most common diagnosis, followed by substance abuse and depression.*
- *In slightly more than a month, the suicide prevention hotline received 4,500 calls, resulting in 50 urgent rescues and almost 200 referrals to VA suicide prevention coordinators.*

From FY 2003 to the end of the third quarter of FY 2007, Vet Centers provided readjustment

services to 242,000 troops returning from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Their programs rely on small multidisciplinary teams that focus on early intervention and preventive educational services.

“When units come back from Iraq and Afghanistan, the Vet Center is there to welcome them home and find out if they have any needs we can assist with,” said Strickland

Ivan Walks, MD

Large numbers of veterans with post-traumatic stress disorder (PTSD) and other mental health issues will be returning from Afghanistan and Iraq, posing challenges for state governments. “We’re already seeing a lot of people coming back with problems,” said Walks. “We can’t wait for Federal programs to take care of them. We have to start planning now.”

Walks, who was among those tasked with disbursing Red Cross funds after 9/11, said that those with direct trauma required the greatest amount of care. “The 8,000 or so people on the front lines needed more help than anyone else, and at a much higher cost.”

According to Walks, legislators need to be very aware of costs and their potentially negative impact on African American and Hispanic troops. “Higher costs have already contributed to ethnic disparities in PTSD treatment,” he said. “This is cause for great concern.”

Stigma is another troubling issue, one that makes it all the more important to have services in place when veterans return. “We have to make it as easy as possible for people to get help. In this country,” said Walks, “it’s not okay to refer yourself for mental health treatment. This is especially so among warriors.”

The stakes are very high, he said. “If we don’t take care of our returning veterans in a way that makes sense, in a way that’s defensible, and especially, in a way that helps, we’ll wind up with many more people on the streets or in jail.”

Hector Garcia, PhD

The Department of Veterans Affairs (VA) is increasing capacity and improving access to meet the needs of veterans from Afghanistan and Iraq. “We’re hiring over 3,000 mental health professionals and using telemental health technologies to extend our reach,” said Garcia.

Another key part of the VA’s strategy is an effort to actively welcome veterans into the system by collaborating with the Department of Defense on post-deployment debriefings. “This is critically important because veterans are reluctant to admit to any health problems as they leave the military.”

Nonetheless, PTSD, traumatic brain injury (TBI), and suicide prevention are high-priority concerns. “We’re investing resources into polytrauma centers and suicide prevention networks. We have coordinators at every VA facility and a national hotline.” In just over one month of operation, he said, the hotline received over 4,500 calls.

According to Garcia, every veteran has the potential to recover. Evidence-based treatments, in particular, are proving very effective. “We have 12-15 week therapies that work – short-term treatments that eliminate the symptoms of PTSD in significant numbers of veterans.” This has huge social and policy implications, he

Solomon Williams, MD

Veterans from the wars in Iraq and Afghanistan have been singled out for priority care in terms of services, benefits, applications, and processing. “They get special attention,” said Williams, noting that the VA has policies in place to meet their needs.

One mandate is to see every vet the same day that he or she presents at the VA. “The VA has agreed to do whatever it takes to achieve that objective, and we’re pushing ahead with it.”

Post-deployment screening is another key area. “We screen troops on return, at six months, and at one year out,” said Williams. “We do this as a matter of course; even if they don’t have any problems.”

Of those who do have problems, the most common diagnoses are PTSD, depression, and substance abuse. “Those are the big three,” said Williams, “all caused and made worse by war.”

According to Williams, disparities in mental health care have all but disappeared from the VA system. The one exception is benefit approval for PTSD treatment. “This is something we’re working on,” said Williams. “It’s an area of great concern for all of us.”

FACTOIDS

Only 3% of African Americans who applied for PTSD benefits received approval compared with 56% of a comparative group of non-African American applicants.

Other VA Programs

Centers for Minority Veterans

Centers for Minority Veterans promote the use of VA benefits, programs, and services by minority vets. They educate and sensitize internal staff to their unique needs; target outreach efforts through community networks; and advocate for the improvement of service delivery within their facilities.

The Wounded Warrior Project

The Wounded Warrior Project (WWP) provides seamless transitions for severely injured service men and women. The WWP reduces red tape and streamlines access to all VA benefits. Each VA medical facility and benefits regional office has a point of contact to coordinate local needs of returning combat troops and veterans. Points of contact also set up appointments and follow through on ongoing care. <http://www.seamlesstransition.va.gov/>

Q&A

question and answer session

- Q.** Are wounded warriors from all conflicts receiving the same care as those returning from Iraq and Afghanistan?
- A.** A new program, called the Army Medical Action Plan, is of the highest priority. Its purpose is to make certain that all wounded warriors, no matter where they served, receive the same level of care. We have soldiers deployed not only in Iraq and Afghanistan, but all over the world. The goal of the wounded warrior is to heal; our goal is to help them do that.
- Q.** What can we do as state legislators to maximize benefits we get from Federal programs?
- A.** One of the biggest things would be legislation that allows us to treat families and spouses and to work with local providers to deliver affordable care. You can also help by providing jobs, affordable housing, and child care for our veterans. The inability to find appropriate child care is one of the major reasons vets drop out of treatment.

Keynote Speaker

Martha A. Medrano, MD, MPH



Dr. Medrano is a Professor in the Department of Psychiatry, Pediatrics and Family and Community Medicine at the University of Texas Health Science Center (UTHSCSA) at San Antonio, Associate Dean of Continuing Medical Education, Director of the UTHSCSA Medical Hispanic Center of Excellence (MHCOE), and Co-Director of the UTHSCSA National Center for Excellence in Women's Health.

Educational disparities equal economic disparities equal health care disparities. That was the key message in Dr. Medrano's presentation. She applied the equation to New Orleans, describing post-Katrina differences in recovery between affluent, middle class, and poor neighborhoods.

The middle class neighborhoods had row after row of "for sale" signs, while in the affluent areas it looked as though nothing had happened. Poor neighborhoods were virtually abandoned. "There are a lot of hidden communities like New Orleans within your respective states where economic disparities lead to health care disparities," she said.

Medrano singled out access to physical activity as a disparity with serious health repercussions. By way of example, she described an experiment in East Los Angeles. "I tried to get a sense of what it would be like to get outside more in East LA," she said. "Dogs chased me. People stared at me. I really felt afraid. It was not an environment conducive to helping individuals stay physically active."

Lack of physical activity is linked to diabetes. It's also associated with obesity and its related ills, including high blood pressure and cardiovascular disease. "The cycle starts early in life," said Medrano, "and that's when we have to intervene."

She urged attendees to create legislation that makes comprehensive services available to everyone. She also encouraged them to use their influence on the State Children's Health Insurance Plan (SCHIP). "It will take collaboration, partnerships, and accountability," she said, "but the gap can be narrowed; the work is already underway."

Trends in Treatment Using New Technology

The Friday afternoon session included two speakers: Jan Bruder, MD, an endocrinologist, and Thomas Tremble, associate vice president of AdvaMed, an advanced medical technologies association. They focused on innovations, trends, and the impact of technology on underserved communities.



Jan Marie Bruder, MD

Dr. Bruder is associate professor of medicine, clinical chief in the Division of Endocrinology, program director of the Subspecialty Training Program in Endocrinology, Diabetes and Metabolism, and director of the Osteoporosis and Metabolic Bone Disease Clinic at the University of Texas Health Science Center at San Antonio.

Osteoporosis is most often associated with postmenopausal Caucasian women, but it also occurs in African Americans and Hispanics as well as men. Research, however, is scant in these populations.

“We don’t have a lot of studies of osteoporosis in African Americans or Hispanics, although I’m part of one in the San Antonio area,” she said. “There’s also an outreach program on bone density in Hispanics.”

Data from the National Health and Nutrition Examination Surveys (NHANES) show that Caucasian women are at the highest risk of fractures, followed by Hispanics. African Americans are at much lower risk.

Those claims are based on densitometry measurements showing that African Americans have higher bone density than Caucasians or Hispanics. “Bone density is a good predictor of fractures,” said Bruder, “a good way to estimate risk.”

According to Bruder, densitometry gives physicians the means to diagnose osteoporosis and intervene before fractures occur. “It’s a low-risk, low radiation procedure,” said Bruder, noting that the technology is moving from hospitals to private clinics and offices, where more people can benefit from early testing.

Still, access might lag broader distribution. Although Medicare reimbursement varies from state to state,” said Bruder, “cuts are deep and across the board. We have to allow physicians to provide this service in their offices, but we also have to allow them to be reimbursed.”



Thomas Tremble

Thomas Tremble, AdvaMed's Associate Vice President of Government and Regional Affairs, is responsible for state government relations and liaison with state and regional device groups. AdvaMed, or the Advanced Medical Technologies Association, is the national trade association of the manufacturers of medical equipment. Mr. Tremble spoke about technology trends, cutting-edge treatments, and their impact on minority health care.

FACTOID

For every dollar spent on technology, there's a \$2 - \$3 return in terms of reduced hospital stays, faster recovery times, and quicker returns to work.

Technology accounts for about 5% of overall health care costs, but its value is much higher. "It reduces recovery time, shortens hospital stays, improves productivity, and gets people back to work faster," said Tremble. "The return goes above and beyond the technology itself."

According to Tremble, long-term benefits exceed initial costs for many different reasons, one of which is safer, easier, and more effective treatments for diseases like diabetes, which have a disproportionate impact on minority communities.

"In time, finger sticks will be replaced by finger scans and insulin shots will be replaced by insulin inhalers," he said. "Technology will bring more options to patients and doctors alike."

Stroke victims are already benefiting from technology advances. Older imaging processes have been refined and new treatments, such as stents and microcatheters, are being developed. "These are very exciting times," said Tremble.

He explained that technology is part of the solution, not the problem. "Costs are higher initially," he said, "but they come down over time, and benefits continue to accrue."

Nonetheless, new products are coming under increasingly close scrutiny. "Technology assessment programs are akin to formularies and other attempts to cut health care costs," he said, noting that growing numbers of states are looking into them.

Well-intentioned efforts, however, can go awry. "We're concerned about access and short-term perspectives. We're concerned about low-cost incentives that undermine long-term gains. These are things to watch out for," he said.

The 2007 Health Disparities Leadership Awards Dinner

Diversity in Action

David Anderson, Director of State Government Affairs for AstraZeneca Pharmaceuticals, welcomed guests to the 2007 Awards dinner. He also announced a major initiative by the company to increase diversity in clinical trials.

“One of our main goals has been to broaden participation in clinical trials. “The more diversity, the better,” said Anderson. “Everybody comes out ahead.”

Toward that end, the company has partnered with two leading physicians’ organizations:

- the National Medical Association, a professional society of more than 30,000 African American physicians; and
- the InterAmerican College of Physicians and Surgeons, a network of approximately 39,000 Hispanic physicians.

“We need to work together to achieve our common goals.” said Anderson. “This is a very important step in the right direction.”

“This is a great honor for me to be here tonight and receive this award. I accept it on behalf of all of us who fight every day for the rights and interests of the people we serve.”

*Senator Iris Y. Martinez, Assistant Majority Leader
Illinois Legislature*

In recognition of invaluable legislative leadership to close the gap in health care disparities

This year’s awards dinner recognized outstanding efforts by legislators to fight health disparities through changes in public policy. On behalf of the NHCSL, New York State Assemblyman and NHCSL President Felix Ortiz presented the 2007 Health Disparities Leadership Award to Illinois State Senator Iris Y. Martinez, Assistant Majority Leader in the Illinois State Senate. On behalf of NBCSL, Kansas State Representative and NBCSL Vice President Barbara Ballard presented this year’s award to Illinois State Senator Donne E. Trotter, Majority Caucus Whip in the Illinois State Senate.

“It’s a privilege to be here tonight among my friends and colleagues. Thank you for this award. Thank you for all the work you do to make this world a more just and equitable place.”

*Senator Donne E. Trotter, Majority Caucus Whip
Illinois Legislature*

photo gallery



Atiba Madyun (NBCSL Division Director), Representative Barbara Ballard (KS), Senator Donne Trotter (IL), and Representative Ray Miller (TN)



Assemblyman Felix Ortiz (NY), Senator Iris Martinez (IL) and David Anderson (AstraZeneca)



Senator Toni Nathaniel Harp (CT)



NHCSL President-Elect, Rep. Joseph E. Miro (DE)



Tatiana Guerra, Senior Research Associate and Elizabeth Burgos, Executive Director (NHCSL Staff)



AstraZeneca representatives

More from the Floor

Give-and-take on issues related to veterans continued during the afternoon session.

Topics included:

- Distribution of block grant money
- Services for spouses and kids of veterans
- Issues specific to National Guard and Reserve troops, including:
 - family counseling and housing
 - post-deployment benefits
 - Vet Center services
 - VA medical benefits
 - State responsibilities
 - Timing of service delivery (what happens five years out, for example)
- The need to consider costs from past wars and plan budgets accordingly
- Projected numbers of returning National Guard and Reserve troops
- Care of veterans from prior wars
- Issues related to access to care, such as transportation
- The importance of statistics—number of vets, diagnoses, and other data
- Use of grant proposals

FACTOID

Funding has been appropriated through FY 2008 to open 23 new Vet Centers (www.vetcenter.va.gov/)

“It’s no longer acceptable to set policies and demand that customers accept our point of view.”

Legislator's Reporting Session

Senators and representatives from five target states that were part of AstraZeneca's Reporting Health Initiative summarized their wellness-related acts, resolutions, legislation, and programs.

Representative Jewell Williams (PA)

Mental health

As of 2002, an estimated 5.4% of Pennsylvania adults and over 1 million children and adolescents, suffered from mental illness. Pennsylvania House Resolution 361 recognizes the need to educate residents about psychiatric conditions; acknowledge the vulnerabilities of those who suffer from them; and promote early detection and proper treatment among incarcerated individuals. It charges the Department of Health, the Office of Attorney General, the Department of Corrections, and the Office of Medical Assistance Programs with the deployment of appropriate experts and resources.

"There are people who keep getting arrested over and over again, and most of the time, it's because of mental illness."

Representative Jewell Williams (PA)

"My commitment is to make sure that, as a community, we become more educated about risk factors for cardiovascular disease and more willing to make healthy choices."

Representative Mary H. Coleman (MS)

Representative Mary H. Coleman (MS)

Cardiovascular disease (CVD)

Cardiovascular disease is the leading cause of death in Mississippi. After the state election, lawmakers will submit a resolution that supports state efforts to educate the public and medical community about the importance of prevention. The resolution will also encourage assessment, monitoring, and management of risk factors consistent with best practice guidelines. In addition, legislators are also developing resolutions for educational symposia.

Legislator's Reporting Session



Senator Leticia Van DePutte (TX)

Vet Asthma

To deal with an estimated loss of over \$1 million a year due to asthma-related absenteeism, the Northeast Independent School District hired two nurses and a respiratory technician to monitor children with asthma and ensure implementation of asthma care policies in the schools. The Texas School Nurses Organization also conducted statewide regional workshops on how to set up the program.

Mental Illness

In Bexar County, a large number of people with mental illness or substance abuse problems are being “treated” through incarceration rather than through less-expensive options. Texas House Bill 2524 authorizes the development of a pilot project that enables the non-profit Haven for

Hope Partnership to establish and operate a public safety triage and detoxification center. The center will provide a mechanism for more appropriate and cost-effective treatment for homeless individuals with mental health and substance abuse problems.

Methicillin-Resistant *Staphylococcus Aureus* (MRSA)

An antibiotic-resistant strain of staph bacteria, methicillin-resistant *Staphylococcus aureus* (MRSA), has emerged in the last 10 years. Texas House Bill 1082 creates a pilot program for a

“When I’m in the pharmacy, there’s not a day that goes by that I don’t counsel an 8 to 11 year old—a kid with adult-onset diabetes—on how to use insulin. Four or five years ago, that was rare.”

*Senator Leticia Van De Putte (TX),
Practicing Pharmacist*

data-gathering system. Effective data collection will enable Texas and the national medical community to understand the

growing problem of MRSA both inside and outside of health care settings, and identify ways to reduce or eliminate outbreaks in the future.

Diabetes

Rates of diabetes in San Antonio are among the highest in the nation. In 2005, 1.3 million Texas adults had the disease. Texas House Bill 2132 creates a diabetes registry pilot program supervised by the Department of State Health Services and administered by the San Antonio Metropolitan Health Department. The registry, which received state funding of approximately \$2 million, will make it easier to track the disease and allocate resources based on prevalence and need.

Addiction

The Texas House passed legislation creating the state’s first legal needle exchange as a pilot project in Bexar County by adding the provision to a broad Medicaid Bill, Texas Senate Bill 10. Under the program, IV-drug users can anonymously exchange their used syringes for clean ones. The amendment was adopted in the Texas House 71-60.



Assemblyman Felix W. Ortiz (NY)

Asthma

More than 1.6 million New Yorkers, including over 380,000 children, have asthma. African American and Hispanic communities bear a disproportionate burden of the disease. New York Assembly Bill A09515 establishes a Minority Coordinating Council on Asthmatic Affairs to improve prevention and treatment of asthma. It will assess the asthma risk factors for minorities in New York counties and regions; identify barriers to quality asthma treatment and care among minorities; develop action plans for addressing care issues; and launch a state-wide asthma awareness campaign.

Obesity

The New York City Health Department found that nearly half of elementary school-aged children are overweight. The Childhood Obesity Prevention Program, which addresses the costs and consequences of obesity, unanimously passed both houses of the state legislature in June 2007 and was signed into law by the Governor last September. The legislation provides for development of media nutrition and physical activity promotion campaigns; implementation of school and community-based programs to improve nutrition and increase physical activity; coordination of obesity prevention strategies in government nutrition and recreation programs; and sponsorship of a conference on solutions to childhood obesity. The program will also train medical professionals and track prevalence of childhood obesity in the state.

In a separate initiative, New York State also allocated \$5 million for three eating disorders centers.

Diabetes

Type II diabetes, once rare among children, is increasing at an alarming rate. The Centers for

“Having kids cook breakfast is one way to draw attention to the issue and bring education about healthy eating into our schools.”

Assemblyman Felix W. Ortiz (NY)

Disease Control (CDC) estimates that one in three U.S. children born in the year 2000 could be diabetic by age 18. In New York, a hands-on, school-based training program teaches children how to cook healthy meals by having them prepare breakfasts and meet with a dietitian, nutritionist, and health care professional. Community-based organizations, with funding from the Health Department, provide diabetes awareness and education to adults.

Junk Food

New York Assembly Bill A05741 combats childhood obesity by restricting the availability of foods of little or no nutritional value in vending machines, school stores, and a la carte luncheon lines on school grounds or property. The removal of junk food from schools is one of many strategies to prevent childhood obesity.

open dialogue

During more than an hour of open dialogue, legislators discussed a wide range of issues, programs, ideas, and options. These included, among others:

- Patient privacy and the collection of evidence-based data
- Mobile medical and dental vans for rural areas
- Loan forgiveness as an incentive to practice rural medicine
- Medicaid reimbursement
- The power of state legislators to effect change
- Linking clean needle exchange programs to public health initiatives
- Expanding the scope of work that dental hygienists can perform
- Using reporting requirements and public hearings to build accountability into legislation
- Budgets and financial resources
- Raising the health poverty level
- Smoking bans
- Putting physical education back in the schools
- Universal health care coverage
- Results-based program accountability
- Providing health care for undocumented women
- SCHIP eligibility
- Mandatory human papillomavirus (HPV) vaccination for young women
- Violence as a public health issue
- Community outreach and screening for cardiovascular disease
- Model programs for senior citizens centers
- Community health workers

“We test our programs according to population outcomes. We establish a baseline then look at whether our programs actually move the line.”

Senator Toni Harp (CT)

“Loan forgiveness is very very important, but it’s not a Medicaid match. Stipends are; and we give them to health care professionals to help them with loan forgiveness.”

Senator Leticia Van De Putte (TX)

“We defer payments. That’s how we balance our budgets.”

Senator Donne E. Trotter (IL)

wrap-up

The conference ended with a focus on action—sending legislation to NBCSL and NHCSL, sharing ideas over the Internet, and creating mechanisms to more broadly disseminate model legislation that address key issues.

Acting as a group, the legislators unanimously passed a motion to introduce one of three resolutions on asthma in their respective states. Representative Joseph Armstrong (TN), Chair of the NBCSL Committee on Health and Human Services, directed the vote.

Assemblyman Felix W. Ortiz closed the conference by stressing the importance of collaboration between NBCSL and NHCSL. “We share the same goals,” he said, “to make a difference in the lives of our constituents and to try to leave the world a little better than we found it. On these counts, we can do more together than we can apart.”

“Let’s act. The time is now.”

Representative Joseph Armstrong (TN)



Conference participants

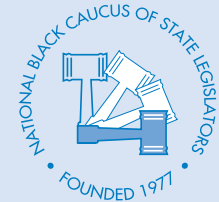
About the National Black Caucus of State Legislators (NBCSL)

Over the past 30 years, NBCSL has grown from a body of 90 to 624 African American state legislators who are committed to opening doors, providing access, and educating our membership. Annually, we hold symposia on issues ranging from health disparities to housing, where our members expand their knowledge on the various topics and discuss pertinent legislation from their respective legislatures.

As a national organization it is our priority to make the best decisions for all Americans. We must continue to fight for equality and uplift our communities by our actions—implementing policies that will protect and benefit all Americans.

We provide a clearinghouse of information to keep our members abreast of growing trends that affect the residents in our states. Equal access to public accommodations, equal justice before the law, and equal employment, education, and housing opportunities are significant issues to NBCSL.

Representative Calvin Smyre (GA)
President
National Black Caucus of State Legislators



About the National Hispanic Caucus of State Legislators (NHCSL)

The NHCSL is the preeminent organization serving and representing the interests of Hispanic state legislators from all states, commonwealths, and territories of the United States.

Our mission is to serve as a catalyst for joint action on issues of common concern to all segments of the Hispanic community; as a forum for information exchange and member networking; as an institute for leadership training; as a liaison with sister U.S. Hispanic organizations throughout the country; as a promoter of public/private partnerships with business and labor; and as a partner with Hispanic state or provincial legislators and their associations representing Central and South America.

We provide technical assistance and resources that will help legislators propose legislation and administrative actions to achieve a better quality of life. Our efforts focus on advancements in education, healthcare, housing, economic development, criminal justice, and employment and job training for the Hispanic community.

Assemblyman Felix W. Ortiz (NY)
President
National Hispanic Caucus of State Legislators

