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The Sixth Annual 2008 Health Disparities Conference

Turning words into action

The 2008 NHCSL Health Disparities Conference was the first to focus exclusively on health issues in Latino communities across the United States. Members of the National Hispanic Caucus of State Legislators met in Wilmington, Delaware, from September 11 – 13, 2008 to address health care inequalities and develop ways to address them.

During the conference, they shared their knowledge, experience, and perspectives. They heard an overview of changes in the health status of Hispanics, and a summary of facts, demographics, and programs from the National Alliance for Hispanic Health.

They discussed the impact of cardiovascular disease and mental illness on Hispanics, and the need for dedicated medical translators. As guests of AstraZeneca, they toured the company's Wilmington research and development facility. While there, they learned about challenges facing the pharmaceutical industry, its efforts to fight health disparities, and the drug development process.

This report is based on transcripts from presentations and discussions. It synthesizes the experience of legislators during the two-day event.



NHCSL Legislators



“We have a sick care system instead of a health care system. The 40% of people with three or more conditions account for 47% of total health care expenditures. This needs to be changed”

Opening Reception

The opening reception included brief remarks from NHCSL president and Delaware State Representative, Joseph E. Miró, and AstraZeneca's Vice President of Human Resources for North America and Global Marketing, Marta Perez.



Marta Perez
Vice President
Human Resources
for North America
and Global Marketing
AstraZeneca

Mrs. Perez welcomed legislators on behalf of AstraZeneca. She described a number of company initiatives to reach out to communities, help patients get the drugs they need, and achieve a better quality of life. She described AstraZeneca as “a company with a conscience.”



Joseph E. Miró
Representative (DE)
President, NHCSL

Representative Miró recognized those at AstraZeneca and NHCSL whose hard work made the conference possible. Among others, he applauded David Anderson, Maria Firvida, Elizabeth Burgos, Tatiana Guerra, Paul Pereira and Mark DiMaio.

“As far as health disparities go, there’s a lot of room for improvement,” he said, “especially when it comes to cardiovascular disease, atherosclerosis, and mental health. We’ll hear from experts in each of these areas.”

Joseph E. Miró (President, NHCSL)

FAST FACT

New Jersey and California have enacted legislation on cultural competence training in medical schools; similar legislation is pending in New York.

Walking the Walk

Commitment in Action



David Nicoli
Vice President
Corporate Affairs
AstraZeneca

David Nicoli, Vice President, Corporate Affairs for AstraZeneca, opened the Friday morning session by welcoming attendees and giving a brief talk about the company and what it stands for. He discussed health care reform, mental health care parity, the recruitment and training of minority physicians, clinical trial challenges, and the diversity of AstraZeneca's workforce.

He asked legislators to make their constituents aware of two company programs to help those struggling to pay prescription drug costs. The first provides free AstraZeneca medications to families of four who earn less than \$60,000 a year, or individuals with an annual income under \$30,000. The second helps seniors with Medicare Part D prescription coverage, but who are still struggling to afford their AstraZeneca medications. The program applies to couples with incomes up to \$40,000 per year, or individuals with an annual income of up to \$30,000. Once a qualifying individual spends 3% of their adjusted gross income on drugs, AstraZeneca provides its medications at a cost of no more than \$25 per 30-day prescription.

Nicoli noted that 18,000 Americans die every year because they don't have access to health insurance or prescription drug coverage. "We can do better than that, and at AstraZeneca we are," he said.

New Tools and Resources

Representative Joseph E. Miró spoke about the agenda and objectives of the conference. "As far as health disparities go, there's a lot of room for improvement," he said, "especially when it comes to cardiovascular disease, atherosclerosis, and mental health. We'll hear from experts in each of these areas."

He told attendees that time spent at the conference will give them tools and resources to address important issues. He asked them to look at the thick tab in the back of their binders. "That's all legislation signed by governors," he explained. He encouraged them to use the tools and resources from the conference to create legislation that improves health policy across the country.

"At the end of the day, we always want to make sure that we're really making a difference in people's health. That's what this is all about."



The State of Hispanic Health

Moderator



**Angela Sauaia,
M.D., Ph.D.**

Dr. Sauaia is an Associate Professor of Medicine and Surgery at the University of Colorado School of Medicine, Division of Health Care Policy and Research. A recognized expert in the health disparities arena, she's Director of the Cultural Competence Curriculum at the medical school, and a founder and executive committee member of the Academy for Health Equity.

"We can't eliminate poverty, but we can, and must, eliminate the link between poverty and health care."

Spotlight on problem areas

Dr. Sauaia spoke about trends in health disparities, in particular, those diseases and issues that still have a disproportionate impact on Hispanic communities. These include cervical cancer, HIV/AIDS, diabetes, mental illness, cancer screening, and hospice care.

Cervical cancer: From 1998-2002, Hispanic women had an incidence rate for cervical cancer that was 1.8 times higher than that for non-Hispanic white women. During the same period, they also had a cervical cancer death rate that was 1.4 times higher than of their non-Hispanic white peers. Although the situation has improved somewhat, cervical cancer disparities are still a problem for Latinas.

HIV/AIDS: In 2003, the death rate from HIV/AIDS was 2.7 times higher for Hispanic males than for non-Hispanic white males, and 4.5 times higher for Hispanic females than for non-Hispanic white females. Latinos are still over three times more likely to develop AIDS than whites.

Diabetes: Hispanics have higher rates of diabetes and its complications, such as blindness and strokes. Today, one in ten Hispanics has diabetes; one in four doesn't even know it. Compared with non-Hispanic whites, Latinos are nearly twice as likely to develop type 2 diabetes during their lifetime. They're also three times more likely than non-Hispanic whites to have diabetes-related amputations.

Mental health: Disparities in the diagnosis of depression in Hispanics have narrowed in recent years. However, differences persist. Hispanics get less counseling/treatment and fewer prescriptions for antidepressant drugs than their non-Hispanic white counterparts.

Mammography: Use of mammography has been increasing steadily since 1987. However, fewer Hispanic women are screened for breast cancer than non-Hispanic white women.

Hospice care: Because Latinos receive less pain medication in the last 6 months of life, they're more likely to be in pain than non-Hispanic whites. Half of Hispanic patients also receive care that fails to comply with their wishes; for example, dying in a hospice instead of at home.

According to Sauaia, physical activity, housing, income, employment, education, and nutrition are key issues that need to be addressed. Other factors include lack of access to health care, and language and cultural barriers. Latinos are twice as likely to report poor communication with their children's providers, and two times less likely to receive prenatal care. They're also two times less likely to get health care when they want it.

Lack of health insurance and poverty feed into those problems. In 2007, 32% of Latinos lacked health insurance (down from 34.1% in 2006). In that year, the poverty rate among them was 21.5%, up from 20.6 percent the year before. In 2007, the median income for Hispanic households was \$38,679—statistically unchanged from the previous year after adjusting for inflation. "We need to do something about socioeconomic determinants of disparities," Sauaia said. "Once they're taken into account, racial and ethnic disparities disappear or decrease dramatically."

Heart-healthy Practices



Diane Echenique

*Health Program Manager,
National Alliance for
Hispanic Health*

Ms. Echenique spoke about facts and demographics, health data, community-based programs, promising practices, and legislative opportunities. She also showed the video from the AstraZeneca Artery Explorer, a mobile unit that teaches visitors about atherosclerosis by taking them on a bilingual voyage inside an artery.

Currently, there are nearly 50 million Hispanics in the U.S., including residents of Puerto Rico. They account for just over 16% of the U.S. population. This figure is expected to climb to 25% by 2015.

Latinos live longer than non-Hispanic blacks and whites. They also have lower mortality rates from heart disease. At the same time, they have poor access to quality care and suffer greater disability for longer periods of time. Exact data on the scope of the problems have yet to be collected, but a \$61 million NIH Hispanic Health Study will provide much-needed information.

According to Echenique, overweight and obesity in children are of concern. Weight gain in elementary school kids has been linked to lack of fruits and vegetables. “Here’s something you can do,” she said: “put farmer’s markets in low income neighborhoods, and pass legislation that allows people to use food stamps to buy all kinds of fruits and vegetables, not just some.”

Echenique identified other opportunities for legislative action:

- Ensure Hispanic data collection under state-based surveillance, and mandate a report to the state legislature
- Support innovative uses of technology, including patient access to electronic health records
- Mandate inclusion in federally-funded, state-based diabetes prevention and control programs
- Convene oversight hearings on school food options; involve young people in the hearings
- Incorporate physical activity into and after the school day
- Provide safe spaces for families to use for recreation and physical activity; pass measures to create a public/private verde fund to develop those places in Hispanic communities
- Mandate funding of Hispanic community-based organizations
- Support use of state funds to extend State Children's Health Insurance Program (SCHIP) coverage to immigrant children and pregnant women who have been in the U.S. less than five years
- Implement community-based navigator or promotora programs
- Mandate that state-funded health professional schools provide education in cultural proficiency.
- Make use of Medicaid and SCHIP matches to reimburse medical interpretation services and establish state certification programs
- Use state contracting authority to mandate standards for cultural proficiency in health plans providing Medicaid services

In discussing effective practices, she cited health fairs that link people to low- or no-cost medical resources; promotion of physical activity in Hispanic communities; formation of groups like the National Hispanic Cardiologists Leadership Network; and local clinics that provide medical care and preventive screenings for men and women. “We know what works,” Echenique said. “We just need more of it.”

From the Legislative Perspective

Lawmakers share how they've used knowledge gained at health disparities conferences

Sen. Iris Y. Martinez (IL)

Illinois requires that family history of diabetes be included on every school form, starting with kindergarten. "We identify children at risk and mandate that they be screened early on. We want to make sure they don't have symptoms that could be confused with something else," said Senator Martinez.

To fight ovarian cancer, she wrote a bill to ensure that money from ovarian cancer plates goes to research as well as education of women in the Hispanic community. "We teach women that they can't take care of other people if they don't take care of themselves first," she said.

According to Senator Martinez, a tuition waiver program has already put five men and women through medical school; they now work in local hospitals. A community-based outreach and referral center has also been successful, connecting over 600,000 families to some type of insurance.

The outreach and referral center receives \$500,000 from the state budget every year. "I'm always fighting for more money and state resources. We all need to do the same thing," she said.

Rep. Martha Garcia (AZ)

Representative Garcia, an executive director of the Arizona Healthy Mothers, Healthy Babies Coalition, launched It's a Baby's Life, a program to teach Hispanic women about the Promotora model of prenatal care.

She helps immigrants without insurance get health care through the Ponterino Program, a collaboration between a community-based clinic and the local hospital. The clinic has a sliding fee scale, and the hospital donates use of its facilities to hold classes on prenatal care.

To reach a broader audience, the state also holds a health fair that includes free screenings and mammograms. Local Latino doctors volunteer their time, and give people the information and resources they need to find free care.

Sen. Robert Arango (PR)

After attending several health disparities conferences, Senator Arango has used his knowledge to champion government's role in providing opportunities for people to become healthy. Steps already taken toward that end include: banning smoking everywhere in



Senator Iris Y. Martinez (IL), Senator Robert Arango (PR), and Representative Martha Garcia (AZ)

Puerto Rico; prohibiting the use of trans fat in fast food; and providing universal health care for those at 200% of the poverty level.

Upcoming legislation will expand universal health care to all residents of Puerto Rico; require 5 hours a week of physical activity and education in the schools; and ensure that new developments include bike roads. "It's a matter of using your natural resources to benefit people and improve quality of life," he said. "We need to build opportunities for healthy living into the education system, the health care system, and government as a whole."

He also stressed the need for people to make healthy diet and lifestyle choices, especially physical activity. Arango, who lost 80 pounds, serves as a role model. "I tell everyone I see how to get trim and healthy. I let them know that if I can do it, they can too."

Lunch at AstraZeneca



George Guido

Executive Director of Alliance Development and Stakeholder Relations, AstraZeneca Corporate Affairs

Mr. Guido introduced Ms. Margie Rivera, AstraZeneca's Senior Manager of Affirmative Action and Equal Employee Opportunity Compliance. He also thanked NHCSL for the role it plays as a catalyst for community-based action, especially its joint efforts, "The best chance we have of making something happen is through partnerships and alliances with like-minded organizations," he said.

He shared a brief summary of what AstraZeneca has accomplished through its partnerships with nonprofit organizations in the areas of prevention, education, patient assistance programs, and efforts to help the uninsured. According to Guido, the company provided more than \$47 million 2007 alone, much of it directed at education and support.

In its home state of Delaware, AstraZeneca works with more than 140 community organizations providing a wide range of services. One program, Healthy Delawareans, links those in need to free and low-cost care. To date, the effort has helped more than 4,000 uninsured Delawareans.

The AstraZeneca Hispanic Employee Network

Ms. Rivera gave a quick talk about the Hispanic Employee Network, then introduced the luncheon speaker, Dr. Paul Alexander, AstraZeneca's Executive Director of Clinical Relations for External Medical Relations.

The Hispanic Employee Network, founded in 2006, is an outreach and community service organization. One of its objectives is to link the corporate mission with community needs by arming individuals with knowledge and information. "It's all about enriching the lives of our patients, our families, and our friends," said Rivera.

In its role as a partner to community-based organizations, the Hispanic Employee Network seeks out opportunities to help. "Nonprofit groups don't have to come to us," she said. "We go to them." The Network, which brings diverse skill sets and cultural perspectives to AstraZeneca, is involved in the Healthy Delawareans program. It also works with Aspira, a nonprofit organization devoted to education and leadership development of young Latinos.

According to Rivera, members of the Network spend every Saturday from 9 a.m. to 12 p.m. interacting with kids as friends and mentors. "We give our time and know-how to help these kids succeed in high school," she said. "We let them know that whatever they aspire to, whether it's a four-year college or a technical school, we'll help them get there." So far, the group has had 100% placement.



Margie Rivera

Senior Manager of Affirmative Action and Equal Employee Opportunity Compliance, and Chair of the Hispanic Employee Network

Inside the Pharmaceutical Industry



Paul Alexander, MD, MPH

Executive Director of Clinical Relations for External Medical Relations

Industry Overview

According to Dr. Alexander, the industry is in the midst of a “perfect storm” of increased regulation, more litigation, and higher research and development expenses for small and large molecule drugs. “The business has changed dramatically,” he said, noting that the top 15 pharmaceutical companies decreased their shareholder value by \$850 billion over the past eight years.

Other reasons for hard times include price controls; intense competition; drug counterfeiters who produce medications overseas, with no quality oversight, and sell them in the U.S. at cut-rate prices; and high-volume government contracts that drive down profits. “This is a challenging environment,” he said.

Alexander explained that big pharmaceutical companies are having a hard time developing in-house

Dr. Alexander spoke about trends in the pharmaceutical industry, the research process, drug development, and life cycle management.

drugs fast enough to keep their pipelines full. To survive, they have to join forces with academic health centers, buy smaller firms, or merge with other large drug makers.

Changing markets

Small molecule drugs, once the mainstay of the pharmaceutical industry, are giving way to large molecule agents, or biologics. These protein-based products are more difficult and costly to manufacture and distribute than small molecule drugs, but according to Alexander, “they’re the future.”

This future is high-priced and risky. It forces changes in hiring patterns and in the kind of work that’s done. It takes around 12 years and a billion dollars in R & D costs to develop one drug, and the failure rate is 93%. “If you start with 10,000 compounds in Stage I or drug discovery, only five will make it to clinical trials, and only one will ever get approved by the FDA,” he explained. Even more daunting, half of all drugs in Phase III clinical trials never get approved, and only two in ten of those that do will bring in enough revenue to generate a profit.

Clinical trials alone are costly and time-consuming. There are 50,000 of them underway in the U.S.; 80% are delayed by one

month or more. According to Alexander, it’s difficult to find enough people to participate in clinical trials, especially those for oncology drugs. “A lot of companies are out there trying to recruit the same patients,” he said.

The pharmaceutical industry also faces challenges in post-marketing safety monitoring. Post-marketing surveillance involves tracking drugs for adverse events. “Research doesn’t stop once a drug goes to market,” said Alexander. “A lot of that work continues to go on, at great expense.”

Meeting the Challenges

AstraZeneca spent \$5.7 billion on R&D in 2007, and doubled its Phase II pipeline. At this time, 20% of its drugs in development are biologics. Areas of focus include cancer, cardiovascular and metabolic diseases, infections, respiratory conditions, gastrointestinal diseases, and neuroscience. “At the end of the day, we always want to make sure that we’re really making a difference in people’s health. That’s what this is all about,” he said.

The AstraZeneca Tour

Seeing the science

At AstraZeneca's drug discovery facility, scientists screen compounds, develop molecules, and explore how or if they work in the body. During the tour, legislators saw laboratories and a screening room for viewing three-dimensional models of molecules.

High throughput screening is the first step in drug discovery. Once biological targets of interest are identified, about a million different compounds are screened against them to find chemical entities with some activity in the body. The molecules are then modified in ways that make them better able to deliver desired health outcomes.

“Developing drugs is very, very challenging. But it's also very rewarding to see the effect your work can have on people's lives.”

AstraZeneca has four Engineering and Automation labs. In addition to the one in Delaware, there are two in Britain and one in Sweden. Each fully automated lab supports one high throughput screening center for each therapeutic area. The labs contain massive libraries of compounds. Thousands of these are screened every day in response to requests from scientists who want samples in certain volumes and concentrations. The lab sends out slide samples, copies all compounds onto plates, and maintains a library of modifications.

Except for the large screen on one of its walls, the three-dimensional viewing theatre looks like any small meeting room. This is where teams of scientists study the structure of molecules, a key determinant of biological effect. In the high throughput screening process, molecules are tested against biological targets. Those that even remotely fit the target are modified for efficacy and safety. Scientists develop hypotheses, make molecules, and then test them to see what they do. If they don't achieve the desired results, they repeat the process, again, and again, and again until they find a suitable molecule.

“There's no recipe book for making molecules. It's all trial and error.”

“It takes many years and about \$800 million to go from start to finish.”

Molecules not only have to interact with a biological target, they have to be stable in the stomach's acid environment and get to the right organ—in the case of central nervous system drugs, the brain. They have to get past the blood-brain barrier, make it to the target receptor, and interact with it in ways that deliver the desired benefits with the greatest efficacy with the fewest side effects.

The 2008 Health Disparities Leadership Awards Dinner

Improving lives through public health initiatives

Representative Joseph Miró introduced the evening's keynote speaker, Dr. Joxel Garcia, Assistant Secretary for Health, U.S. Department of Health and Human Services.

In March, 2008, The U.S. Senate confirmed Joxel Garcia, M.D., MBA, to be Assistant Secretary for Health, U.S. Department of Health and Human Services, and an Admiral in the U.S. Public Health Service Commissioned Corps. Among his responsibilities, Dr. Garcia oversees disease prevention, health promotion, public health preparedness, women's and minority health, the reduction of health disparities, the fight against HIV/AIDS, pandemic influenza planning, and vaccine preventable diseases. He is the highest ranking Latino in the uniformed public health service



Dr. Joxel Garcia, Assistant Secretary for Health, U.S. Department of Health and Human Services

Keynote Speaker

Dr. Joxel Garcia

Dr. Garcia started his talk on health disparities on a personal note by saying that his son and daughter, by virtue of being the offspring of a Puerto Rican, are at higher risk for diabetes, cancer, and asthma. He said that although there are several initiatives to fight health disparities, success will depend on how we implement them. “We can’t have the federal, state, and local governments working in different areas,” he said. “If we ever want to resolve these issues, we have to pull together hand-in-hand.”

At the same time, we should stop talking about minority health. Latinos make up over 14% of the population. By 2042, they’ll be the largest ethnic group in the United States. Garcia likes to say that we’re the third largest Latin American country. “There’s Mexico, Columbia, then America, with more than 42 million Latinos. Minority health is a misnomer,” he said. “If anything, it’s mainstream health.”

According to Garcia, all of America faces the same issues Hispanics do. “It doesn’t matter if it’s federal, state, or local. It doesn’t matter if it’s women’s health, or black health, or Hispanic health,” he said. “We need to mainstream all ethnic and racial groups. It’s all public health and should be treated the same.”

Garcia spoke about the need for a knowledge-driven health care system. He noted that when we buy a TV, we know the best store, the best prices, and the best warranties. Shopping for

medical care should be just as transparent. “This is a political issue and a policy issue. It’s not about red states and blue states, or republicans or democrats. It’s about health care quality and life expectancy.”

He pointed out that a 60 year old woman who’s in good health has a 95% chance of living to be 100 years of age. However, the probabilities are not as high for a healthy man of 60. “There are disparities between men and women, and whites and blacks,” he said.

According to Garcia, those over 65, and in particular, people over 85, are the fastest growing segments of the population. “How we treat these groups, how we decide who goes to nursing homes and how they’re insured, are public health and policy issues,” he said. “These should be handled by the states, not by federal mandate.”

He acknowledged that it’s difficult to fight for state dollars or statutes, especially on issues without immediate results. “It’s easier to sell neighborhood health fairs, cancer prevention screenings, or children’s vaccination programs. But trying to bring about long-term change is a struggle.”

Garcia said that the federal government is working to empower legislators. “We’re developing a framework that will allow you to match health policies with economic impact on your states. This way, when you push

for a public health initiative, state senators and representatives will really know what it means for the economy of the state.”

He explained that our nation will only be as healthy as the country with the worst health care in this hemisphere, or indeed, the world. “Diseases do not respect borders,” he said, adding that it’s important to strengthen state legislators’ ability to create policies that will protect their localities and districts. He encouraged them to help with health needs in other parts of the world. “There’s so much to do, and we can help significantly,” he said.

The last point he raised was the need to attract kids to the health sciences. “Anything you can do to get kids interested in health will have a big payoff,” he said, noting that it’s not just a need for doctors and nurses, but also for teachers of biology, math, and science. “If you don’t have biology or science, you don’t have pre-med.”

Garcia stressed the importance of action at the local level. “We’ve had hundreds of federal programs and major university efforts for decades,” he said. “These won’t work. Change will happen when you, as state legislators, take the lead on this issue.”

Recognizing Outstanding Leadership

Each year at the Health Disparities Conference, awards are presented to recognize invaluable legislative leadership to close the gap in health disparities. This year's recipients were Puerto Rico State Senator Roberto Arango, Connecticut State Representative, Minnie Gonzalez, and Representative Rene Garcia from the state of Florida.



Representative Rene Garcia (FL), Representative Minnie González (CT), Senator Roberto Arango (PR), NHCSL President Joseph E. Miró (DE) and David Anderson (AstraZeneca)

"I'm fortunate to be able to be a role model for my generation. I'll continue to work and represent my constituents as best I can. I'll help those who are less fortunate, as I always have. I'll continue to serve."

Representative Rene Garcia (FL)

"I have this passion for people in need. As long as I'm elected, and as long as I'm a member of this organization, I'll keep fighting for human innovation because fighting for human innovation is fighting for legislative equality."

Representative Minnie Gonzalez (CT)

"Whatever time you have in the public sector, try to make a positive difference in the lives of your constituents. Sometimes it's hard, sometimes it's not. But it's always gratifying."

Senator Robert Arango (PR)

Mental Health in Hispanic Communities

Breaking through barriers



Stephanie J. Traynor, Psy.D.

Director of Mental Health Services, Latin American Community Center, Wilmington, DE

The Latin American Community Center is a major social services agency serving the Hispanic population in Wilmington, DE. Its mission is to advocate and assist the community by offering resources and programs that empower and enhance quality of life while celebrating diverse cultures. Dr. Traynor spoke about prevention, barriers to treatment, and cultural competency.

Mental health is at the center of family stability and well-being. As mental health deteriorates everything falls apart—unemployment goes up, physical health suffers, drug and alcohol abuse rates increase, there's more delinquency, and higher rates of suicide. "It easier to prevent

than to repair," said Traynor, who emphasizes the importance of families.

Acculturation is incredibly stressful and has to be addressed as a major issue, especially for first generation immigrants. Kids learn English faster than their mothers and fathers, disrupting family roles. "When kids have more power than parents, that creates problems," said Traynor. Bilingual, culturally competent caregivers can understand the impact of acculturation and work with families to restore stability.

Traynor explained that early intervention is of critical importance. The Center has an early childhood development center with a variety of programs. Staff members also try to work with schools on psychoeducational testing. "Just because a kid knows conversational English, it doesn't mean he knows the language well enough to master academic subjects," she said, adding that more Hispanic kids get labeled as learning disabled or emotionally disturbed because of language problems.

Other common issues include drug and alcohol abuse, domestic violence, and post-traumatic stress disorder. Teen pregnancies are also a major concern. "The disparities on teen pregnancy are alarming," said Traynor. Teens

15-17 years old have a pregnancy rate of 60 per 1,000 people compared with 16 per 1,000 for non-Hispanic whites. For those between the ages of 17-19, the rate is 144 per 1,000 compared with 57 per 1,000 for non-Hispanic whites. Rates for expulsion from school are equally disturbing—between 7th and 12th grades, 20% of Hispanic kids get expelled compared with 12% of non-Hispanic whites.

For those who need help, barriers to treatment can be formidable. Some 45% of Hispanic Delawareans lack health insurance and 38% make less than \$20,000 a year. Many work long hours as well, leaving little time for therapy. "This is a community with special and challenging needs," said Traynor, "but they come to the Center for help and bring their children." Despite the \$30 fee, 80% of them return for a second visit. According to Traynor, that's a very high rate. "We offer services that people in the Latino community need and want. We have to broaden our reach."



Pedro M. Ferreira, Ph.D.

*Widener University,
Chester, PA*

Dr. Ferreira shared his experiences as a Cuban American psychologist, and the role of culture in how he has been perceived in his profession and how it affects the care he provides to his patients.

According to Ferreira, who was born in Cuba, colleagues would refer to him as the Cuban doctor, or the Mexican doctor, or the Puerto Rican doctor. In the early years of his career, this disturbed him. “I was identified by whatever they thought I should be, but I was really there as a psychologist, nothing more either professionally or personally.”

Over time, he came to see the importance of culture and life experience in defining a person’s identity. He stressed the need to avoid homogenizing cultures. “We have to make sure that we understand and respect the unique ancestry of every patient.”

He also emphasized the importance of diversity throughout the mental health workforce. “We need to integrate mental health providers from across the Americas, and the world, at every level of practice,” he said.

Ferreira also recognized the importance of education across a broad range of professions “We need bricklayers and plumbers as well as doctors and lawyers. It’s important to support and encourage all who seek to improve their lives through education.”



Anna Diaz

*Neonatal Nurse Practitioner
National Association of Hispanic
Nurses (Delaware Chapter)*

Ms. Diaz focused her talk on the need for dedicated translation programs in hospitals. “Just because someone speaks Spanish, it doesn’t mean that they can translate medical terminology,” she said. According to Diaz, there are very few translators who have taken

medical terminology and translator courses, or have medical backgrounds. “This training should be part of every hospital’s dedicated translating program, a requirement for working with patients,” she said.

Diaz explained that all too often, family members—even children—wind up translating medical information. In other cases, Hispanic people go ahead with procedures without really understanding what’s being done or why.

Hispanic nurses account for less than 2% of the professional nursing workforce nationwide, she said, noting the need for action on two fronts. “We not only need to train bilingual professionals to translate medical information, we also have to mentor young kids into the healthcare professions. “We have to start early, she said. “By the time they get to high school, it’s too late.”

Mental Health in Hispanic Communities



Luz Arce-Ferrer

Senator at Large (PR) and Chair of the NHCSL Health Care Task Force

Senator at Large Luz Arce-Ferrer started her talk by noting that in the United States, mental disorders are not treated like chronic diseases, such as diabetes or congestive heart failure. “People think there’s a difference between physical problems and mental illnesses, but the distinction is a fallacy. Mental health is public health,” she said.

All too often, the severity of mental disorders goes unrecognized, and those who suffer from them are subjected to social isolation. Of the 450 million people with mental disorders nationwide, 2,000 commit suicide each year. Despite the availability of effective treatments that can improve quality of life for most patients, Puerto Rico has had 86 suicides this year.

The Puerto Rico Mental Health Act No. 408, enacted in 2000, defined special considerations for people with severe mental

disorders, including access to treatment and the provision of services that meet the needs of the population being served. However, poor interpretation of the legislation undermined its implementation and intent.

To address this problem and draft a new law, a coalition of legislators and stakeholders organized an advisory committee made up of mental health care providers, government agency directors, community groups, professional nurses, and associations, including NAMI, a national grassroots organization for people with mental illness and their families.

Working together, they passed a series of amendments to MH Law 408 in 2001. Among other changes, these recognized drug and alcohol abuse as mental disorders; defined constitutional rights of mental health patients; strengthened legislative oversight and the work of nonprofit, community-based, and faith-based treatment organizations; established minimum requirements for multidisciplinary care; addressed problems with transportation and police intervention; mandated separate treatment facilities for children and adults; and differentiated emotional disorders from mental disorders.

NAMI and a coalition of other advocates, providers, and pharmacists continue to work with legislators to monitor implementation of MH Law 408 and educate policymakers on medication access and other mental health care issues. “We couldn’t have done this without teamwork,” said Arce-Ferrer. “It’s been essential.”

She encouraged her colleagues to investigate, take action, make mental health care a priority, follow-up on legislation, and secure adequate fiscal resources.



NHCSL Legislators

“Mental illness is nothing to be ashamed of, but stigma brings shame on everyone,” she said. “As legislators, we can change history and give mental health care the attention it deserves.”

Legislators Speak Out

Sharing ideas, experience, and knowledge

Rather than breakout sessions, Dr. Sauaia opened the floor to comments, advice, discussion, and ideas from attendees. She asked them to think about what they learned and how they could use it to make things happen in their states. A number of speakers took the microphone. Topics focused on money, education, and accountability. What follows is a summary of key points.

Accountability and efficiency

“We’ve been hearing about the need for more money, more money, and more money. I don’t think that it’s an issue of more money, but rather, an issue of how we spend the money we have. In Puerto Rico, we’re not only empowering faith-based and nonprofit organizations to deliver mental health services, we’re holding them accountable for results. Instead of providing services, we’ll be administering and managing the money in a more efficient way. In the end, it’s a matter of how we, as legislators, can be agents of change. One way is to make sure that government is a facilitator instead of a provider.”

Educate, educate, educate

“Education comes first. Everybody has to learn and understand that mental illness is a brain illness, and that the brain is like any other organ—a stomach, a colon, a lung. It’s not a matter of mind versus body. Your constituents and colleagues have to believe that mental illness is a medical condition, just like any other. So use education to gain support for funding. Use it to make parity the law.”

Make better use of what’s already available

“Money will continue to be tight for the next few years, and rather than look for more money, we need to educate ourselves about what resources are already out there—for example, AstraZeneca’s reduced cost drug programs for seniors and free medications for low-income families and individuals. Those are programs that will help our constituents gain access to treatment. We also have to find out about clinics inside and outside of our communities that help people in need. It would be useful if we could get all the community centers to put out lists of services they provide at low or no cost. Making use of existing services applies to other areas as well, like scholarships. People are not taking advantage of what’s available because they don’t know what’s out there. We need to educate ourselves so that we can guide and inform them.”

Acknowledge our own problems, use teamwork

“We have a contract with a hospital that’s supposed to be treating inmates with mental illness, but isn’t. We all have problems like that, but we also have issues as

legislators. We keep to ourselves. We don’t allow colleagues to get involved. We don’t ask them to sponsor bills because we see them as ours, for our people. We need to change this. We can accomplish much more by working with others, by using teamwork.”

Take a stand at the national level
As a national organization of Hispanic state legislators, we need to get behind the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; to have our senators and congressmen on Capitol Hill take a stand for our states under this bill. We haven’t done that yet, and it’s something we should do. On behalf of the Latino communities that need these services, it’s important that we have our voice heard at the national level.”

Go to the universities

Ask the universities to help you. They have the data and grant-writing skills you need to make a difference in your communities. Ask them to give you information. Most of them will jump at the opportunity. Universities are a great resource; use them to your advantage.

Closing Remarks



Christine Barnett

*Executive Director,
State Government Affairs*

Christine Barnett closed the conference by letting legislators know that the people at AstraZeneca admire their commitment to improve the health of Americans, and more importantly, to seek the equitable provision of health care in the United States. “This is a critical issue,” she said. “Health disparities are not going away, and we need to continue our fight against them in every possible way.”

She stressed the need for legislators to work with pharmaceutical companies to address health disparities. “Public misperceptions about our industry are very disturbing. So are hostile legislative initiatives that lead to downsizing, that prevent us from meeting with physicians to talk about our products and access to medications, or that limit clinical trials in your states. These efforts do not help improve the delivery of health care in America,” she said.

Barnett assured legislators that AstraZeneca stands with them in their efforts to end health disparities. “We hope this conference has helped you better understand our role in the health care system, and our dedication to the well-being of our patients. All of our employees share this commitment.”

She emphasized AstraZeneca’s desire to work with them to fight health disparities in their states. “We want to make things better. We want to make things right. We want to continue to partner with you to get the job done.” She urged legislators to call on the company for support and collaboration. “Our state government affairs cover all 50 states, the District of Columbia, and Puerto Rico. We want you to reach out to us. We welcome it,” she said.

“If there’s anything we can do to support your efforts or collaborate, we hope that you’ll call on us. We want you to reach out to us. We welcome it.”

Christine Barnett, AstraZeneca State Government Affairs

Photo Gallery



NHCSL President Joseph E. Miró (DE) and Senador Roberto Arango (PR)



Representative Mario Goico (KS), Tatiana Guerra (NHCSL), Dr. Marthel Parsons, and Representative Louis Ruiz (KS)



Dr. Pedro Ferreira and his wife, Rep. Joseph E. Miró (DE), Rep. Rene Garcia (FL), Marta Perez (AstraZeneca) and Rep. Mario Goico (KS)



Rep. Minnie Gonzalez (CT) and Sen. Iris Martinez (IL)



NHCSL Executive Director, Elizabeth Burgos and Dr. Joxel Garcia



AstraZeneca Representatives

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.

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

Joseph E. Miró
President
National Hispanic Caucus of State Legislators



AstraZeneca

AstraZeneca is a major international healthcare business engaged in the research, development, manufacturing, and marketing of meaningful prescription medicines for healthcare services. AstraZeneca is one of the world's leading pharmaceutical companies with healthcare sales of \$29.55 billion, and is a leader in gastrointestinal, cardiovascular, neuroscience, respiratory, oncology and infectious disease medicines. In the United States, AstraZeneca is a \$13.35 billion dollar healthcare business with 12,200 employees committed to improving people's lives.

