

STRENGTHENING OUR VOICES

NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS

NEWSLETTER | WINTER 2008

From the President

VISION AND GOALS FOR 2008



Rep. Joseph E.
Miró (DE)

Dear NHCSL members:

As the new President of NHCSL I would like to welcome you to the first edition of the 2008 NHCSL newsletter. This is a diverse organization that has moved forward with the enthusiasm and hard work of many. Many thanks to our immediate past president, Assemblyman Felix Ortiz (NY), for all the work and personal sacrifices he has made on our behalf. But, we cannot sit back and say we are doing well and relax. There are many challenges and opportunities that lay ahead for all of us. One of my goals during the

next two years is to advance this organization by bringing an even higher level of visibility and public awareness of issues affecting Hispanics in this country. We will need the active participation of all of our current members and those who may join us in the future.

As I look toward the future, I see a significant and difficult task ahead of us. Immigration is an issue that we need to address as an organization and as a Nation. Unfortunately we lost an opportunity to bring much needed reform to our country. However, we need to continue on the path of reforming our immigration laws. We need to address this in two areas, the border issue and the internal policies. We need to secure our border, but a wall is not going to do it. We need to look not only at the southern border, but the northern border as well. We need to unite our efforts to see that we have justice in our states, counties and municipalities and those unjust and discriminatory laws are not enacted.

Education is another issue that needs our attention. True education is where No Child Is Left Behind, where everyone is receiving an equal education with the adequate supports necessary for success. All students need an environment that is conducive to learning. We need to engage our parents in the education process. A major component of success is the active participation of parents. Therefore, we need to encourage our parents to go to the schools' parents nights, open house and sports activities. Adult Basic Education programs must be promoted among our parents. The end result will be workers that are

“One of my goals during the next two years is to advance this organization by bringing an even higher level of visibility and public awareness of issues affecting Hispanics in this country.”

better trained and prepared to perform in their working role. We also need to look at our universities and colleges to bring about tuition assistance. We need to think outside the box and direct our youngsters into career areas in the health fields, education and law where there are growing demands for Spanish speaking professionals.

Healthcare is another major issue with many complexities. The cost of health care in this country has escalated to such a degree that in many states it has become the major expense. We need to have an insurance policy at the national level where basic coverage is provided based on the ability of the individual to pay. In recent years, medical assistance has been provided through a number of programs to our senior citizens. We need to look at providing the same to our children. Preventive medicine is cheaper in the long run for the states and counties.

Again, I look forward to working together with all the members and the businesses that have supported us in the past. Like my predecessors, I will be very available and open to speak, listen and take action.

Sincerely,

A handwritten signature in black ink that reads "Joseph E. Miró".

Representative Joseph E. Miró (DE)
NHCSL President

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Prevention and Early Detection First! A Focus on Breast and Cervical Cancer

Health continues to be a policy priority for NHCSL. In the last three years, through the Healthy States Initiative, NHCSL has focused its attention on educating and informing its member legislators about the importance of prevention, especially in the areas of chronic disease including breast cancer and cervical cancer. There is still more work to do and providing legislators with the tools and information that will help them create better policies around breast and cervical cancer remains crucial. NHCSL talked to Faye L. Wong, MPH, RD Chief of the Program Services Branch, Division of Cancer Prevention and Control at the Centers for Disease Control & Prevention, to learn what more legislators can do to help.

Q: Why are screenings for Breast and Cervical Cancer important?

A: Cervical cancer is one of the most preventable cancers known. Cervical cancer is a preventable cancer through what is called the PAP test, a cervical cytology screening test for cervical cancer which can find changes before it becomes invasive cancer. Cervical cancer is a highly treatable disease if it is caught early. The prevention of cervical cancer is inexpensive whereas treatment for cervical cancer can be as high as \$100,000. It is recommended that women begin cervical cancer screening at age 21 or within 3 years of beginning sexual activity.

Routine mammograms can reduce mortality of breast cancer by 20-30% in women aged 40 years and older. Early detection can lead to long survival from the disease as well as the opportunity to live an excellent quality of life after treatment. Women should get routine mammogram screenings starting at age 40. For all women, the most important thing to remember is that breast cancer and cervical cancer screening tests are effective and early treatment can reduce mortality.

Q: The statistics for Breast Cancer and Cervical cancer remain alarming, particularly for Hispanic/Latina women. What needs to be done to help reduce the numbers?

A: Hispanic/Latina women do have higher incidence rates of cervical cancer but the good news is that the rates have been declining annually for many years. Also, the mortality rate of cervical cancer among Latina women is slightly higher than non-Hispanic white women but considerably lower than among African American women.

The higher rate of cervical cancer among

women can be attributed to several factors including exposure to cervical cancer at an early age as a result of starting sexual activity at a young age or having multiple sex partners. In addition, some women do not get screened because of lack of knowledge about the importance of screening, inadequate or no health insurance, and lack of access to information and resources.

In some of the Border States there is a high rate of cervical cancer perhaps due to the influx of the transient population between Mexico and the U.S. Many of these women are unaware of the need for cancer screening and they are busy with other life priority challenges, putting all other family members first.

With breast cancer, the incidence and mortality from the disease is lower than that of non-Hispanic whites and African American women. We can say that comparatively speaking, Hispanic/Latina women are doing better with lower rates of breast cancer. However, they will gain great benefit with routine breast cancer screening.

Q: In addition to the Breast and Cervical Cancer Prevention and Treatment Act and Breast and Cervical Cancer Mortality Prevention Act of 1990, what more can state legislators do to ensure that all women have access to screening, mammograms, and diagnostic services?

A: CDC funds 68 programs to screen low income, under- and uninsured women for breast and cervical cancer. In the most recent five years, through the CDC's National Breast & Cervical Cancer Program (NBCCEDP), we screened over one million women for cervical cancer and more than 25% were Hispanic/Latina women. Out of all the women screened for mammograms, about 1.1 million, nearly 34% were Hispanic/Latina women. We diagnosed 3382 women with breast cancer and 4530 women with cervical cancer. This confirms for us that our program is reaching a high percentage of Hispanic/Latina women and we are identifying cancer through early detection. The treatment program, administered by the Centers for Medicare and Medicaid Services (CMS), offers treatment for eligible women diagnosed by the CDC program.

Q: What responsibilities do women have to take for their own health?

Continued on page 3 See Healthy States

Action Steps for legislators

- Get to know the health of your constituency.
- Value and understand the importance of prevention and early detection.
- Become familiar with the CDC-funded breast and cervical cancer programs, outreach efforts and treatment options in your state.
- Play a more active role by participating in state cancer coalitions or partnerships with breast and cervical programs, cancer comprehensive control programs, and the philanthropic community.

REPRESENTATIVE BEN MIRANDA (AZ) AWARDED FOR EXCELLENCE IN LEADERSHIP



Representative Ben Miranda (AZ) at the 5th NHCSL Summit

Arizona State Representative Ben Miranda received the John S. Martinez Excellence in Leadership Award at the NHCSL 5th National Summit held on November 15-18, 2007 in Miami, Florida.

“I am proud, honored and truly humbled to be recognized by the NHCSL. State Representative John S. Martinez’s legacy continues to live through the work and commitment of all the members of NHCSL” said Representative Miranda.

The John S. Martinez Excellence in Leadership Award is named in honor of the late John S. Martinez, former Connecticut State Representative and NHCSL President in 2001-2002. The award is presented annually to a Hispanic legislator who embodies passion, dedication and great achievement in public service.

“Representative Ben Miranda has consistently demonstrated a unique commitment to many causes, especially his efforts to ensure that the immigrant community receives fairness and justice,” said NHCSL President Joseph E. Miró (DE).

Healthy States *Continued from page 2*

A: In general women need to be aware of the risks associated with chronic diseases including breast and cervical cancers. Women need to focus on being healthy and staying healthy by doing the things that are good in terms of prevention -- exercise, eating healthy, maintaining good mental health, getting preventive check-ups with mammograms for breast cancer, Pap tests for cervical cancer, and dental care. Women should also eliminate smoking because it only increases their risks and offers no health benefits.

Health is an individual personal responsibility but I see it as a partnership because we in the health field have a responsibility to bring awareness and education to women that cancer is a health problem. It is important for us to inform women about the risk factors, recommended screening ages and how often, and the importance of early detection for the most effective treatment. These are facts not necessarily known by the women who need to be screened. Knowledge is an important part of prevention and early detection.

Q: What are some of the most effective ways to reach the Hispanic population about breast and cervical cancer screenings?

A: Several states are taking action using various strategies and tactics. Idaho is using a one-to-one recruitment strategy targeting migrant communi-

“...we screened over one million women for cervical cancer and more than 25% were Hispanic/Latina.”



ties and Spanish-speaking communities. Kansas has developed a series of Spanish-language public service announcements. California has radio and television ads in Spanish to help bridge cultural identities. Maine distributes program brochures targeted to rural migrant workers.

New Jersey created a play about breast cancer targeted to older women at community health centers, assisted living facilities, and centers of worship.

Faye L. Wong, MPH, RD, became Chief of the Program Services Branch in the CDC's Division of Cancer Prevention and Control in January 2007. In this position, Ms. Wong provides leadership direction and manages the National Breast and Cervical Cancer Early Detection Program which provides screening for low income, under- and uninsured women Ms. Wong was on the original management team that helped to establish this national screening program when it was first funded by Congress in 1990. Ms. Wong has had a 33 year career in public health at the Federal, State and local level in particular in the creation, growth, and management of new programs and media campaigns.



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The National Hispanic Caucus of State Legislators (NHCSL) is the preeminent organization representing the interests of 300 Hispanic state legislators from all states, commonwealths, and territories of the United States. Founded in 1989 as a nonpartisan, nonprofit 501(c)3, NHCSL is a catalyst and advocate for joint action on issues of common concern, such as health, education, immigration, homeownership and economic development to all segments of the Hispanic community. NHCSL also works to design and

implement policies and procedures that will impact the quality of life for Hispanic communities; serves as a forum for information exchange and member networking; an institute for leadership training; a liaison with sister U.S. Hispanic organizations; a promoter of public/private partnerships with business and labor; and a partner with Hispanic state and provincial legislators and their associations representing Central and South America.



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