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**2007 Minority Women's Health Summit  
Women of Color: Addressing Disparities, Affirming  
Resilience, and Developing Strategies for Success  
Welcoming Remarks  
Department of Health and Human Services Office  
on Women's Health  
August 23, 2007**

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[START RECORDING]

**FRANCES ASHE-GOINS R.N., M.P.H.:** I would like to thank all of you for coming back to this session. This is our opening session, and I would like to give a special acknowledgement of our planning committee members and I need to do this now really quickly. From the Agenda Program subcommittee, Susan Sanders and Sharon Barrett. Would you please stand and your committee members so we can acknowledge you.

[Applause]

For the Violence Against Women Institute subcommittee: Henrietta Terry [misspelled?] and Darlene Ye Melchair [misspelled?]. Would your committee please stand. [Applause] The Abstract Committee was chaired by Lisa King from HERSA [misspelled?]. Would that committee please stand? The CEUCME subcommittee, Wilimena [misspelled?] Ross, I do not know if she has gotten here yet, would her committee please stand? [Applause] We have the Hospitality and Welcome committee: Angela Bates and Wilona [misspelled?] St. Sierra [misspelled?]. The Health Resource committee. Henrietta Terry [misspelled?]. She is probably running around doing things. Loretta [misspelled?] is there, great!

Youth subcommittee; I think you should know that we have 25 young leaders that are attending this conference and

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they have mentors with them from the Office of Women's Health, from our coordinating committee on Women's Health, from the Minority Women's Health Panel of Experts and various people that are going to work with them throughout this summit. We congratulate Angela Bates and Betty Hawk [misspelled?] for doing this wonderful service to young people. [Applause] The Youth subcommittee program evaluation committee which will come later. Sodanja Sockanoma [misspelled?]. Is she available here with the program subcommittee people? Please stand. [Applause] Senior Women's Health subcommittee, the subcommittee that is most dear to my heart as I grow older [laughter]. Diane Freeman and Twila Martin [misspelled?]. Twila is not here today, but Diane. [Applause]

An exhibit, which you will all see tomorrow, was singularly managed by Anne Ambercrombie [misspelled?]. She is probably there, but I would like to acknowledge her. [Applause] I do not know if you know this, but this is the third of a series of Minority of Women's Health summits that we started in 1998, in 2004, and now this is the one for 2007. I would like to introduce to you the champion for Women's Health and my boss, Dr. Wanda Jones, a deputy assistant secretary for health, specifically, Women's Health.

[Applause]

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**WANDA JONES, DR.P.H.:** Thank you Fran and you all know this one person Fran left off the list who needs some acknowledgement, needs so, let's just give it to her.

[Applause]

**FRANCES ASHE-GOINS R.N., M.P.H.:** Thank you.

**WANDA JONES, DR.P.H.:** Fran I think can organize mud [laughter]. She certainly can make whole cloth out of little fragments and bits and pieces, whether you are talking about money. Whether you're talking about people or other resources. She really is the tremendous power and voice behind this conference.

We could not have done this conference without a number of partners as well and you will see them acknowledged throughout as they have supported breaks and other niceties associated with the conference because your appropriated tax dollars are not allowed to pay for food. So if it were up to us you would have water and tooth picks in the back of the room [laughter] and would be solely on your own. But through the good graces of sponsors who have come to join and partner with us and organize by the National Hispanic Medical Association and other partners that have joined them, we are really grateful for all of the events and support we have received from all partners. It is my particular pleasure to be able to introduce next for some brief remarks, Dr. Elena Rios. Elena

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is a long-time friend to Women's Health. When I first went into Women's Health at CDC in 1994, Elena was working in the office on Women's Health here in Washington under my predecessor. She was here when I came and I would like to not think that I drove her off; [laughter] but a few months after I got here, she came to me and she had had this dream and this vision of establishing this National Hispanic Medical Association and she kept chipping and plugging away at that and finally through herself into it full-time in 1998 was it not?

**ELENA RIOS, M.D., M.S.P.H.:** Yes.

**WANDA JONES, DR. P.H.:** She has never looked back and the National Hispanic Medical Association is what it is today because of Elena Rios's leadership. I present to you Elena Rios.

[Applause]

**ELENA RIOS, M.D., M.S.P.H.:** Thank you Wanda and Frances and all of the Minority Health Panel of Experts and all of the planning committee; it is an honor to be here. This is the third conference that I have been a part of. It is great to see the growth and the enthusiasm and for young women from all over the country to be here with us.

Just a few comments. I wanted to really recognize the importance of women's health to the future of this country. We so often talk about all the past efforts and our history and it

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is important to know where we are coming from, but I think we are at the dawn of a new age. We really are excited about seeing more women in leadership positions, more women throughout the healthcare system in hospitals and clinics and medical schools. All of you, where ever you are at, recognize that you are a trailblazer and you are a leader for women and for Women's health in this country.

I also wanted to mention, that for minority women in particular, the National Hispanic Medical Association and all of our Latino colleagues within our organization, could not do what we do without the minority groups here in Washington, D.C. I just want to talk about the importance of collaboration and working together to get our agendas moving forward.

The organizations here in Washington know very well that by the year 2050 in this country, the population is going to be over 50 percent with people of color. All of us have got to prepare this country leadership for the important role ahead. The importance of continuing to document your innovations, documenting the evidence base for this country to be able to have new programs, to evaluate those programs, and especially reaching women and their families in our areas of the country and especially about the prevention of obesity and the chronic diseases that it causes. Most important as I mentioned, you are the leaders for our communities and need to

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build your networks here in this conference, with all of the office on women's health family. I think that all of us need to continue to build our communities.

I also mentioned working with others here in Washington, D.C. We work with many coalitions, the REHDC [misspelled?] coalition which is the Racial Ethnic Health Disparities Coalition. The Out of Many One Coalition and we work with our National Hispanic Leadership Agenda and our National Coalition for Hispanic Health.

We have been very focused on health disparities and I just wanted to leave you with a message that if you can call your congressman and any of you that would like to have help with reaching your congressman while here in Washington, our staff is outside and we would be happy to help arrange anything we can to get you connected. There are two bills in congress right now, one from the senate and one from the house. The senate bill was introduced in June and the house bill was introduced in July. They are both about health disparities. I just want to mention their names and a couple of words about them.

The senate bill is called the Minority Health Improvement and Health Disparities Elimination Act introduced by Senator Kennedy and Senator Cochran a bi-partisan senate bill. The house bill was introduced by the tri caucus; the

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congressional Hispanic caucus, black caucus and Asian caucus; the champions for all of us and that bill is called The Health Equity and Accountability Act. Both of them are on target to be debated and discussed and marked up in September and October. We are very, very hopeful, but we need your help. These bills will increase the ability to outreach to our communities through community health workers. These bills will allow more recruitment to happen with the HCOP; the Health Careers Opportunity Program and the centers of excellence program; to build cultural competent students diversity in our medical education and faculty that we so sorely need. These bills will develop research and data collection, and most importantly, these bills will develop the ability of the Office on Women's Health to have more minority women's health programs, grants, and demonstration grants especially to places like the Indian reservations and the US-Mexico border health. To places that right now need more help. Our communities, our minority communities need this legislation. Let me just close with that. We are very proud to be here with the Office on Women's Health and the National Hispanic Medical Association is very excited about being here. We are very excited about your recommendations for the future and whatever we can do to continue working with all of you, thank you.

[Applause]

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**WANDA JONES, DR.P.H.:** Thank you Elena. Our other major sponsor of this conference is The National Medical Association. Even though I have been in Washington almost 10 years, I have not had much opportunity to hobnob with the president. I have a president right next to me [laughter] what, two weeks installed as president of a national medical association, Dr. Nelson L Adams III. He is a board certified obstetrician gynecologist in Miami, Florida. He is a recipient of numerous awards and honors including an honorary doctor of laws degrees. He has been extraordinarily busy. He is the chair today of the department of obstetrics and gynecology at Jackson North medical Center and is president and chair of Access Health Solutions, a managed care company, serving more than 94,000 beneficiaries in 26 counties throughout Florida. It is my pleasure to introduce and to immensely thank Dr. Nelson Adams and the National Medical Association for your time today.

[Applause]

**NELSON ADAMS, M.D.:** Thank you so very much and good afternoon. It is a real pleasure to be here and I am glad to see one or two other men who were bold enough to come today [laughter]. It is a distinct pleasure to be at a prepared table with these very distinguish believers in what is right. I am honored by the invitation to share just a few words and

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first let me say that I have two regrets. The first is I have missed a portion of the morning session, the part that I did get was so uplifting and empowering that even though it was about women I understood clearly that when talking about women, they are really talking about me. All of us come from all of you. The second regret that I have is that I will not be able to stay for the end of the summit. I know it is going to be great. I have many commitments as the new [inaudible] of the National Medical Association and will have to leave shortly after this session.

Suffice to say, I bring greetings from The National Medical Association. For those of you who do not know, unlike the National Hispanic Medical Association, NMA was founded in 1895, that was a long time ago and no, I was not a member then [laughter]. I am troubled however to say that the issues that impacted our country in 1895, the issues that impacted our country in 1995, are issues that still impact us today. One of the reasons that meetings like this are so important is that we understand I think, [inaudible] who much is given much as indeed required. The NMA represents 30,000 African American physicians and the patients they serve. We have strategic goals and I am impressed that this summit clearly incorporates two of our strategic goals. Our goals are the following. First, health and wellness. This clearly fits. The second,

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the elimination of health disparities. This clearly fits. Sustaining physician viability and the last is operational excellence. These first two clearly fit with our strategic goals and because of that NMA is happy to be a part and partner of this event.

On a personal note I simply would like to say as an obstetrician/gynecologist, I am clearly aware of issues that impact women, particularly women of color in a disparaging way. HIV/AIDS, obesity, infant mortality, teen pregnancy, breast cancer, cervical cancer. The list goes on and I do not have to share them all with you for you know what the problems are.

On an even more personal note however, I am a son, a husband. I'm a father, a brother. I have seen the impact that those women have and the potential impact that those have. In fact, one of the reasons I became an obstetrician/gynecologist was because I understood that to affect change in our families, our communities, our nation, in this world if you will, we have to touch those who have the power. The power to influence, but you see it is you, males I am not talking to you right now [laughter]. You women are the ones who really determine values; what is important to us as people. You determine our diet, the activities that the family has, the first-aid, the healthcare, preventive or acute and influence greatly the establishment of who we are and whose we are. Suffice to say

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that some authorities say that as is relates to the terminates of health that although access to the medical community is important, though genetics plays a roles, though environment plays a role, 50-percent is estimated of what determines your health is related to personal choices. Help me somebody [laughter]. 50-percent.

There is a guy, Henry Louis Gates who was quoted as saying that, "You really can't have a conversation about the choices that we have until we talk about the choices that we make." So to that add I want all of us to be encouraged and inspired and motivated to understand clearly that the secret sauce is education. Education, education, did I say education? [Laughter]

I am very proud to say that among the 24 scientific sections at The National Medical Association have two of them focused exclusively on issues concerning women. Particularly minority women. I am equally proud to say that we have a program called Project Impact that trains physicians in becoming clinical investigators. Women for too long and particularly minorities have been excluded from clinical trials. This has got to change and we have got to do something about it. NMA is doing something about that.

I would like to also share with you something that we are very proud of at NMA, it is something that we just started

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not so long ago and when I first heard about it I said, geez, now this is just a little bit too much fluff for me. It is called T talk. T talk brings African American women together in a lax supportive environment using the art of conversation to celebrate and begin a dialogue about the importance of good health practices including awareness of clinical trials and the benefits are prevention and early detection. Over T, guests have an opportunity to listen, learn, have fun, and interact with a variety of experts who cover topics important to health and well-being. At the end of the day, participants feel empowered and ready to turn health and education into action. T turns health education into action. That is what T talk is really all about. In conclusion, let me say this, I certainly congratulate the planners and all of you participants in this great event. As we use our secret sauce, you remember it don't you, education? I encourage us to also utilize the four c's. I talk about them all the time. We must be competent and I heard Dr. [inaudible] this morning and she didn't really know what this competent thing is, but I have a pretty good idea about what it is [laughter]. We have got to be competent. We have got to be compassionate. The question might be asked, are you your brother's keeper, your sister's keeper? We know that answer is no. You are your sister, you are your brother. The third c is commitment. You do not do this, you do not come out

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because someone made you come out today or they are paying to come out today. [Inaudible] said enough about me [laughter]. You do it because it is the right thing to do. You have a charge, a duty, a mantra if you will to hold high. The fourth C which we clearly embraced today is to collaborate. No man, no organization is an island as big and powerful as HSS is, they cannot do it alone. It takes each and every one of us to do our share.

I encourage us all to do our best in everything that we do and everything that we say. The reels [misspelled?] that I close all of my talks with, the same saying that has guided me for these 54 years. I encourage you to embrace it. You have got to always do your best. Remember it this way: Good, better, best, never ever let it rest, not until our good becomes our better and our better becomes our best. Thank you so much.

[Applause]

**WANDA JONES, DR.P.H.:** Thank you Dr. Adams and thank you again to The National Medical Association and The National Hispanic Medical Association for your sponsorship and your support for this conference. I had failed to mention for the deaf who need sign language interpretation, our interpreter is over here, this nice gentleman in this bright shirt. If you

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have not seen already and moved over and need to, please feel free to do so.

It is now my pleasure to introduce a tremendous partner within the department of health and human services. We have thrived in the Office of Women's health because of our partnerships and our strengths because we have assets everywhere in the department who help us champion and do the day in and day out work for women across this nation. It is my great pleasure to meet Dr. Josefina, I have always called you Dr., you always have done so much in your life, but Josefina Carbonell came with the administration in 2001. She was confirmed and took office in August of 2001 as the Administrator of the Administration on Aging and there she brought a particular vision that was really focused on capacity building at the community level of the aging network that serves older adults and really tries to focus on independence, on aging at home, aging in place, because that is less burdensome on families, communities, and the nation if we can age in place and keep our capacity to do our most important daily activities.

Some of the outstanding accomplishments with her vision and leadership that the administration on aging has been able to achieve includes successful mobilization of that aging network and community education events and personalized

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assistance to Medicare beneficiaries with all the new benefits that have come along under Medicare.

The enhanced broad-based efforts to modernize access to long-term care through aging and disability resource centers. They instituted community based consumer accessible evidence based chronic disease and disability prevention programs. They have improved long-term care partnership among many organizations both public and private and most recently the Older Americans Act, which actually established the administration on aging and actual extended many of the other programs that we take for granted today for persons 65 and older. The 16<sup>th</sup> re-authorization of that act and of course many of us want to see at least 16 more [laughter], we want to continue to see that act re-authorize, but we just achieved re-authorization. It incorporates the principles of integrated, modernized and consumer directed long-term care for older adults and for adults with disabilities. It is my pleasure to introduce my friend and colleague, Josefina Carbonell administrator of the Administration on Aging.

[Applause]

**JOSEFINA CARBONELL:** Good afternoon everyone. I am delighted to be here. It is always a pleasure to join you and many of our community leaders across this country and I bring you greeting from our HHS secretary, Mike Levitt [misspelled?].

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He is among the mist of a very important trip to Africa with a delegation from the department and we are delighted. He has been blogging us ever since he hit the airplane and the ground running and he is visiting about seven countries and we are delighted to hear the updated every day, so those of you that want to keep up with what is going on at there, our work and the work of our department, the work of many of our colleagues across this country in helping address health issues in Africa is right there in our HSS websites. I welcome you to take a look at it. I really want to commend Dr. Wanda Jones and the Office of Women's Health for convening another successful summit. AOA, the administration on aging is proud to be a partner in this effort and from day one the assistant secretary for aging in this country. We have worked hand-in-hand to address critical issues in particularly as we launch the new national family care giver support program in early 2001. I am also delighted to join Deputy Director Frances Ashe-Goins, what a trooper, what an incredible leader within your office making all this happen and of course my dear friend and colleague Dr. Elena Rios, thank you for your support as not only your leadership as president and CO of The National Hispanic Medical Association, but your advocacy on behalf of health care issues, health disparities across this country, thank you very much for your leadership.

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A welcome congratulations Dr. Adams, you are from my home town of Miami and president of a National Medical Association; another association that we pride ourselves in the aging network working day to day in communities across this country. Thank you for your support of this effort and especially welcome the new young leaders that are joining us, the group of 25 that are joining us in this important endeavor as we learn and share experiences in this very important summit.

The summit is really a perfect example of a successful partnership between the federal government and The National Minority Organizations working together to improve the health of Americans of all ages. Of course, with a particular emphasis on our women of color. In working with older adults and their families for many years, it has always been apparent to me, that women play a key role in assuring the health of a family. We just heard the actual statistics from Dr. Adams earlier on.

I have worked with many grandparents for many years as they struggled with finding treatments and healthcare options for themselves and their grandchildren that many of them were raising. The value of working collaboratively with families was impressed upon me early in my career and has been one of

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the principles that guide my work at the administration on aging.

Now in my role as assistant secretary for aging, I see an opportunity to enhance the secretary's effort to further the mission of the department of health and human services, which is to improve the health of the nation by building, strengthening and leveraging relationships across the public health and human service communities.

At AOA, our partnerships are integral to the work we are undertaking in modernizing health and long-term care as we all know together we are all much stronger. At HSS, we work to address racial and ethnic health disparities and to improve overall access to medical and public healthcare. One of the secretary's priorities of course being the value-driven healthcare initiative. Through our efforts, we want consumers to gain control of their healthcare and become informed about health and service options, so that they can make the best decisions for themselves and their families. In a word, we are talking about empowerment and empowerment must be met with information and must be met with education.

An important HSS priority is the prevention disease and disability. As you know, many of the conditions and diseases can be reduced through preventive efforts and we know that people can want to live stronger, want to lead healthier lives,

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we just have to make it a little bit easier for those people to adopt those healthy lifestyles.

HSS is committed to helping individuals build their foundation of wellness which includes participating in regular physical activity, eating healthy foods, taking advantage of medical screenings, getting vaccinations for themselves and their children, and avoiding risky behaviors.

Prevention is also about what each of us can do in our lives to make ourselves and our families healthier. Thus the issues being addressed during this summit reflect the priorities of our HHS family and team. These priorities have a great impact on women because of the important roles they play in both family and community life.

Women are the heartbeat of our families and our communities. Our mothers, grandmothers, our daughters, our sisters and friends, who nurture us and they represent the backbone of care giving in the United States.

For minority women this role and since of family is particularly strong and important. The impact of many chronic conditions such as diabetes, arthritis and heart disease is particularly pronounced among American ethnic minorities. Let me share with you something that you probably already know. These chronic diseases and causes of death are for various minority populations. For African American women, it is heart

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disease, all malignant neoplasm's combined. Cerebral vascular diseases including stroke and diabetes. For American Indian and Alaska native women it is again heart disease, all cancers combine unintentional injuries and diabetes. For Asian, American Pacific Islander women, it is all cancers combined, heart disease, cerebral vascular disease including stroke and unintentional injuries. For Hispanic women it is heart disease, all cancers combined, cerebral vascular diseases and diabetes.

These chronic conditions and disabilities threaten the independence and dignity of all people. The good news is the chronic conditions can be prevented or managed by practicing certain behavioral lifestyle changes. In fact, the best science demonstrates that preventing things like falls, or making sure people have access to prescription drugs they need for conditions like hypertension and diabetes really does make a difference in their health.

So does too, physical activity and maintaining themselves mentally and physically active in their community life and in their family life. So to reduce the impact of chronic disease and disability for all people, we need to make preventive services a priority and make health information available to more individuals that we serve today. We must do this as quickly as possible.

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This is particularly important as we try to close the gap that exists in health disparities within our country, an important goal of this administration. This is why HHS has focused on preventive services and programs like Medicare and why we have been working so hard to promote these services in communities across this country.

Our goal at HHS is to make it easier for people of all ages to live their healthiest life possible. One way to accomplish this is by working together to make information and services, education available to where they live, work, and pray.

Through the secretary's Healthier US Starts Here campaign, since this spring, the bus has traveled to 121 different metropolitan areas in rural cities across the country in 45 states and the District of Columbia to reach out to many beneficiaries who not accessing the free life-saving vaccinations and health screenings available to them through the Medicare program.

Through our efforts with Healthy People 2010, where we are attempting to close the gaps in health experienced in racial and ethnic communities. The Healthy People 2010 is a set of health objectives for the nation to achieve over the first decade of the new century, we are close to that 2010 dead-line.

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It can be used by many different people, states, communities, professional organizations, and others to help them develop programs to improve the health. Individuals, groups and organizations are encouraged to integrate the Healthy 2010 initiatives into current programs, special events, publications, and meetings. Businesses can use the information and we have seen some creative ways businesses and small businesses create information to guide work site health promotion activities as well as community based initiatives.

Schools, colleges, and civic and faith based organizations can undertake activities to further the health of all members of their community. Healthcare providers can encourage their patients to pursue healthier lifestyles and participate in community based programs.

We know there are steps we can take to reduce our risk of disease, disability, and injury. No matter what our age, race, or ethnic background, it is never too early or too late to start living a healthy life.

Many of us come from close families where children, parents and grandparents and other relatives live or spend a great deal of time together. What better way to teach the valuable future lessons to our young people and also to our older people than to promote good health across the life span through education and by example.

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We also have other programs that promote interventions and information that communities can effectively employ in their different settings. As an example, it would help older women, many of whom are also care givers to plan for their future through their own euro future [misspelled?] as well as the women in secure retirement, insuring that women understand the financial implications and the health and long term care lifestyle changes and needs they might need. We also are helping through The National Family Caregiver Support Program, where we are helping caregivers of all ages, including grandparents raising grandchildren.

I am very pleased to also see that the next session following our session will deal with disaster response from the women's prospective. Florida is my home state and I have been intimately involved in my state response activities before coming to Washington, I know firsthand the havoc that disaster can wreck on the lives and the securities of our families. Very often women of all ages really form the fabric that sustains the family during a crisis and are the most resilient factor that holds communities together in recovering from disasters.

The Administration on Aging is also working closely with our partners at the agency for health care quality, centers for disease control, centers for Medicare and Medicaid

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services and the health resource service administration to assist local communities in developing coordinated strategies for improving the health and well being of elderly Hispanics. In 2005, there were approximately 3.3 million older Hispanics in the US and we estimate that by the year 2028, not too long from now, Hispanic elders will become the largest elder minority population in the United States.

The 2006 National Healthcare Disparities report, prepared by the Agency for Healthcare Research and Quality, affirms the persistent and growing health disparities that exists among Hispanic elders. Hispanic elders have a higher incidence of chronic conditions such as diabetes, heart disease and arthritis compared to the majority of non Hispanic white elderly population. To address this growing issue, the secretary has launched an Hispanic elders community partnership initiative, which is designed to encourage Hispanic elders and their families to take advantage of the services and preventive benefits that are provided to them through the Older Americans Act and the Medicare program including Medicaid, which includes prescription drugs, flu shots, diabetes screens, and other very important preventive benefits in their own communities.

Several metropolitan areas with large Hispanic elderly populations are invited to form teams across broad community health and human service organization needs. These teams are

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in the midst of finalizing their specific intervention activities which will address chronic illnesses, health screening accessibility and vaccination availability among the respective elder Hispanic communities. These teams will meet in October in Houston to establish a national learning network. Each community team will be asked to develop an intervention plan for addressing one or more of the health disparity concerns over the next 15 months.

I am very excited and honored that I got the opportunity to use the Women's Health Conference to announce the eight winners of the community teams selected to participate in this pilot project.

The teams are, drum roll. Chicago, Illinois [Applause]; Houston, Texas [Applause]; Los Angeles, California [Applause]; McAllen, Texas [Applause]; Miami, Florida [Applause]; New York, New York, San Antonio, Texas, and San Diego, California [Applause]. Congratulations to all.

[Applause]

The work of these eight community partnerships will provide an important opportunity for all of us. What we learn through these community efforts will be promoted in other communities and with a potential to help millions of Hispanic families better care for their loved ones. So congratulations to all the communities and we encourage all of you present here

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to join your teams and join the efforts of the community level to make it a success so we can take those best models again and take it to the rest of the country.

During the rest of the summit, I know that you will continue to benefit from the experts and from each other who have worked to develop the kind of innovative, pilot programs that are evident and are working very well and are easy to use and access tools that have been developed by our community experts to address health disparities in various populations. I want to reiterate again, the secretary and the department's commandment to partnership at all levels. The partnership and working together is the key to our success.

In closing, I want to commend all of you for the work that you do every day and challenge you to continue to stay engaged to learn, to seek out something new to take back with you but to be again encouraged for change, for competence, and for action. You are the leaders and the strength of our communities. Your presence here and the work that you do everyday demonstrate your powerful commitment to consumer empowerment and to improving the health of your families, your communities and our country. Thank you for your efforts and God bless.

[Applause]

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WANDA JONES, DR.P.H.: Thank you Josefina. Before I turn the microphone back over to Fran, I just wanted to add a couple of little points. She mentioned the secretary's blog on his trip to Africa, he is visiting at least seven countries that I know of that are PEPFAR; President Emergency Plan for Aid Relief countries. Read those blogs, this experience has changed Secretary Levitt. I have no doubt in my mind this is a man with a strong heart and a tremendous amount of compassion for people across this nation and even he has been so moved on this trip. He has overridden his staff that has said, "No, no don't do this." He has insisted on blogging directly and they say as soon as he gets in the car to go to his next stop, he is on his Blackberry adding to his blog. That is how much he is impressed. That is how much he has been so impassioned by what he has seen. Please look for that on the HSS.gov website.

This opening session is being webcast. I am sure Fran will tell you a bit more about that. We do have other media here that you will be seeing things throughout the conference. It is part of helping extend the message because this conference is about strength, about assets, about tools. All of us bring something, but I hope all of us are going to take home even more in what we hear. It is going to be an exciting two days. This was a great opening panel and again I thank National Medical Association, National Hispanic Medical

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Association, and Josefina for joining us today to further sponsorship and their partnership. Thank you all very much, [Applause] Fran.

**FRANCES ASHE-GOINS, R.N., M.P.H.:** Many times in our lives we meet someone very special and we would like to honor that person. We have with us two nieces: Sharon Bodine [misspelled?] and Debra Mitchell Johnson. They are the nieces of Janet Mitchell. I do not know if you saw the ABC Special on Janet Mitchell, I am going to read you a little bit about Janet.

Janet received her medical degree from the Howard University School of Medicine and a masters in public health from the Harvard School of Public Health. She is board certified OB/GYN and is a fellow in obstetrics and gynecology. She did a residency at Harlem Hospital Center in New York City in Obstetrics and gynecology followed by a fellowship at Albert Einstein College of Medicine in maternal fetal medicine. She has held both academic and clinical positions in New York and Boston and served as the obstetrical consultant to the New York City's Department of Health, Bureau of Maternity Services and Family Planning for 10 years. She also served as the chief of OB and residency director in the department of OB/GYN at Lincoln Medical and Mental Health Center in Bronx, New York.

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Her career interest had been routed in her commitment to improve the health status of women, especially women of color. Her areas of expertise included infant and maternal mortality, adolescent pregnancy, substance abuse, and HIV disease in women.

She has authored and co-authored over 50 articles and book chapters. She has served on numerous committees and advisory councils at the local, state, and national levels. Dr. Mitchell chaired the panel that wrote the original Treatment Improvement Protocols for Substance Using Pregnant Women for the Center for Substance Abuse Treatment, which is at Sampsa [misspelled?].

For eight years she directed the largest prenatal substance abuse using pregnant women in New York City, Harlem Hospital Special Prenatal Program for Chemically Dependent Women. She is a founding member of the The Office of Women's Health Minority Women's Health panel of experts. This panel is composed of physicians, clinicians, community activists, and academicians; working in communities and health settings around the country that serve racially and ethnically diverse women.

Dr. Mitchell worked tirelessly with her colleagues to support the OWH, goals to improve the health of women and develop minority women's health initiatives that would lead to eliminating health disparities.

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We have a plaque for her that is signed by the ASH, the Assistant Secretary for Health. If you do not know it, Janet now has the early stages of Alzheimer's, so she is not able to be with us, but we wanted to acknowledge her and Darlene Ye is with me as a chair person of the panel of experts. Darlene would you read what this says and would you come up please?

[Applause]

**DARLENE YE:** I am pleased to read this to you. This is the Department of Health and Human Services Assistant Secretary for Health award, for superior service presented to Dr. Janet Mitchell for superior leadership, commitment, devotion, and service. To improve the health of the minority community and the people of the United States of America and it is signed and dated by Dr. John Aquanobie [misspelled?].

[Applause]

**FEMALE SPEAKER:** Thank you very much. We are tremendously proud to accept this plaque on behalf of Janet and the Mitchell Family. We have always been very proud of Janet's accomplishments. We know she has touched the lives of many people, but it is during this very difficult time that we realize just how much she has touched everyone's lives. It is during this time we have such an outpouring of support. It is absolutely overwhelming for us and I thank you very much.

[Applause]

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