

## **Interview with Antonia C. Novello, MD, MPH, DrPH**

### **Antonia C. Novello, New York State Health Commissioner, discusses various public health and policy problems that medical professionals currently face.**

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Recently *Virtual Mentor* posed several questions about physicians in public life to Antonia C. Novello, MD, MPH, DrPH, New York State Health Commissioner.

#### **Q. Why did you get involved in politics and public policy?**

**A.** I loved the practice of medicine, where the focus is on individual patients, but early in my career I realized that my strongest interest is in improving the health of large population groups.

I wanted to be able to do something about the major health issues facing people in this country, such as the need to increase access to health care for the uninsured, the need to ensure that the health care in this country is high-quality care, and the need to improve the health status of Americans through greater emphasis on prevention and healthy lifestyles.

To play a role in addressing these issues, you must enter the realm of public health policy. So I spent several years in the National Institutes of Health, eventually becoming deputy director of the National Institute of Child Health and Human Development. Then I became Surgeon General of the US Public Health Service. Today I am Commissioner of Health for the State of New York. In my current capacity, I have been able to play a role in implementing health care access, quality, and prevention initiatives.

#### **Q. What is the biggest health care problem facing America today?**

**A.** There are many serious health care problems, such as increasing access to care for the uninsured, preventing medical errors, reducing obesity, and preventing chronic diseases like diabetes and asthma. But if I had to focus on just one problem, I think it would be the need to reduce health disparities affecting the nation's minorities.

Today's physicians must respond to the health care needs of an increasingly diverse society with rapidly changing demographics. Consider that in this nation of 281 million people, 12.3 percent are African American, 13 percent are Hispanic, nearly 4 percent are Asian or Pacific Islander, nearly 1 percent are Native American and Alaska Native, and nearly 7 million people, or 2 percent, are multi-racial.

The nation's minorities are disproportionately affected by many health problems. They have a significantly shorter life span than whites and higher rates of disease and mortality from disease. This is partly the result of lack of access to a regular primary care physician. Consider that approximately 38 percent of Hispanics, 24 percent of African Americans, and 24 percent of Asian/Pacific Islanders in this country lack health insurance compared to 14 percent of whites.

But even when minorities have access to care, too often they must deal with physicians who don't know their language, don't know their cultural traditions, don't provide health education, and don't provide them with the same early access to high-tech diagnostic and treatment efficacies that whites receive. For example, studies have shown that, compared to their white patients, physicians are less likely to recommend their minority patients receive bypass surgery to treat atherosclerotic coronary artery disease and knee replacements to replace diseased and painful knees.

**Q. What should be done to address this problem?**

**A.** For one thing, we need to find creative ways to increase access to health care for minorities. New York state provides large numbers of minorities with access to health care through our Medicaid, Child Health Plus, and Family Health Plus health insurance programs. New York state also has the nation's largest school-based health center program, which serves large numbers of minorities in urban, underserved areas. Currently, 42 percent of the children served in these health centers are Hispanic and 37 percent are African American. Sometimes, you have to find ways to bring health care *to* the patient in settings where they feel comfortable.

There must also be more effort to provide minorities with culturally sensitive, language-appropriate health care. This can best be accomplished by increasing the number of minority physicians. Although 25 percent of the nation's population is African American, Hispanic, or Native American, only 7 percent of medical students currently come from these ethnic groups. Some states, like New York, are providing financial incentives to medical schools and teaching hospitals to recruit and train minority physicians.

**Q. How do you prevent complex health positions and messages from being reduced to more simple, polarized positions when they enter the political arena?**

**A.** My motto is "good science and good sense." In other words, I believe that if you keep the focus on the undisputable facts and statistics regarding the nation's health problems and encourage reasonable and practicable approaches to addressing them, you can avoid polarization. Of course, solving the nation's health problems requires public awareness and support. So, education is a huge part of what we do in public health. I am first and foremost a physician, so I try to keep the focus on public health, not politics.

Antonia Coello Novello, MD, MPH, DrPH, currently serves as the 13th New York State Health Commissioner. Prior to being appointed to this post, Dr. Novello served as the 14th Surgeon General of the US Public Health Service. Her appointment marked two firsts: Dr. Novello became the first woman and the first Hispanic ever to hold this position. After her Surgeon General tenureship, she served as United Nations Children's Fund (UNICEF) Special Representative for Health and Nutrition (1993-1996), where she advised the executive director on issues pertaining to women, children and youth. Dr. Novello entered the US Public Health Service (USPHS) in 1978 after working in the private practice of pediatrics and nephrology. Until her appointment as Surgeon General, her USPHS career was spent at the National Institutes of Health where she served in various capacities, rising to deputy director of the National Institute of Child Health and Human Development.

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