

SOUTHEASTERN PARTNERSHIP TO ELIMINATE HEALTH DISPARITIES

Ann Rosewater, MA

Southeastern Partnership to Eliminate Health Disparities

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INTRODUCTION

Ann Rosewater, consultant to the emerging Southeastern Partnership to Eliminate Health Disparities, brought the audience up-to-date on what has been learned during the past year and what to expect from the new 8-state initiative. She emphasized the importance of primary care providers and community partners in meeting the goal to improve health and productivity in the southeast.

LESSONS LEARNED

1. The issue of health disparities in the south is substantive and real and is of concern to many partners, individuals, and groups in the area. “We don’t need to spend time convincing you,” Rosewater said. “The data shared over the past 2 and a half days has been striking and you wouldn’t be here if you weren’t focused on these issues in your own work.”

2. We need multiple partners—federal government, state government, and local communities—committed to working together to eliminate health disparities. “That is the kind of partnership that is evolving,” Rosewater said. This conference has provided “excellent examples of the value of collaborations in achieving results in policy, in practice and in getting services to people who need them.” It has also shown how to build support in the community and bring partners to the table in a sustained way, she said.

3. We need to concentrate in areas that will bring particular focus and value to the work. The Southeastern Partnership is concentrating on 3 areas:

- Identifying and helping translate information and data effectively for different audiences, including practitioners, policymakers and the public;
- The role of communities in creating consensus around local focus, a climate of engagement, and bridges to care; and
- The economic impact of disparities. The effort needs to involve many stakeholders beyond health care—business leaders, elected officials, and educators. “They will be more likely to see the need for this effort if they understand how learning and productivity are affected by disproportionate health outcomes,” Rosewater said.

4. It is essential to be realistically bold with targeted, measurable, doable goals. “This conference has focused on hypertension, obesity, diabetes, depression, immunizations, and other extremely important issues with demonstrable disproportionate and preventable impact on certain groups in the southeast,” Rosewater said. “When I made rounds earlier this year at Grady Memorial Hospital—the public hospital that serves 2 major counties in Atlanta—it was painfully apparent that these issues are important and that we can make a difference.” Another approach is to “pick any of these health issues, look at a map of the United States and watch the ‘hot spots’ light up in the southeast,” Rosewater said. “You will see that something is drastically wrong.”

The startling truth is that “improvements in health disparities have either reached a plateau or, in some instances such as diabetes and obesity, have begun to get worse again,” Rosewater warned. “This is happening despite all of the terrific and dedicated efforts of communities, public health departments, physicians, nurses, the faith community, advocates, and many others.”

What can be done? “We need to think creatively about new stakeholders and new strategies,” Rosewater said. “We need to think differently—in a broader and more strategic way—about health disparities, why they really exist, about their impact, about why in so many ways they remain invisible, and about what it will take if we are serious about eliminating them.”

The speaker noted that the Primary Care Conference has a dual purpose—to provide updates on evidence-based medicine and to expand how everyone working together can find new ways to eliminate disparities in health care. “We need to learn, work, collaborate, and be open to making course corrections as we move forward,” Rosewater said.

The Southeastern Partnership to Eliminate Health Disparities has selected 2010 as its target year—in keeping with the US Surgeon General’s benchmarks for *Healthy People 2010*. “To make an impact, communities and the primary care providers in those communities will be the ‘crucible’ where it works or doesn’t work,” Rosewater said. “All the other partners will bring talents, expertise, and technical capacity that will lend added value and resources to the communities, but we have learned clearly and repeatedly that if anything is going to happen, it must happen locally in the communities.”

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The past year has been devoted to fact-finding and discussions with healthcare providers across the southeast. “My hope is that our vision will be translated into reality by next year—or even sooner,” Rosewater said. “My best estimate is that it will happen sooner.”

The Primary Care Conference emphasized that primary care is essential to addressing disparities and that a broader group of stakeholders needs to “come to the table,” Rosewater said.

She listed those stakeholders as government, the faith community, business leaders, community organizations, the media, and others. Two preconference working group sessions brought representatives from across the southeast to discuss: 1) the effective uses of data and information; and 2) examples of effective community involvement in addressing health disparities. The data group agreed to work on a collaborative report over the next 18 months to tell the disparities story.

“You have heard that primary care is the first point of contact for heart disease, diabetes, and depression and that you represent health care for most people,” Rosewater said. “We are making progress in designing ways to collaborate with you through community health centers, professional nursing and medical groups, faith communities, and other ways.

“You will be the ones that will be able to celebrate in 2010, because it will be due to your work that health disparities will be eliminated—and through your work that we will have positive, productive, healthy people throughout all our communities in the southeast,” she concluded.