Opening Session: Are Health Disparities on the Public Health Agenda? Where?—Summary Article

Panel Discussion: George A. Mensah, MD, Moderator, Chief, Cardiovascular Health Branch, Centers for Disease Control and Prevention (CDC); Charlene M. J. Hanson, EdD, MSN, Professor Emerita, School of Nursing, Georgia Southern University; Jeffrey P. Koplan, MD, MPH, Vice President for Academic Health Affairs, Emory University Health Sciences Center; Julius Richmond, MD, Former US Surgeon General, Professor Emeritus, Health Policy, Harvard University Medical School; Elena V. Rios, MD, MSPH, President and CEO, National Hispanic Medical Association; David Satcher, MD, PhD, Former US Surgeon General, Director, National Center for Primary Care, Morehouse School of Medicine.

Introduction

A distinguished panel of national experts—including 2 former US Surgeons General—highlighted "best science" and recommended the "best practices" for eliminating needless deaths among African Americans, Hispanics, and other minorities in the Southeast. They answered questions from the moderator and from the audience of more than 300 health professionals attending the opening session of the Second Annual Primary Care Conference.

Q. What are health disparities? If everyone had insurance, would that take care of the problem? Why aren't we making more progress?

Health disparities, according to Dr. Satcher, are defined as differences in health outcomes. "Health disparities exist in infant mortality, cardiovascular disease, cancer, and diabetes. As we examine the disparities in outcomes, we begin to see disparities in access to care, quality of care and human behavior or lifestyle practices," he continued. "In a system that values every human life and the dignity and worth of every human being, these differences cannot be justified."

Asked if insurance for everyone would level the playing field in health care, Dr. Satcher said no. "Access to care is very important, but it is only one aspect of medical care," he said. "Insurance isn't enough if quality care is not available, and insurance doesn't ensure access if someone lives where there are no healthcare providers."

"Entitlement is not enough," Dr. Richmond said. "Patients have to utilize the services."

The panel agreed that providers and patients both have roles to play in closing the gaps in health care. "You have to be able to communicate with patients, to make sure they understand what to do, and to help them do it," Dr. Hanson said.

Information is available, but too few people act on it, the panel said. "The World Health Organization has reported that we could increase life expectancy by many years simply by applying what we already know about lifestyle changes," Dr. Richmond said.

Q. Is disparity in health care on the national agenda? If not, what can we do?

"It was on the agenda, but it has fallen off the edge," Dr. Koplan said. Heart disease and cancer are in the forefront, and bio-terrorism is moving up fast. "Just to focus on one thing, such as bio-terrorism, is a bad mistake," he warned.

Dr. Hanson suggests that change must begin with the curriculum. "The best way to improve primary care is to prepare the providers," she said.

"We have been reasonably successful in reducing cigarette smoking," Dr. Richmond pointed out. "Twenty-five percent of the population is smoking now, compared with more than 50 percent in the past. Practitioners need to continue to work on the smoking problem in the clinical setting."

Dr. Hanson advocates integrating multi-cultural studies into the curricula of medical and nursing schools. "Students should get it all—classes, clinical experiences, tests on multicultural issues, etc," she said.

Q. Does a doctor have enough time in a 6-minute appointment to do anything about a patient's lifestyle? What role should a primary care physician play?

Dr. Richmond believes managed care—for economic reasons—has squeezed the time that physicians spend with patients. "We must counteract that situation," he said.

"There is a disconnect between the institutions—the ivory towers—and the communities," Dr. Rios said. "Young doctors

Top strategies for eliminating health disparities by 2010

The panelists were asked to give their ''best advice'' for eliminating disparities in healthcare in the United States by the end of the decade.

Dr. Hanson—Empower healthcare providers through multicultural education and continuing education.

Dr. Koplan—Health disparities must be placed at the top of the national agenda.

Dr. Richmond—Rebuild the public health infrastructure, including health education.

Dr. Rios—Support programs to recruit and retain minority students in all health professions.

Dr. Satcher—Get the nation to move toward a balanced health system, including health promotion, disease prevention, early detection, and equal access to care.

must learn how to manage the behaviors of their patients in order to treat their conditions."

Dr. Satcher thinks primary care physicians should write more "lifestyle prescriptions" to help patients make needed health changes.

Q. What are some programs that are working to eliminate disparities?

The mission of the new National Center for Primary Care at Morehouse School of Medicine is to promote excellence in comprehensive primary health care and optimal health outcomes for all Americans. In doing so, the Center will focus on increasing services to under-served populations and overcoming health disparities. The Center is a national resource for encouraging individuals to pursue primary care careers, for making primary care practice more effective, and for supporting primary care professionals serving in neglected areas of the nation.

Hablamos Juntos: Improving Patient-Provider Communication for Latinos is a new program designed to tackle language barriers between patients and healthcare providers. The Robert Wood Johnson Foundation has awarded grants to 10 organizations to develop affordable models to help English-speaking providers communicate more effectively with their Spanish-speaking patients. "Hablamos Juntos" translates from Spanish to English as "We Speak Together." The intent is to learn more about patients' family histories and current treatments in making more accurate diagnoses of illnesses. The 10 organizations will develop language interpretation services, printed materials, and signs.

REACH 2010 is the cornerstone of efforts by the Centers for Disease Control and Prevention (CDC) to eliminate racial and ethnic disparities in health. Launched in January 2000, REACH 2010 is designed to eliminate disparities in 6 priority areas: diabetes, cardiovascular disease, breast and cervical cancer screening and management, HIV infections/AIDS, immunizations and infant mortality. The targeted groups are African Americans, American Indians, Alaska Natives, Asian Americans, Hispanic Americans, and Pacific Islanders. REACH supports community coalitions in designing, implementing, and evaluating community-driven strategies to eliminate health disparities.

Q. Can we address disparities in health care without addressing social issues such as poverty, unemployment, homelessness, and lack of proper nutrition?

"To be successful, we must target 5 things," Dr. Satcher said. "These factors are access to care; quality of care; lifestyle changes; the environment, including socioeconomic issues; and a balanced research agenda."

Health care is related to many other aspects of the society, Dr. Satcher said. "When I released the Surgeon General's call to action to prevent overweight and obesity, I didn't know it would lead to my chairing of a healthy schools summit involving educators and policy-makers in discussing ways to improve health in the schools. They saw the relationship between health and education."

Dr. Richmond believes "political will" is the way to make an impact on disparity. "We went all-out in the War on Poverty in the 1960s and it worked," he said. "In one year, we founded many neighborhood health centers and the Head Start program."

Q. Which part of the healthcare system is the easiest to change to overcome disparities?

"Universal access is the first thing we need to work on," Dr. Satcher said. "Insurance is the place to start as a nation."

Q. How can we improve the quality of food that young people eat?

"We should give the US Department of Agriculture more authority to require healthy meals in the schools and make sure they enforce the regulations," Dr. Satcher said.

Doctors can be role models, the panel agreed. In the fight against tobacco, physicians stopped smoking and worked with the community to emphasize the dangers of nicotine in lung diseases and cancer. "The same thing needs to happen with nutrition and physical activity," Dr. Koplan said.

Q. WHAT CAN WE LEARN FROM OTHER COUNTRIES?

Dr. Koplan recommended studying Canada, Scandinavia, and European countries that have "good access and good health."

Dr. Richmond warned that more wealth does not necessarily mean that a country has better health care. "The United States spends almost twice as much on health care as other developed countries, but the results are not necessarily better," he said.