

# IMPROVING HEALTH, ELIMINATING DISPARITIES: FINDING SOLUTIONS FOR BETTER HEALTH CARE FOR ALL POPULATIONS

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## INTRODUCTION

The Fourth Annual Primary Care and Prevention Conference was held October 25–27, 2004 in Atlanta, Georgia to address inequalities in primary care health outcomes and to develop strategies to improve the health status among under-served communities throughout the country. The Ninth Annual HeLa Women's Health Conference was conducted concurrently during the conference's Tuesday, October 26 sessions and were designed for those in obstetrics/gynecology.

The reports herein provide a sample of the rich presentations and scientific knowledge imparted by a faculty of more than 100 who addressed disparities across disease states (heart disease and stroke; cancer; diabetes, chronic kidney disease, and obesity; infectious disease; mental health and mental disorders; environmental health/injury and violence; respiratory diseases; and substance abuse, tobacco use) and within focused areas (adult health; maternal, child and adolescent health; health policy and practice; and social and community health). (*Ethn Dis.* 2005;15[suppl 2]:S2-1–S2-4)

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Disparities in primary care health outcomes for minority populations have been well-documented in recent studies and the literature.<sup>1,2</sup> Evidence abounds demonstrating that those in minority groups do not always receive the same quality of health care and may not have the same access to health care. More than 80,000 excess deaths can be attributed to the Black-White health gap alone, as well as increased rates of death, disability, hospitalization, and serious complications among a broad range of racial, ethnic minorities, the uninsured, the poor, and the underserved rural and inner-city populations.<sup>3</sup>

In exploring reasons for disparities in health outcomes, researchers cite several factors that attribute to poorer health outcomes for minorities. In its 2003 report, the Agency for Healthcare Research and Quality (AHRQ) examined five aspects important to quality of care: effectiveness (care, based on scientific knowledge and provided to all patients who could benefit); safety (care that avoids injuring patients); timeliness (care that reduces waiting times and delays in receipt of care); patient centeredness (care that is respectful and responsive to individual needs, preferences, and values of patients); and equity (need for healthcare systems to provide care that does not vary in quality because of personal characteristics such as gender ethnicity, geographic location, and socioeconomic status).<sup>2</sup> By examining these five areas, the report demonstrates gaps that exist between ideal health care and the actual health care Americans, and especially minorities, receive.<sup>4</sup> It demonstrates differences in access to health care, and the role of SES, insur-

ance status, and geographic location on healthcare differences within and across priority populations (women, children, elderly, racial and ethnic minority groups, low income groups, residents of rural areas; and individuals with special healthcare needs).

In the AHRQ report and other studies, researchers call for the development of strategies to reduce these inequities in health through an understanding of those factors most amenable to change. Rust et al, for example, found that three modifiable factors have a dramatic affect on patterns of care among African Americans: poverty, lack of insurance, and a lack of a usual source of medical care.<sup>5</sup> Others recommend strategies including: efforts to diversify the racial and ethnic composition of the physician workforce<sup>6</sup>; a shift in the "biomedical model" to deliver health care<sup>7</sup>; and training physicians in improved physician-patient communications, which has been found to produce better outcomes of care in patients of all socioeconomic backgrounds.<sup>8–10</sup>

## REPORTS ADDRESS STRATEGIES AND OBJECTIVES

In keeping with research recommendations, the Fourth Annual Primary Care and Prevention Conference gathered scientists and healthcare professionals for an exchange of information to address modifiable factors while gaining the most recent clinical approaches to treatment and prevention. Training provided at the conference sought to equip front-line health providers with the tools to make changes and worked to achieve the following objectives:

- To equip healthcare professionals with knowledge, the latest research, treatment protocols, and guidelines related to providing primary care to adults, children, and adolescents;
- To equip public health professionals with strategies for community-wide application of evidence-based health promotion initiatives and approaches to translating community preventive services from research to practice;
- To provide an opportunity for discussions to develop and implement regionwide strategies that address the goals of *Healthy People 2010*;
- To provide tools for participants to implement recommended strategies to close the gaps in health disparities in their individual practices and in the community;
- To offer solutions for eliminating barriers that prevent the translation of best science to practice for individuals and communities;
- To enhance the capacity and the role of primary care practitioners to improve health outcomes;
- To clarify the impact of health prevention on measurable improvement in health outcomes and the role primary care practitioners play in incorporating prevention strategies into patient care;
- To increase awareness about the role that public policy and partnerships play in improving health outcomes.

## HELA WOMEN'S HEALTH CONFERENCE

The HeLa Conference was inaugurated in 1996 to address women's health and to honor Henrietta Lacks, the African-American donor of HeLa cells, which represented the first successful breakthrough of growth of human cells outside the body. This accomplishment was utilized in the eradication of polio in the first polio virus vaccine. These cells and similar models have been the cornerstone for nearly every scientific

advancement in chemotherapy testing, vaccine development and blockbuster drug creation. In order to raise consciousness regarding the contributions of African Americans to health sciences, the family of Mrs. Henrietta Lacks was brought from the Johns Hopkins Clinic to Atlanta in 1996. The then Mayor William Campbell declared the day Henrietta Lacks Day. Dr. Joceyln Elders was named as the keynote speaker of the first HeLa Conference in 1996 and addressed the issues of sex education and preventive measures in sexually transmitted diseases. Proceedings from this first conference were published in the *American Journal of Obstetrics* and conference highlights filmed as a documentary by the British Broadcast Corporation (BBC).

The successive HeLa Conferences have addressed cancer control, environmental exposure crisis, threatened pregnancies, maternal and child health, hormone replacement therapy, along with multiple medical educational issues in reproductive medicine.

With this year's conference, the HeLa Conference embraced an affiliation with the Primary Care and Prevention Conference, which delivered a seamless integration yet distinctive definition to enhance the jointly held objectives of both conferences.

## ORIGINAL REPORTS FROM CONFERENCE PRESENTATIONS

To capture select proceedings of the conference, 12 original reports based on conference presentations provide a cross-section of information from the various working sessions. From a working session on cancer, Li explores the reasons why disparities for breast cancer exist, pointing to socioeconomic status, access to health care (including screening and treatment services), lifestyle factors, and tumor characteristics.<sup>11</sup> Li recommends multi-tiered strategies involv-

ing advocacy, research, education, and healthcare services to develop programs and policies that are culturally and linguistically appropriate for individual communities. Also addressing cancer and environmental factors affecting cancer rates, Pederson offers best practices for tobacco cessation programs that work from her session providing physician training on how to influence patients who smoke.<sup>12</sup> Martin demonstrates an effective model utilizing community health advisors to promote cancer screening and Kurtz et al investigate predictors of utilization of primary care physician, hospital and emergency room services by older patients during the first year following a diagnosis of cancer.<sup>13,14</sup>

Presenting updates for cardiovascular health, Douglas suggests best practices for the treatment of high blood pressure, particularly among minority populations, to avoid the risk of cardiovascular and renal complications. This article discusses options for anti-hypertensive agents and a rationale on the importance of controlling blood pressure within a few months to reduce event rates, particularly stroke and the onset of type 2 diabetes.<sup>15</sup> In a session on keeping neighborhoods safe and local healthcare accessible, Teitelbaum examines the historic role that civil rights law has played in US health care. Discussion points include innovations needed in the area of civil rights and proposed federal legislation related to civil rights in health care.<sup>16</sup> In his presentation, Bach explores a hypothesis that physicians may be an overarching cause for racial and ethnic differences in healthcare quality. His report presents alternative mechanisms and proposes inequities in the structure of the healthcare system, rather than inequities in the treatment patterns of individual physicians,<sup>17</sup> as the potential cause for disparities.

From the HeLa Women's Health Conference, two papers represent the depth of clinical and epidemiologic data offered during these working and ple-

nary sessions. An article by Montgomery Rice explains the impact of race/ethnicity in menopausal changes and provides techniques for evaluating the risk/benefit of hormone replacement therapy as it relates to vasomotor symptoms and osteoporosis prevention.<sup>18</sup> In her research, Ashby provides a review of the top five health conditions of African-American women and identifies the most frequent sexual dysfunction complaints of African-American women.<sup>19</sup>

Three articles represent some of the information disseminated related to chronic and infectious disease. Perez presents the natural history of the interstitial lung disease (ILD), giving a broad overview of the pathophysiology in these diseases, and encourages greater awareness for the detection of ILD in primary care.<sup>20</sup> In two separate articles, Willis and St. John et al discuss community responses to West Nile virus and the hepatitis C crisis, respectively.<sup>21,22</sup>

In the second section of these proceedings, readers will find summary reports of each of the plenary sessions held during the conference, including reports from: 1) the Surgeons General Colloquium; 2) Plenary Session 1A on primary healthcare challenges: preventing and treating disease; 3) Plenary Session 2 on improving quality: making a difference at the individual and community levels; 4) Plenary Session 3 on health policy 2004: improving outcomes through research and practice; and 5) Plenary Session 4 in which CDC Director Julie Gerberding, MD presented a vision for improving health, eliminating disparities in the 21st century.

Finally, a select group of abstracts related to primary care research offers a glimpse at some of the current research taking place to eliminate disparities in health outcomes among minority populations. Abstract presentation authors report on smoking cessation programs that work; cancer awareness interventions; immunization; cultural dynamics and HIV; health literacy; electronic medical records in primary care settings;

comorbid diagnoses in sarcoidosis; and AIDS stigma and access to care.

For 2005, Morehouse School of Medicine and the National Center for Primary Care have begun plans for its Fifth Annual Primary Care and Prevention Conference, which will take place Wednesday, September 21 through Friday, September 23, 2005. We invite readers to watch for more information by accessing [www.msm.edu](http://www.msm.edu).

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