

PLENARY SESSION 4: IMPROVING HEALTH, ELIMINATING DISPARITIES: VISIONS FOR THE 21ST CENTURY

Julie L. Gerberding, MD, MPH
Director, US Centers for Disease Control and Prevention

INTRODUCTION

The US Centers for Disease Control and Prevention (CDC)—recognized as the world's leading health protection agency—is undertaking new strategies to eliminate health disparities and protect the nation's health. "We are seeking a more robust capability to truly impact health in the 21st century," the CDC's Director Dr. Julie Gerberding said.

"Ninety-five percent of the nation's health dollars is invested in people who have health problems," Dr. Gerberding said. "Less than 5% is spent on people who are currently healthy." The nation has under-invested in protecting health and must put more energy into it in the future, the Director pointed out.

"The CDC is reaffirming our responsibility and our accountability for health protection," Dr. Gerberding said. "We would like to see a rebalancing of the nation's health priorities—not to take away from the health delivery system but to put more emphasis on health protection."

After the CDC undertook a recent initiative to find ways to improve the agency, it settled on two overarching goals:

- Health promotion and prevention of disease, injury, and disability. "All people, especially those at greatest risk for health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life."
- Preparedness. "People in all communities will be protected from infectious, environmental, and terrorist threats."

The CDC is implementing a new process that will find out "what we can do" and "where we can have the biggest

impact on health," the Director said. "The process is supported by the administration and both houses of Congress. It means that the budget is linked to the goals. . .and that ultimately everyone will be able to see our progress."

Eliminating health disparities will become "part of the backbone and the culture of the CDC" rather than a separate activity, Dr. Gerberding emphasized. The agency will measure progress, look at evidence of success, determine needed research, and decide how to allocate resources to fight health inequities.

"Stay tuned," the Director said. "We will be calling on stakeholders across the nation to help us formulate this process that I hope will take us farther faster than ever before."

Dr. Gerberding listed the health equity priority areas of the US Department of Health and Human Services. The six areas are infant mortality, deficits in breast and cervical cancer screening and management, cardiovascular diseases, diabetes, HIV infections/AIDS, and child and/or adult immunizations. "There are profound disparities" in every category, she said. "Disparities impact large numbers of people, they are conspicuous, and in many cases they are not improving."

The CDC Director used trend data on cigarette smoking, obesity, diabetes, AIDS, and tuberculosis to show that even though the outlook is "hopeful," more steps need to be taken in overcoming disparities and safeguarding health.

Cigarette Smoking

Dr. Gerberding said the data gathered on adult smokers in the years between 1983 and 2002 showed "slow improvement" in five population groups:

American Indians/Alaska Natives, African Americans, Whites, Hispanics/Latinos, and Asians/Pacific Islanders. "We need to learn how to target successful anti-smoking messages to specific populations," she said.

Obesity

Racial and ethnic disparities stand out on a chart of obesity among adults aged 20 to 74, Dr. Gerberding noted. Fifty percent of African-American women and over 40% of Hispanic women are obese.

Diabetes

"The trends in diabetes are going in the wrong direction, especially among African-American females and Hispanic males," Dr. Gerberding said. "The levels are unacceptably high, and every group is moving up instead of down." The data came from the two-plus decades between 1980 and 2002.

AIDS

"We are not doing enough" to combat AIDS disparities, Dr. Gerberding said. "We have a long way to go." In 2002, AIDS showed up in the African-American population at the rate of 78.5 per 100,000 population. This rate far outstrips the rate of 7.8 per 100,000 among Whites.

Tuberculosis (TB)

"There has been an overall decline in the incidence of TB since 1991, but African Americans have a much higher rate per 100,000 than the White, non-Hispanic group," Dr. Gerberding said. The seven southeastern states (Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, and Tennessee) had TB rates that exceeded the national average.

WHAT IS THE ANSWER?

Community health programs operating with federal support are making a

difference in certain parts of the nation. Dr. Gerberding described two such programs.

Racial and Ethnic Approaches to Community Health

Racial and Ethnic Approaches to Community Health (REACH) is the CDC's cornerstone initiative to eliminate health disparities. REACH sites—located in 31 communities across the nation—are targeting racial and ethnic disparities by implementing and evaluating a variety of strategies to improve health at the local level. Some of the projects undertaken by REACH include: 1) monthly training programs for community outreach workers; 2) training programs on foot care; weight management and fitness; and reduction of carbohydrates, calories, and saturated fat; 3) worksite wellness programs; 4) annual health screening events; and 5) packets and tool kits for pastors and churches.

The Steps to a Healthier US

The Steps to a Healthier US (Steps) program aims to reduce the burden of diabetes, asthma, and obesity in high-risk populations in 23 communities. *Steps* addresses three related risk factors—physical inactivity, poor nutrition, and tobacco use. The target population includes Native Americans in tribal settings and African Americans and Hispanics in rural and urban areas.

PERSONALIZING HEALTH MESSAGES

One thing the CDC has learned through REACH and other community programs is the importance of personalizing health messages. "People think in terms of how they feel or what they can do about their health or how they can improve the quality and joy of their lives," Dr. Gerberding said.

She explained that health agencies generally have failed to humanize their

goals. Instead of saying, "We want to reduce maternal tobacco use, or maternal alcohol use, or the number of folate-deficient women," health professionals should focus on their patients by saying, "The United States should have the best infant survival rate in the world" or "We want at least 95% of all expectant mothers to have no risk factors for low birth weight children."

IMPROVEMENT IN HEALTH PROTECTION AND HEALTH EQUITY

"The CDC has made measurable and substantive improvement in health protection and health equity in the areas of childhood immunization, syphilis elimination, the minority AIDS initiative, and folic acid fortification to reduce birth defects," Dr. Gerberding said.

Childhood Immunization

"We have closed the gap in childhood vaccine coverage," the Director said. "When we make something a priority and invest wisely, we can achieve success."

Syphilis Elimination

There was an overall reduction of 16% in the nation between 1997 and 2002. "The ominous trend in the last couple of years is among gay men who are getting syphilis as a result of a relapse in risk reduction behavior," Dr. Gerberding said. The 75% decline among African-American women was "significant," she pointed out, while the 62% reduction in congenital syphilis was "profound." The CDC's goal is to eliminate syphilis by the year 2010. It sends health workers to "hot spots" to see what is happening, to offer assistance to local and state agencies, and to persist until they see results. "Our efforts are evidence that a focused, goal-oriented program can be successful," Dr. Gerberding said.

MINORITY AIDS INITIATIVE

"Many disparities exist in treating AIDS," Dr. Gerberding said. "We are not claiming success in this area, but we have learned the lesson that prevention is not just a local activity but must be carried out in the cultural context of the community, where people trust messages and resources, and can access the prevention and treatment services they need and deserve."

Folic Acid Fortification

After the US Public Health Service recommended that all women of child-bearing age consume folic acid (vitamin B) to reduce the risk of giving birth to babies with neural tube defects (spina bifida and anencephaly), the Food and Drug Administration required that folic acid be added to flour, breads, and other grains. Just last year, the list was expanded to include corn meal, which is preferred to flour in the Hispanic community. Because the prevalence of neural tube defects is greater among Hispanics than among Whites and African Americans, researchers are looking at the possibility of a genetic susceptibility to folate deficiency among Hispanic wom-

en. One CDC program places community health aides in hard-hit Latin American neighborhoods to educate women about the importance of folate before and during pregnancy. "We are able to show improvement in the knowledge level of the community where these programs exist," Dr. Gerberding said.

SUCCESS STORIES

Four areas of CDC work have "brought us closer" to protecting health and ending disparities, Dr. Gerberding said. These key areas are: 1) translating results from national interventions (such as REACH and Steps); 2) health promotion targeting minority populations; 3) the health protection research initiative; and 4) enhancing the Office of Minority Health.

Health protection research is taking place in South Carolina through an alliance of two universities and 608 AME churches across the state. Through the Health-e-AME project, church leaders are trained to engage members in healthy exercise and to promote better

nutrition. The goal is to increase members' physical activity by at least 15%. This approach works, Dr. Gerberding said, because it connects with the community and is based on a system of faith, values, and trust. "It puts health protection in a context that people are already using to create a better quality of life," she said.

The 33 Prevention Research Centers in the nation are another success story, conducting 500 ongoing projects per year. The Center at Morehouse School of Medicine received an award as the number one center in the nation. "These centers are a spectacular resource in the community," Dr. Gerberding said. They work to reduce HIV risk behavior, prevent HIV infection and other sexually transmitted diseases, prevent and reduce youth violence, promote adolescent health, prevent cardiovascular disease, and train African-American and other minority public health practitioners and prevention researchers. "The CDC plays a small part and is very proud of the work of the Prevention Research Centers," Dr. Gerberding said. "I hope we will be able to do more to support them in the future."