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"Building Relationships, Eliminating Disparities"

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INTRODUCTION

Numerous scientific studies show that health care quality in the United States is not equitably distributed. Studies show that racial and ethnic minorities often receive inferior health care compared to whites. These differences have been shown for treatment of heart attacks, stroke, heart failure, cancer, diabetes, asthma, depression, and pain, preventive care, and organ transplantation to name just a few examples. These differences likely contribute to the nearly six year gap in life expectancy between whites and blacks in this country. According to Dr Martin Luther King, Jr, "of all the forms of inequality, injustice in health care is the most shocking and inhumane." As such, these inequalities merit our attention and redress. The federal government through the Department of Health and Human Services has made the elimination of disparities by 2010 a national goal. Congress has directed the Agency for Healthcare Research and Quality to produce annual reports on disparities in health care. NIH has incorporated the elimination of disparities into its mission as has The Robert Wood Johnson Foundation, the leading private funder of health care research in the United States. Jack Rowe, the CEO of Aetna, Inc has committed the company to addressing racial and ethnic disparities among its plan members.



However, it will not be a simple task to eliminate disparities in health care. While many studies, including a report by the esteemed Institute of Medicine, document these inequities, few studies have examined the causes. Differences in patient insurance, education, income, and attitudes contribute to these disparities, but they do not adequately explain them. Other studies suggest that physician attitudes and communication skills also play a role. For example, stereotypical beliefs about patients' ability to follow a physician's recommendation may deter physicians from recommending a particular course of treatment. Physicians' inability to

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1

understand or communicate with patients from different cultural backgrounds may undermine optimal treatment. Similarly, lack of trust on the part of patients may undermine adherence to recommendations.

The University of Rochester has distinguished itself through its commitment to promoting the health of all residents of the Rochester community and to eliminating disparities through Project Believe. The University recently added improving community health to the University of Rochester Medical Center's core mission. A number of promising projects have been undertaken. Dr Peter Silagy and colleagues from the Department of Pediatrics together with community partners implemented a community wide immunization program that virtually eliminated racial and urban-suburban disparities in childhood immunization in Monroe County. Dr Sharon Humisol, also from the Department of Pediatrics, in collaboration with Dr Nancy Bennett, the Associate Director of the Monroe Community Health Department are leading a similar project designed to eliminate racial disparities in flu and pneumonia immunization among elderly adults. The Department of Family Medicine opened a new Research Center, directed by Dr Ronald Epstein, whose mission is to improve communication in health care and eliminate resulting disparities. With funding through the Aetna Foundation, the Department of Family Medicine has implemented a program designed to assist patients in accessing available insurance and applying for free medication through indigent programs from the pharmaceutical industry. This program is now being rolled out to community-based health care providers. The Department of Family Medicine has also undertaken a quality improvement project that has achieved remarkable levels of quality for patients in key areas while eliminating disparities. Last, the federal government has funded the Department of Family Medicine to develop a model demonstration project for training residents in key cultural competency communication skills. The ultimate goal is to establish core levels of competency in these skills that can be objectively assessed with a corresponding training curriculum. If momentum generated by these projects can be sustained, there is cause for hope that disparities in health care will become a relic of the past.

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The views contained in this article represent those of the author and do not necessarily represent those of the University of Rochester.

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