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End health disparities

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ALTHOUGH THE MARCH OF DIMES, with the federal Office of Minority Health Resource Center and community groups, is working to raise awareness about the high infant mortality rates in the African-American population, it is going to take more than "awareness" to change the numbers.

The infant mortality rate is only one spoke in a troubling wheel of disparities minorities face in health care. The differences -- most dramatic between blacks and whites -- stem from systemic issues as much as socioeconomic factors and lifestyle behaviors that some pundits quickly cite.

The people can't be blamed for the poor treatment they receive -- and they do receive substandard care.

Studies over the past seven years have consistently shown that when black people go to a hospital they don't get the same care as whites.

With no medical reason for it, researchers at Massachusetts General Hospital found that black stroke victims get less sophisticated care than whites:

Fewer received clot-busting drugs to treat acute ischemic stroke.

Fewer were prescribed blood thinners when they were discharged from the hospital.

Blacks were less likely than whites to be referred for smoking cessation efforts.

A pain-management study funded by the U.S. Department of Health and Human Services found blacks and Latinos were less likely to get strong drugs, opioids, to fight pain while in the emergency room. They are more likely than whites to get Tylenol, even for highly painful ailments such as kidney stones.

Blacks are more likely to be removed from the transplant waiting list and are more likely to die, according to a study in the American Journal Respiratory and Care Medicine.

Blacks are less likely than whites to be put on kidney transplant waiting lists. The study indicates a financial link as much as a racial one. Emory University researchers found patients living in poorer areas were 56 percent less likely than whites to make it on the list.

Being black or any minority may not be the largest contributing factor; being poor could be bigger. Poverty is a plague visited upon many blacks that is not easily shaken, and many social hurdles contribute to a continuing economic disparity.

The economic and social differences often mean a lower education for many blacks, which means lower-paying jobs and a higher likelihood of jobs without health benefits.

Minorities are less likely to have health insurance, and that, too, contributes to the care they receive. The communities in which they live, because those are the ones they can afford, often have medical facilities that provide inferior care, race not withstanding.

A study by the Robert Wood Johnson Foundation released last summer found that 5 percent of hospitals in the United States care for nearly 50 percent of elderly black patients, and 25 percent

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care for 90 percent. That creates what appears to be a bias problem when economics may be the biggest factor.

Hospitals have some of the same problems that schools have. Both, when in economically disadvantaged areas and serving said population, often lose some of their better health professionals to more affluent medical centers. The disparities stack up; it becomes a sort of Catch-22.

Making black people more aware that their babies are more likely to die and their parents are more likely to suffer the ill-effects of a stroke is not going to change much. Here is a case where awareness just isn't enough.

Action must be taken. Minorities and any concerned party must demand change. Learn more at the Patients' Action Network Web site. Still, the bulk of actions must come from within the medical community. Either that, or a universal care system really is the answer.

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