The American Journey to Health Equity

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Washington, D.C.
“Of all the forms of inequality, injustice in health care is the most shocking and inhumane” -- Martin Luther King, Jr.

Excerpt from comments made in a Civil Rights protest against racially discriminatory practices of Chicago hospitals. March 1966, Chicago
The U.S. outspends all other nations on healthcare comprising 16% of its GDP in 2008
Between 2005-2008 health disparities contributed to 880,000 excess deaths, costing the nation about 50 billion dollars annually.
(Source: Joint Center for Political and Economic Studies, 2008)
# Leading Causes of Death in African Americans 1900-2010

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<thead>
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<tbody>
<tr>
<td>Disease of consumption</td>
<td>Cancer</td>
<td>Heart Disease</td>
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<tr>
<td>Pneumonia</td>
<td>Cardiovascular disease and stroke</td>
<td>Cancer</td>
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<td>Infantile marasmus</td>
<td>Cirrhosis</td>
<td>Stroke</td>
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<td>Cholera</td>
<td>Homicide</td>
<td>Unintentional injuries</td>
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<td>Inanition</td>
<td>Accidents</td>
<td>Homicide</td>
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<tr>
<td>Heart disease</td>
<td>Infant mortality</td>
<td>Certain conditions in the perinatal period</td>
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Age-adjusted mortality rates by race/ethnicity, 1940-2000


1 Data for Hispanics is based on estimates
Life Expectancy at birth by race and gender, U.S. 1900-2000

Highlights from the National Healthcare Qualities and Disparities Report, 2010

• Health care quality and access are *suboptimal*, especially for minorities and low income groups
• Quality of care is improving for most Americans, but access to care is not
• The narrowing of health disparities is minimal

**Urgent attention is needed for:**
  – Disparities in preventive services and access to care
  – Residents of inner cities and rural areas
  – Nutritional counseling and obesity
  – Diabetes management
  – Cancer screening
The Journey to Achieving Health Equity
The Journey: History and Politics I

• 1895
  – The National Medical Association established during the Cotton States and International Exposition in Atlanta, GA.
• 1906
  – DuBois documents poor health in African Americans and attributes disparities to social inequities rather than inherent racial traits (“The Health and Physique of the Negro American”)
• 1910
  – The Flexner report on medical education recommends the closure of five of the seven medical schools targeting African Americans
• 1915
  – National Negro Health Movement established
  – Booker T Washington launches “National Negro Health Week” (evolved into Minority Health Month)
• 1930
  – Almost 500 men recruited for the Tuskegee experiment which lasted 40 years
• 1932
  – The Office of Negro Health Work established within the USPHS
• 1954
  – U.S. Supreme Court rules in Brown V. Topeka Board of Education
• 1955
  – Establishment of the Indian Health Service
The Journey: History and Politics II

- **1964**
  - Passage of the Civil Rights Act, leading to hospital desegregation for patients and medical students
- **1965**
  - Passage of Medicare and Medicaid
  - Voting Rights Bill enacted
- **1975**
  - The Morehouse School of Medicine established
- **1983**
  - Blacks in the Health Professions in the 80’s: a Natural Crisis and a Time for Action. A report from the Association of Minority Health Professions schools, by Ruth Hanft
- **1985**
  - The Heckler report on Black and Minority Health. The report identifies 60,000 excess deaths annually in minorities. The committee was chaired by Thomas Malone, Deputy Director, NIH
- **1985**
  - Secretary Heckler establishes the Office of Minority Health
- **1986**
  - Asian Pacific Islander Health Forum established
- **1989**
  - Louis W. Sullivan, MD appointed Secretary, U.S. Department of Health and Human Services
The Journey: History and Politics III

- **1990**
  - Secretary Sullivan established the Office of Research on Minority Health at NIH
  - The American Medical Association’s Council on Ethics and Judicial Affairs releases a report titled “Black-White Disparities in Health Care”
  - Antonia Novello, MD, appointed first minority and first woman Surgeon General
- **1993**
  - U.S. Surgeon General’s Hispanic/Latino Health Initiative
- **1991**
  - The AAMC launches Project 3000 by 2000
- **1999**
  - The New England Journal of Medicine publishes Kevin A Schulman’s study showing that African American women presenting with chest pain were less likely to be referred for cardiac catheterization, suggesting sub-conscious bias. The study received widespread media coverage
The Journey: History and Politics IV

• **2000**
  – President Clinton signs the Minority Health and Health Disparities Research Education Act, elevating the NIH Office of Minority Health to the Center for Research in Minority Health and Health Disparities

• **2003**
  – The IOM report on health disparities, “Unequal Treatment”, is released
    • Health and healthcare disparities persist even when controlling for insurance type, source of care and severity of disease
    • “Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare.”

• **2004**
  – Release of the report of the Sullivan Commission “Missing People: Minorities in the Health Professions” and the IOM report, “In the Nation’s Compelling Interest”
    “The fact that the nation’s health professions have not kept pace with changing demographics ay be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for tens of millions of Americans.” (The Sullivan Commission report)

• **2010**
  – The Passage of the Patient Protection and Affordability Act

• **2010**
  – Elevation of the Center for Minority Health and Health Disparities to the Institute for Minority Health and Health Disparities at NIH
Ten Great Public Health Achievements
-- United States, 1900-1999

1. Vaccination
2. Motor-vehicle safety
3. Safer workplaces
4. Control of infectious diseases
5. Decline in deaths from coronary heart disease and stroke
6. Safer and healthier foods
7. Healthier mothers and babies
8. Family planning
9. Fluoridation of drinking water
10. Recognition of tobacco use as a health hazard

- Major strides achieved for childhood immunizations in the past two decades, with rates similar across racial lines
- African Americans/blacks represented: – 13% of the U.S. population in 2007 – 51% of all HIV/AIDS cases diagnosed in 2007 – 70% of the total number of reported cases of gonorrhea in 2007 – 28% of the total number of tuberculosis cases in 2007
- African Americans have the highest rate of high blood pressure in the United States and this rate is increasing. African American men, for example, are diagnosed with heart disease less often and are 30 percent more likely to die from it than white men.
- African Americans are more likely to live in urban dwellings with limited access to fresh produce and healthy foods (“food deserts”)
- Among black women aged 15–19, the nationwide pregnancy rate fell by 45% (from 223.8 per 1,000 to 122.7) between 1990 and 2005, before increasing to 126.3 in 2006.
- African Americans have 2.4 times the infant mortality rate as non-Hispanic whites. They are four times as likely to die as infants due to complications related to low birth weight as compared to non-Hispanic white infants.
- African Americans experience severe oral health disparities (the Diamonte Driver Case)
- African Americans are more likely to smoke than non-Hispanic whites and Each year, approximately 45,000 African Americans die from a preventable smoking-related disease

Source: CDC MMWR, April 2, 1999 48(12):241-243
“Medical Education of the Negro”

Physicians

“The practice of the negro shall be limited to his own race... Their duty calls them away from large cities to the village and the plantation.”

Medical Schools

“The negro needs good schools rather than many schools... schools to which the more promising of the race can be sent to receive substantial education, in which hygiene rather than surgery... is strongly accentuated.”

“Of the seven medical schools for negroes in the United States five are at this moment in no position to make a contribution. Meharry at Nashville and Howard In Washington are worth developing.”

Abraham Flexner in *Medical Education in the United States And Canada, A Report to the Carnegie Foundation For the Advancement of Teaching. Bulletin # 4, 1910*
Missing Persons: Minorities in the Health Professions

“The proportion of Blacks among health professionals is relatively low and not likely to change appreciably in the near future. In virtually none of the States surveyed for this report do the number of Black graduates of medical, dental, or pharmacy schools even approach the proportions of Blacks in the population.” -- 1985

“The fact that the nation’s health professions have not kept pace with changing demographics may be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for tens of millions of Americans.”
Racial and Ethnic Minorities (URMs*) are Vastly Underrepresented in the U.S. Health Professions

URMs in the General Population

URMs in the Health Professions

*URMs are persons underrepresented in the health professions relative to their distribution in the general population

Source: U.S. Bureau of Census, 2010
HRSA, 2010
AAMC, 2010
ADEA, 2009
AJPE, 2008
Unconscious Bias in Diagnosis and Treatment

Studies show that even when controlling for insurance and source of care, ethnic and racial minorities...

- Are undertreated for acute cardiac symptoms, as they receive less:
  - Catheterization
  - Angioplasty
  - Bypass surgery
  - Beta blockers
  - Defibrillator implants
- Are less likely to receive pain medications when presenting to emergency rooms with long bone fractures
- Are more likely to get lower limb amputations as a result of diabetes than limb saving procedures

(Source: Augustus White, 2011)
U.S. M.D. Physicians by Race and Ethnicity, 2008

Source: Diversity in the Physicians Workforce, 2010, AAMC
African Americans Graduating from U.S. Medical Schools, 1972-2006

Diversity in Medical Education, Facts & Figures, 2008 (AAMC)
African Americans Graduating from U.S. Medical Schools, 1950-2010

African Americans Graduating from U.S. Medical Schools, 1950-2010

Challenges for the 21st Century I

1. Improved access to health services for all.
2. More comprehensive/more effective health promotion/disease prevention programs and improved health behavior of Americans.
3. Increased number, and greater diversity, of health professionals, including mid-level providers in our inner cities and rural areas.
Challenges for the 21\textsuperscript{st} Century II

4. More efficient, less bureaucratic organization of the health system and health services.

5. Less political ideology and fewer legal intrusions into the health system.

6. Maintenance of the highest ethical standards in the health system, including codes of personal professional conduct.

7. Protecting and preserving humanism in the health professions.