The American Journey to Health Equity*

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October 6, 2012
Naples, Florida

*Annual Meeting, Association of Academic Minority Physicians

**President Emeritus, Morehouse School of Medicine
U.S. Secretary of Health and Human Services, 1989-1993
“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
# Leading Causes of Death in African Americans 1900-2010

<table>
<thead>
<tr>
<th>Disease of consumption</th>
<th>The Heckler Report 1985</th>
<th>Health, United States, 2010 CDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Cardiovascular disease and stroke</td>
<td>Cancer</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Infantile marasmus</td>
<td>Cirrhosis</td>
</tr>
<tr>
<td>Cholera</td>
<td>Inanition</td>
<td>Homicide</td>
</tr>
<tr>
<td>Heart disease</td>
<td>Heart disease</td>
<td>Infant mortality</td>
</tr>
</tbody>
</table>
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
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
  - Implantable cardioverter-defibrillators (ICD)
- Are less likely to receive pain medications when presenting to emergency rooms
- Are more likely to get lower limb amputations as a result of diabetes than limb saving procedures

(Source: Seeing Patients, Augustus White and David Chanoff, 2011)

*Diagnosis and treatment disparities seem to be highest when physicians engage in “high discretion”*
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 Week 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

1977
  – The Association of Minority Health professions Schools is formed

• 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, DHHS
• 1986
  – Asian Pacific Islander Health Forum established
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 female Surgeon General

• 1991
  – The AAMC launches Project 3000 by 2000

• 1993
  – U.S. Surgeon General’s Hispanic/Latino Health Initiative

• 1996
  – Study by Miriam Komoramy et al published in new England Journal of Medicine, showed that Black and latino physicians 3-5x more likely to establish their practices in the ghetto or the barrio, and accepted a higher percentage of medicaid patients than white physicians.

• 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 wide spread media coverage
The Journey: History and Politics IV

- **2001, January**
  - 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 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.” (The Sullivan Commission report)

- **2005**
  - Formation of the Sullivan Alliance to Transform the Health Professions

- **2010**
  - The Passage of the Patient Protection and Affordability Act
  - Elevation of the Center for Minority Health and Health Disparities to the Institute for Minority Health and Health Disparities at NIH

- **2012**
  - Publication of “The Morehouse Mystique: Becoming a Doctor at the Nation’s Newest African American Medical School”
“Medical Education in The United States and Canada”

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*

**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.”
# Black Medical Schools Evaluated by Flexner

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Dates of operation</th>
<th>No. of medical graduates&lt;sup&gt;†&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Howard University Medical College</td>
<td>District of Columbia</td>
<td>1868 - Present</td>
<td>205</td>
</tr>
<tr>
<td>Knoxvile Medical College</td>
<td>Knoxville, TN</td>
<td>1900-1910</td>
<td>2</td>
</tr>
<tr>
<td>Leonard Medical School Shaw University</td>
<td>Raleigh, NC</td>
<td>1882-1918</td>
<td>400</td>
</tr>
<tr>
<td>Louisville National Medical College</td>
<td>Louisville, KY</td>
<td>1888-1912</td>
<td>100</td>
</tr>
<tr>
<td>Meharry Medical College</td>
<td>Nashville, TN</td>
<td>1876 - Present</td>
<td>275</td>
</tr>
<tr>
<td>New Orleans University Medical College (Flint Medical College)</td>
<td>New Orleans, LA</td>
<td>1889-1911</td>
<td>116</td>
</tr>
<tr>
<td>University of West Tennessee College of Physician and Surgeons</td>
<td>Jackson, TN, Memphis, TN</td>
<td>1900-1923</td>
<td>155</td>
</tr>
<tr>
<td><strong>Total Graduates</strong></td>
<td></td>
<td></td>
<td><strong>1,253</strong></td>
</tr>
</tbody>
</table>

* Source: Harley, EH. J Natl Med Assoc. 2006 Sep;98(9):1425-9

† For Howard and Meharry, the numbers represent students graduating from the school’s opening through 1910

Published in: Sullivan and Mittman: Academic Medicine, Vol 85 (2):246--253
The story of the Morehouse School of Medicine reflects the turbulent time in which it was founded and the lofty goals and accomplishments of a diverse group of African American leaders. Their tireless efforts in creating this eminent Black institution changed the landscape of medical education and the racial and ethnic makeup of physicians and health care professions.

*Forward written by Barbara Bush*
African Americans Graduating from U.S. Medical Schools, 1950-2010

Racial and Ethnic Minorities (URMs*) are Vastly Underrepresented in the U.S. Health Professions

<table>
<thead>
<tr>
<th>URM</th>
<th>Percentage in General Population</th>
<th>URM in Health Professions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Americans</td>
<td>0.9%</td>
<td>30%</td>
</tr>
<tr>
<td>Native Hawaiians</td>
<td>0.2%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Blacks</td>
<td>12.6%</td>
<td>11%</td>
</tr>
<tr>
<td>Hispanics</td>
<td>16.3%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Source: U.S. Bureau of Census, 2010
HRSA, 2010
AAMC, 2010
ADEA, 2009
AJPE, 2008

**URMs are persons underrepresented in the health professions relative to their distribution in the general population.**
U.S. M.D. Physicians by Race and Ethnicity, 2008

- American Indian: 0.50% (2,515)
- Hispanic/Latino: 5.50% (25,717)
- Black/African American: 6.30% (29,775)
- Asian: 12.80% (60,090)
- White: 75% (353,311)

Source: Diversity in the Physicians Workforce, 2010, AAMC
Percentage of U.S. Medical School Faculty by Race and Ethnicity, 2007

Source: AAMC – Diversity in Medical Education: Facts and Figures 2008

Source: AAMC, 2008
Probability of NIH Awards by Race and Ethnicity, 2000-2006 (n=83,188)

Source: Ginther DK et al., Science 333, 1015 (2011)
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 21st 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.