



BY NEIL S. CALMAN, M.D.

## THE OFFICE

# Let's End Health Disparities

**D**espite record highs in overall life expectancy, serious disparities among racial and ethnic groups persist. African

American males in this country have a life expectancy that's 6 years shorter than that

of their non-Hispanic white counterparts (70 years vs. 76 years). African American females live 77 years, compared with their non-Hispanic female counterparts' 81 years, according to data from the National Center for Health Statistics.

Data from the National Health Care Disparities Report suggest that the gap between whites and people of color in the majority of core measures has grown worse, not better. Progress is being made in health

care overall, but the biggest gaps in quality and access have not been reduced.

While this problem may seem beyond the scope of an office practice, you can do many things to help end these disparities:

- ▶ Link with community and faith-based organizations that serve people of color, and help them provide screenings for cancer, diabetes, and hypertension.

- ▶ Seek out social services providers. Prepare a list of resources where people can

go for help with food stamps, housing problems, employment, and so on, and keep the list handy in the office. The challenges of poverty affect all aspects of life.

- ▶ Help uninsured patients find out if they are eligible for public insurance programs. In many states, children are covered by the State Children's Health Insurance Program and should be able to obtain coverage. (For more information, go to [www.insurekidsnow.gov](http://www.insurekidsnow.gov).) Other states have enrollment facilitators who will work with patients to determine their eligibility for public insurance programs. The Foundation for Health Coverage Education provides a good starting point at [www.coverageforall.org](http://www.coverageforall.org).

- ▶ Link with providers at community health centers in your area. Such centers can be located through the Health Resources and Services Administration Web site at [www.hrsa.gov](http://www.hrsa.gov). These centers provide care on a sliding fee discount basis and may be able to supplement the care that you provide with mental health services, dental services, and screening programs.


- ▶ Schedule more frequent visits for patients with chronic illnesses that are not well controlled. These patients will require intensive intervention and health education.

- ▶ Pay attention to the affordability of medications that you prescribe. We often think that giving people samples of the newest and best-promoted medications helps, but when patients attempt to continue those medications, they often are the least affordable. Instead, consider prescribing suitable generic drugs to get people started on more affordable medications from the outset. When generic drugs are unavailable or unsuitable, contact the drug company's Patient Assistance Program to help your patient access free medications.

- ▶ For people whose first language is not English, translation is available through AT&T Language Line to help with accurate communication with your patients, although it is quite expensive. Find out if there is a community-based organization in your area that can provide trained volunteers. Using children to translate complex medical issues to their non-English-speaking parents can compromise parent-child relationships and should be avoided.

- ▶ If you use an electronic health record system, make sure you can capture data on race and primary language. Race data will enable you to look at health care outcomes to make sure you are doing everything possible to reduce disparities. Language data can be used to make sure outreach calls and letters are made in the appropriate language. Everyone can do their part in helping to eliminate racial and ethnic disparities in care. ■

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