

# Zip Code Data Zero In on City Health Disparities

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WASHINGTON — It doesn't surprise most physicians to hear that populations in certain cities—especially cities with a high percentage of minorities—have higher rates of chronic disease.

But new work in small-area analysis can help pinpoint exactly which areas of a city suffer from a higher disease burden, Robert Bonow, M.D., said at a meeting sponsored by the Alliance of Minority Medical Associations, the National Association for Equal Opportunity in Higher

**'Imagine ... a map showing that minority areas in [a congressional] district have very high rates of cardiovascular disease.'**

Education, and the Department of Health and Human Services.

For example, Dallas turns out to be a complicated area when it comes to cardiovascular mortality, said Dr. Bonow, chief of the division of cardiology at Northwestern Memorial Hospital, in Evanston, Ill. He and Sean Cleary, Ph.D., associate professor of epidemiology and statistics at George Washington University, performed small-area analysis on the city using data from state Vital Statistics offices and the 2000 U.S. Census.

Data were based on the U.S. Postal Service's definition of a "minority Zip code" consisting of 50% or greater African

American, Native American, Hispanic, Asian, or Pacific Islander residents.

The data showed that there are often disparities in mortality from cardiovascular disease not only between minority and nonminority populations, but also within minority Zip code neighborhoods themselves.

The question is, Why would that be true? "Is one [minority] area more Hispanic, and one area more African American?" Dr. Bonow asked. Of course, there

could be other factors driving differences in mortality, such as differing opportunities for exercise, lesser or greater availability of fresh fruits and vegetables, or more fast-food restaurants in one community than in another, he added.

Dr. Bonow noted that the maps produced by small-area analysis could be a useful lobbying tool for health care advocates. "Imagine walking into [a congressman's office] with a map showing that minority areas in his district have very high

rates of cardiovascular disease," he said. And if the analysis also found that there were very few neighborhood health centers in the area, advocates could argue that services are not being offered where they are needed.

Dr. Bonow and his colleagues hope to eventually get data for all U.S. Zip codes. "The results hopefully will inform community-based intervention and treatment programs targeting higher-risk uninsured areas," Dr. Bonow said. ■

## Medicare Trying Extra Coverage Of Chiropractic

On April 1, CMS began covering an expanded array of chiropractic services provided to Medicare beneficiaries in Maine, New Mexico, and parts of Illinois, Iowa, and Virginia.

Under the 2-year demonstration project, newly covered services include extraspinal manipulation, x-rays, EMG and nerve conduction studies, clinical lab tests, electrotherapy, ultrasound therapy, and evaluation and management services. Chiropractors also will be allowed to order MRIs, CT scans, and clinical lab services and to make referrals for physical therapy. Currently, Medicare chiropractic coverage is limited to manual spinal manipulation and therapy to treat neuromusculoskeletal conditions.

"By expanding chiropractic coverage in this demonstration, we are reducing out-of-pocket costs for seniors who visit chiropractors, and we will learn whether paying chiropractors for delivering these additional services can help improve health outcomes and keep Medicare costs down," said CMS Administrator Mark B. McClellan, M.D.

—Joyce Frieden

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