

## Dying For Basic Care

For Blacks, Poor Health Care Access Cost 900,000 Lives

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More than 886,000 deaths could have been prevented from 1991 to 2000 if African Americans had received the same care as whites, according to an analysis in the December issue of the American Journal of Public Health. The study estimates that technological improvements in medicine -- including better drugs, devices and procedures -- averted only 176,633 deaths during the same period.

That means "five times as many lives can be saved by correcting the disparities [in care between whites and blacks] than in developing new treatments," Steven H. Woolf, lead author and director of research at Virginia Commonwealth University's Department of Family Medicine, said in a telephone interview.

Woolf and four co-authors compiled and examined the data, which they drew from the National Center for Health Statistics.

"We were trying to say that there was something you could do in medical research to improve health outcomes," said co-author David Satcher, former U.S. Surgeon General and current director of the National Center for Primary Care at the Morehouse School of Medicine. "But if you didn't focus more on the translation of that into especially the populations that tended to be left behind . . . you were not going to get as much out of the research as you would otherwise."

Otis Brawley, medical director of the Georgia Cancer Center for Excellence and professor of hematology, oncology and epidemiology at Emory University in Atlanta, said: "It's important [to note] that this is not an argument against science. . . . This is an argument that there are therapies out there that are not new that people just don't get."

Reduced access to health care doesn't account for all the racial disparity in preventable deaths. Blacks have greater incidence of some diseases; some of this greater morbidity results from education, income level and environment as well as access to health care. The challenge, the authors said, is to deliver the same quality health care to everyone, despite these factors.

One of the Healthy People 2010 goals -- the nation's health priorities for the decade -- is to eliminate such inequities in health care. Satcher said some steps, such as the creation of the National Center on Minority Health and Health Disparities at the National Institutes of Health, have already been taken, but more needs to be done.

"Access to care is a big factor. African Americans and Hispanics are much more likely to be uninsured and underinsured and underserved" and may not seek care as often as whites, Satcher said. "So a great part of it is really focusing on how do we get prevention programs, intervention programs [and] treatment programs to people in underserved communities?"

Shiraz I. Mishra, of the University of Maryland School of Medicine's Comprehensive Center for Health Disparities, Research, Training and Outreach, agreed that more attention should be paid to addressing the causes of disparities. "Unless those issues are addressed, we will not be able to reduce disparities [between racial groups] in morbidity [illness] or mortality in the United States," he said. "Technological advances do have their place in our society; however, there are some things that are a little bit more basic."

The researchers used mortality rates, which decreased by an average of about 0.7 percent per year during the studied period, to estimate the number of deaths that were prevented by improvements in the "technology of care." For the purpose of the analysis, they gave full credit for the decline in mortality to these advances.

During that decade, age-adjusted mortality rates for white men and women averaged 29 percent and 24 percent lower than those of African Americans. The authors calculated how many deaths could have been averted if the two groups' mortality rates were equal. Woolf said that while the study is based on many debatable assumptions -- such as the possibility of equalizing the death rates of whites and African Americans -- policymakers should not wait for further research before taking steps to eliminate these disparities. Even if further studies with more precise calculations find a different estimate of lives saved, they would be "unlikely to change the direction of our findings," the authors say in the analysis.

Winston Price, president of the Washington-based National Medical Association (NMA), called the findings "staggering" and said the study sheds new light on a concern that has existed for decades. The NMA, which calls itself "the collective voice of physicians of African descent," recently launched the W. Montague Cobb/NMA Health Policy Institute, dedicated to eliminating racial disparities in health care.

Policymakers, doctors, community activists and other leaders need to "create an environment where the data and the best practices are communicated to the areas of need in a real-time sense, so communities where health disparities are most rampant will not need to wait . . . before interventions are brought" to them, Price said.

That means developing outreach programs to educate residents about their options for health care, he said. Community leaders and doctors should go to beauty parlors, barber shops, faith-based organizations and community centers in underserved areas to tell people about best practices -- such as taking medication to lower cholesterol and blood pressure, taking insulin to control diabetes and having testing done to detect heart disease, Price said.

But for this to happen, experts said, more funding is needed for programs that seek to deliver appropriate care to underserved groups. The study's authors also noted this need. "The prudence of investing billions [of dollars] in the development of new drugs and technologies while investing only a fraction of that amount in the correction of disparities deserves reconsideration," the study says.

The authors write that their analysis has several limitations. It assumes that racial disparities could be eliminated quickly. "In real life, it would be a gradual approach" that would require a number of years," Woolf said. The research also looks at deaths averted by improving

technology and eliminating disparities as mutually exclusive -- but the two could be done simultaneously, the authors state.

Another limitation, according to the report, is that the study focused only on mortality, but "racial disparities encompass morbidity [illness] and other domains." Mortality rates are also influenced by factors in addition to medical care, such as lifestyle and environment.

Other types of disparities -- affecting other racial groups and people disadvantaged because of their social and economic backgrounds -- are important to investigate, too, the authors write.

"Socioeconomic conditions represent a more pertinent cause of disparities than race," the study states. "An intriguing question is whether more lives are saved by medical advances or by resolving social inequities in education and income."