

Cobb Institute Strategies for the Elimination of Health Disparities

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Abstract

The mission of the W. Montague Cobb/NMA Health Institute, which was founded in December 2004, is to study and provide solutions for the elimination of health disparities affecting African Americans as well as other underserved populations. The vision of the Cobb Institute is to become *the* repository of information regarding the health of African Americans, with holdings in statistics, solutions to health disparities, and best practices to prove the efficacy of these solutions. The major diseases on which the Cobb Institute is particularly focused include heart disease, diabetes, obesity, asthma, HIV/AIDS, and cancer (prostate, breast, colorectal). The scientific sections of the National Medical Association form the basis of the research capabilities of the Cobb Institute. Clinical trials performed by these research physicians and their institutions will provide cutting-edge data for the Cobb Institute to review, validate, and publicize in scientific journals and other communication vehicles.

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January 2006 marked the 20th anniversary of the establishment of the Office of Minority Health within the Department of Health and Human Services (HHS). This office was created as a direct result of recommendations by the HHS *Report of the Secretary's Task Force on Black & Minority Health*, commissioned by Secretary Margaret Heckler.¹ The impetus for this report was the revelation by Secretary Heckler that many persons in racial and ethnic minority groups were dying at a rate greater than the average for the population as a whole from the effects of certain diseases that were curable and controllable. This variance from the average population rate is the entity now referred to as health disparities. The HHS report, also referred to as the Heckler Re-

port, was pivotal in challenging the Congress and the American people to recognize the serious effects of health disparities in the United States. The report stated that "there was a continuing disparity in the burden of death and illness experienced by Black Americans and other minority Americans as compared with our population as a whole."¹

Twenty-two years after the publication of the Heckler Report, little progress has been made toward eliminating health disparities in the United States and throughout the world. As a result, numerous organizations and academic departments at colleges and universities have taken up the challenge and now include the study of health disparities in their mission statements. For example, the mission statement of The

Johns Hopkins School of Public Health Primary Care Policy Center for Underserved Populations reads, “[The Center] engages in research, analysis, and education concerning the organization, financing, and mode of delivery for primary care to underserved and vulnerable populations.”²

Medical associations also are addressing health disparities. The inaugural meeting of the J. Robert Gladden Orthopaedic Society was both timely and focused and a key role of the symposium was to develop an action plan to begin to eliminate health disparities, with emphasis on orthopaedics. The National Medical Association (NMA), the oldest and largest organization in the United States representing the interests of physicians of African descent and their patients, was a major supporter of the efforts of the Secretary’s Task Force on Black and Minority Health. Established in 1895, the NMA has a rich and proud history of advocacy; it serves as the collective voice of more than 30,000 physicians and their patients. Many who participated in the inaugural meeting of the J. Robert Gladden Orthopaedic Society had a direct role in the Secretary’s report, as did the NMA. Herbert Nickens, MD, a devoted NMA member, served as the first Director of the Office of Minority Health and was followed by many others, including John Ruffin, MD.

One of the three strategic goals of the NMA is the elimination of health disparities. The NMA took a major step toward that goal through its commitment to dedicate the expertise and resources of its membership in a meaningful way. In December 2004, after several years of planning, the NMA launched the W. Montague Cobb/NMA Health Institute (Cobb Institute) to focus specifically on the strategic goal of eliminating health disparities. The strategies envisioned by the Cobb Institute to eliminate health disparities were developed

against the historical backdrop of the Heckler Report and out of a desire to create real solutions to the dilemma of health disparities.

Definitions

Health disparities refer to gaps in the quality of health and health care across racial, ethnic, and other minority groups. The Health Resources and Services Administration defines health disparities as “population-specific differences in the presence of disease, health outcomes, or access to health care.”³

In the United States, health disparities are well documented in minority populations, such as African Americans, Native Americans, Asian Americans, and Latinos. Compared with whites, these minority groups have higher incidences of chronic disease, higher mortality, and poorer health outcomes.⁴ One disease-specific example of racial and ethnic disparities in the United States is the cancer incidence rate among African Americans, which is 10% higher than that of whites.⁵ In addition, adult African Americans and Latinos are slightly less than twice as likely as whites to develop diabetes.⁶ Minorities also have higher rates than whites of cardiovascular disease, human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), and infant mortality.⁴

The existence of racial and ethnic health disparities is now recognized, and there is a clear definition of most specific disparities in clinical medicine. The recently published book *Multicultural Medicine and Health Disparities*, by former Surgeon General David Satcher, MD, PhD, and Rubens J. Pamies, MD, is a major contribution to our knowledge.⁷ This comprehensive review and update of the status of health disparities in the United States provides the most current references in the field. It is based on the use of health indicators and the specific ob-

jectives used to track these indicators, as stated in *Healthy People 2010*.⁸

Causes of Health Disparities

Many studies have been done to identify the root causes of health disparities.⁹⁻¹⁴ The Cobb Institute acknowledges these efforts and seeks to build upon and expand this base of knowledge. There is debate regarding which factors lead to health disparities among ethnic and racial groups. However, it is generally accepted that disparities result from one or more of three main causes: (1) the personal, socioeconomic, and environmental characteristics of an ethnic or racial group (eg, certain racial groups, on average, live in poorer areas that have dwellings with a high incident of lead-based paint, which can harm children); (2) the barriers that persons of certain racial and ethnic groups encounter when trying to enter into the health care delivery system (access to care); and (3) the quality of health care received by persons in certain ethnic and racial groups. Most attention has been given to the health outcomes resulting from differences in access to medical care and in the quality of care received.

Strategies to Eliminate Health Disparities

The Institute of Medicine’s 2002 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, was the first comprehensive study to document pervasive racial, cultural, and linguistic inequities in the health care delivery system throughout the continuum of care in the United States.¹⁵ The report’s broad recommendations for eliminating health disparities include legal, regulatory, and policy interventions; health system interventions; patient education and empowerment; cross-cultural educa-

tion in the health professions; data collection and monitoring; and research needs.

A variety of major organizations, agencies, and academic institutions has used these recommendations to analyze many of the challenges posed by health disparities to develop solutions. The Sullivan Commission, chaired by former HHS Secretary Louis Sullivan, MD, published a report in 2004 titled *Missing Persons: Minorities in the Health Professions*.¹⁶ This report revealed that lack of access to health care and disparate health outcomes can be attributed, in part, to the lack of diversity within the health professions. The health professions have not kept pace with the demographics of the US population. According to the Kaiser Family Foundation, *Missing Persons* "provides detailed recommendations on how to increase the representation of minorities in the nation's medical, dental, and nursing workforce."¹⁷

Others have examined health disparities through a civil rights lens. Congressman Jesse Jackson, Jr (D-IL) has called for a constitutional amendment to include basic health care as a part of US citizenship. Christopher Edley, Jr, JD, MPP, Dean of the University of California, Berkeley School of Law, has asserted that the legal profession needs to step up to the plate and enforce existing civil rights legislation to ensure health equity.¹⁸

The NMA was part of the coalition that lobbied for the creation of a center at the National Institutes of Health (NIH) dedicated to creating a health disparities research agenda for each of the NIH institutes and for monitoring its progress. John Ruffin, PhD, directs this center, which has been named the National Center on Minority Health and Health Disparities.

Much remains to be done to eliminate health disparities in the United States. There is a need for national and worldwide acceptance that a

health care crisis exists, coordination of various initiatives advanced by passionate stakeholders, and leadership by the medical community. In recognition of these needs, the NMA has set forth the following four strategies to embark on the task of eliminating health disparities.

(1) Prioritize key health disparity-related initiatives upon which the NMA can build a platform to educate its members, the general public, and key policy makers. One objective in implementing this strategy is the inclusion of workshops and symposia related to the NMA-identified health initiatives in the Association Scientific Assembly and Conventions; Annual Colloquia; and regional, state, and local conferences. An additional objective is to position the Cobb Institute to support health initiatives (prioritized by the NMA) that address health disparities.

(2) Develop strategic alliances with other organizations, especially those that have a common interest in eliminating health disparities.

(3) Facilitate an increase in the representation of people of African descent and other underrepresented groups in medicine. This will be done primarily through mentoring programs on many levels, facilitated by local NMA societies; by the Student National Medical Association; and by elementary-, secondary-, college-, and university-level educational institutions nationwide.

(4) Take an active role in addressing health policy issues affecting patients of African descent. Accomplishment of this strategy will involve monitoring trends and policy legislation and providing critical analysis and advocacy on health policies that affect underserved patients.

The Cobb Institute, in collaboration with the Health Policy Division of the NMA, supports most of these strategies. However, the Strategic Plan of the Cobb Institute is much more focused on the importance of research in eliminating health dis-

parities. The results of such research will be made available to all providers, particularly to NMA members and those who care for the underserved.

The Cobb Institute

The Cobb Institute was launched in December 2004, at Howard University. Named for W. Montague Cobb, MD, PhD, a physician-scientist who authored more than 1,000 scholarly papers, the Cobb Institute was established as a division of the NMA and conceptualized by an ad hoc committee of the NMA House of Delegates. Initial support of the Cobb Institute was made possible by a philanthropic gift from AstraZeneca.

The mission of the Cobb Institute is to identify unmet health care needs and to develop solutions that will reduce racial and ethnic health disparities and improve the health of all US residents. The vision of the institute is to become a valued resource for data, information, and research pertaining to racial and ethnic health and health disparities and to leverage the scientific skills and clinical acumen of NMA physicians to produce reality-based solutions.

The Cobb Institute is in a unique position to analyze the nexus between what the health care practitioner encounters at the patient level and the way in which health policy shapes or dictates that encounter. With its membership base of health care practitioners who provide care to the medically underserved in urban and rural areas, the Cobb Institute is in a position to conduct health disparity impact and monitoring studies to determine the extent to which proposed and current federal policies and programs "prevent, ameliorate or worsen racial and ethnic health disparities."¹⁹ The concept of a health disparity impact study was enumerated as an action item in the Multicultural Leadership Forum's *National Policy Agenda: Eliminating Health Dispar-*

ities in Communities of Color, which was sponsored by The Commonwealth Fund and Summit Health Institute for Research and Education, Inc.¹⁹ The Cobb Institute is engaged in health disparity impact research through its Medicare Part D Project in Louisiana and Mississippi and its Disaster Preparedness in Minority Communities Project.

In addition to health policy work, the Cobb Institute research agenda is informed by the most critical health issues in minority communities, including HIV/AIDS, asthma, diabetes, obesity, heart disease, and cancer. Future endeavors of the Cobb Institute include a collaboration with the Institute of Medicine and other organizations to study lessons learned from Hurricane Katrina. A plenary session was held at the 2006 NMA Convention on Medicare part D reform.²⁰ The Cobb Institute also will direct research studies that will contribute to our understanding of the disproportionate and alarming growth of HIV infection in racial and ethnic minority populations in the United States.

Summary

Health disparities are well recognized as a reality in the United States and the world. Numerous studies have been done to classify these disparities and to outline the root causes, including racial, ethnic, geographic, religious, and economic factors. Many institutions have implemented programs that specifically address some of the causes of health disparities; these programs have had varying degrees of success.

Much work remains to be done, however. There must be a broader acknowledgment that health disparities exist and that they pose a humanitarian and economic dilemma for the United States. The Cobb Institute recognizes that a unique approach is needed to make progress in the efforts to eliminate all health disparities. Focused research is need-

ed to provide best practices for clinical intervention in disadvantaged populations affected by hypertension, diabetes, heart disease, stroke, cancer, asthma, and HIV/AIDS.

In addition to research, the Cobb Institute will support the education and advocacy programs of the NMA by providing new research data as well as an analysis of previously published material. This will fortify the work of NMA members who are on the front lines of the battle to eliminate health disparities.

The key to the elimination of health disparities will be the strategic allocation of resources directed toward the implementation of solutions supported by sound research and best practices. The quality movement, guided by a judicious choice of quality measures, has the potential to enhance this effort.

The Cobb Institute embraces the belief that it is time for "the rubber to meet the road" through aggressive action. John Ruffin, PhD, Director of the National Center on Minority Health and Health Disparities, stated at the inaugural meeting of the J. Robert Gladden Orthopaedic Society that "one half of health disparities could be eliminated if we use the information we already know."²¹ The goal of the Cobb Institute is to provide the means to eliminate the other half.

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