



Public help needed to end inequities

By Lauren Maria Padilla/Solano Coalition for Better Health
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In 1999 Congress requested an Institute of Medicine study to assess the extent of disparities in the type and quality of health services received by U.S. racial and ethnic minorities and non-minorities. The report sought to identify factors that may contribute to inequities in care and to make recommendations to help eliminate these disparities.

The report from that study, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, found significant variation in the delivery of necessary medical procedures by race, even when insurance status, income, age and severity of conditions were comparable.

The research found that U.S. racial and ethnic minorities are less likely to receive even routine medical procedures and experience a lower quality of health services. For example, minorities are less likely to be given appropriate cardiac medications or to undergo bypass surgery, and are less likely to receive kidney dialysis or transplants.

The report recommended increasing awareness about disparities among the general public, health care providers, insurance companies, and policy-makers. Additionally, the IOM calls for the training of more minority health care providers, especially since they are more likely to serve in minority and medically underserved communities.

As a health care provider, I can attest to the health inequities that exist within our community. It must also be recognized that these inequities are the manifestation of a larger socioeconomic disparity.

As stakeholders and decision makers grapple with these challenges, our communities continue to suffer from many socioeconomic inequities. Vallejo has a population of just over 116,000 and has one of the most culturally and ethnically diverse populations in the Bay Area, and its people suffer disproportionately from high rates of hypertension, diabetes and asthma.

Joint effort needed

The answer to these daunting challenges lies in involving members of the community, community leaders, educational institutions and stakeholders to build on a collaborative approaches that not only span health access but socioeconomic and educational barriers to healthcare as well. As health care providers, we are powerless in advising our patients to eat healthier when there are more fast food chains and liquor stores than there are grocery stores and produce markets.

The solution must be multidisciplinary and must involve the voice of the community. This is the only way we will help to eliminate disparities and dignify our community with access and care that is rightfully deserved.

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