

Winter 2006 Issue:

- Unequal Treatment: Racial & Ethnic Disparities in Health Care (page 2)
- Taking Action to Build A Healthy Community (page 3)
- Collaborating For a Healthy Start in America (page 4)
- Culturally Competent Health Care (page 5)
- Inequities in Health Care (page 6)

the Mission Forum

Health Disparities: Troubling News



Despite the belief that all Americans are created equal, inequities exist. In the words of Dr. Martin Luther King Jr., "Of all forms of inequality, injustice in health care is the most shocking and inhuman." Tragically, families and individuals with low or no income and those within racial and ethnic minority groups experience the greatest disparities in access, treatment, outcomes and health status.

The problem of health disparities is fueled by the rising number of people living in poverty. Recent figures from the U.S. Census Bureau show that 37 million Americans lived below official poverty thresholds in 2004 – 1.1 million more than in the previous year. During the same period, the number of children under 18 living in poverty was 13 million.*

America is in the midst of historic demographic changes. Hispanics are now the country's largest minority group. Immigration patterns show the country's internationally-born population to be larger than at any time in the past 50 years. It is estimated that the majority of the U.S. population will be people of color within the next 50 years. Over the course of a century, the nation's population and its needs have and will become increasingly diverse.

It is critical to examine how economic status, race and ethnicity impact health care delivery and health status. Effective responses begin with increased cultural sensitivity among caregivers and staff. For the Sisters of Charity of St. Augustine Health System (CSA Health System) and its many sponsored ministries, this involves education, procedural reviews and collaboration with other health care providers, community groups and elected officials. As we respond to the needs of the community, we must also work to eliminate health disparities.

Sr. Judith Ann Karam, CSA
President & CEO
Sisters of Charity of St. Augustine Health System

*U.S. Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2004

Health Access: It's Not Just Around the Corner

This issue of *Mission Forum* examines disparities in health care that negatively impact the health of millions of Americans. As with many aspects of health access, providers and patients share responsibility for both the problem and the solution. Contributing factors include:

- Cultural and linguistic barriers
- Capacity and location of health care providers
- Physician biases and patient perceptions
- Lower rates of insurance coverage and insufficient preventive care

The CSA Health System encourages universal, community-driven solutions such as those suggested by the Institute of Medicine (IOM), a private, nonprofit institution that provides health policy advice under a Congressional charter granted to the National Academy of Sciences. IOM recommendations include:

- *Increase awareness* of disparities among the public, care providers, insurance companies and policy-makers with "evidence-based" guidelines.
- *Train and hire more minority health care providers*, especially in diverse and medically underserved communities.
- *Train and hire more interpreters and community-based health workers* at health centers serving non-English-speaking patients.
- *Erase socioeconomic fragmentation in health care* plans and offer beneficiaries of public programs such as Medicaid the same level of care as privately insured patients.

"He who has health, has hope;
and he who has hope, has
everything."

—Arabian Proverb

We believe that access to health care is a right for all, not a privilege for some.

Unequal Treatment: Racial & Ethnic Disparities in Health Care

At the request of Congress, the IOM assessed the extent of racial and ethnic disparities in health care by conducting an exhaustive review of more than 100 studies of published research. The IOM's 2002 report, "Unequal Treatment; Confronting Racial & Ethnic Disparities in Health Care," concluded that minority Americans "tend to receive a lower quality of health care than non-minorities, even when access-related factors, such as patients' insurance status and income, are controlled." The evidence speaks volumes:

CARDIOVASCULAR DISEASE: Racial and ethnic disparities are most evident in cardiovascular care. Minorities are less likely to be given appropriate diagnostic tests, cardiac medications or access to bypass surgery.

CANCER: There are significant racial differences in who receives appropriate diagnostic cancer tests and treatments. African-Americans have the highest incidence and death rates overall.

STROKE: Although the incidence of stroke is 35% higher among African-Americans than among non-Hispanic whites, African-Americans are less likely to receive major diagnostic and therapeutic interventions.

KIDNEY DIALYSIS & TRANSPLANTS: Minorities are less likely to be placed on waiting lists for kidney transplants or to receive kidney dialysis or transplants.

HIV/AIDS: Minorities are less likely to receive antiretroviral therapy and other state-of-the-science treatments, which could forestall the onset of AIDS.

ASTHMA: Asthmatic African-Americans are less likely to receive appropriate medications to manage chronic symptoms.

DIABETES: In a study of nearly 1,400 Medicare patients, diabetic African-Americans were less likely to receive key diagnostic tests. Hispanics living in the U.S. are almost twice as likely to die from diabetes as are non-Hispanic whites. Minorities are also more likely to receive certain less-desirable procedures, such as lower limb amputations.

MATERNAL & CHILD HEALTH: Minority women receive disproportionately less prenatal care and undergo more cesarean deliveries. Minority children are less likely to receive prescription medications.

MENTAL HEALTH: African-Americans are more likely to be diagnosed as psychotic, but are less likely to be given anti-psychotic medications. They are more likely to be hospitalized involuntarily, to be regarded as potentially violent, and to be placed in restraints.

"The real challenge lies not in debating whether disparities exist, because the evidence is overwhelming, but in developing and implementing strategies to reduce and eliminate them."

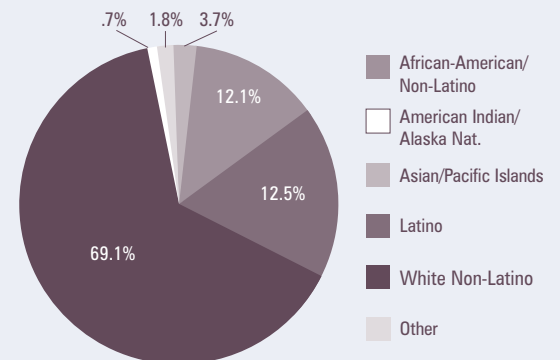
—Alan Nelson, M.D., former President, American Medical Association & Chair, IOM Report Committee

To see the report in its entirety, please visit

www.iom.edu

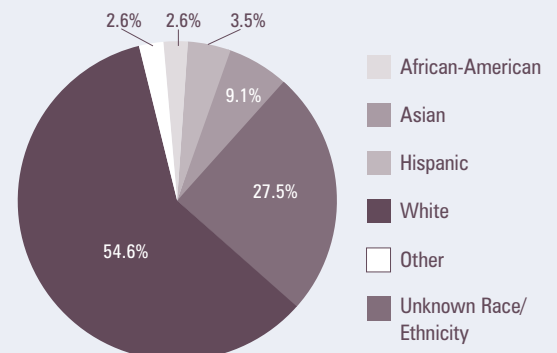
click "Minority Health"
then click the report title under "Reports"

U.S. POPULATION BY RACE/ETHNICITY



Source: U.S. Census Bureau, 2000 Redistricting Data

U.S. PHYSICIANS BY RACE/ETHNICITY



Note: Due to rounding of smaller percentage points, total is 99.9%.
Source: AMA Physician Characteristics & Distribution in the U.S., 2001-2002 edition

Community-Based Responses

Taking Action to Build: A Healthy City

In Cleveland's Central neighborhood, people have higher rates of both poverty and negative health disparities than residents from other communities in Cuyahoga County. With the financial and in-kind support of Foundations and local partnerships, St. Vincent Charity Hospital works to improve individual health and quality of life, thereby improving the Cleveland Central community

Through the "Health Advocates" program, the Hospital trains and employs local residents to regularly visit neighbors, assess their health needs and provide referrals to the most appropriate medical services. After only three years, this program has resulted in over 700 referrals for health care. Fifty percent of the people receiving referrals were seen by the recommended medical service provider.

In 2001, St. Vincent Charity also started "Healthy Heart." In this program, a registered nurse, a social worker and nursing students from Cuyahoga Community College offer bimonthly screenings sites in the community. More than 660 people have attended thus far. When the "Healthy Heart" team finds conditions such as troubling screening results, no health insurance, no primary care physician or lack of access to medications, they coordinate follow-up care through the "Health Advocates" program.

A third initiative, "Building Healthy Communities," is co-sponsored by the Sisters of Charity of St. Augustine Health System, Neighborhood Centers Association, Cuyahoga Community College/Metro Campus and Arbor Park Village. This resident-driven project began in 2003 to prioritize problems and identify resources to implement responsive strategies.

More than 100 residents met to rate their top community concerns. Volunteer action teams have worked throughout 2004 and 2005 to address the most notable problem in each of three categories (see chart below).

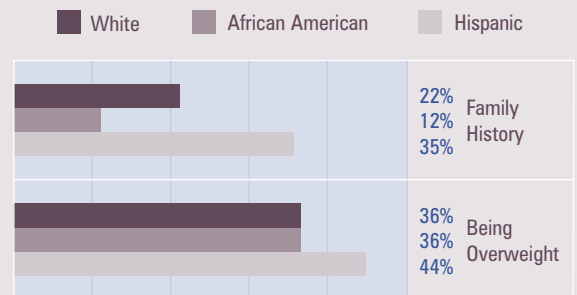
A Heart Healthy County

According to a 2004 survey by the American Heart Association (AHA), African-American and Hispanic women face the highest risk of death from heart disease and stroke, but have the lowest awareness of risk factors. In Stark County, Ohio, community-based AHA efforts to raise awareness are funded in part by the Sisters of Charity Foundation of Canton.

Exercise and heart-healthy nutrition is the focus of "Sister Steps," a 12-week series designed to educate African-American women about cardiovascular diseases and obesity. Mt. Calvary Second Baptist and Greater Bethel Apostolic churches hosted the program in 2005.

Churches also play a significant role in two other faith-based AHA programs: "Stomp Out Stroke" and "Search Your Heart." AHA health professionals assist health ministry coordinators and their congregations in developing healthy lifestyles through stress management, diabetes prevention, risk reduction, blood pressure and cholesterol control, good food choices and exercise.

WOMEN'S AWARENESS OF HEART DISEASE RISK FACTORS BY RACE



Source: American Heart Association, 2004

| PROBLEM | RESPONSE |
|--|---|
| <p>"Specific Diseases" Priority: The high incidence of cancer among African-Americans</p> | <p>The Ireland Cancer Center of University Hospitals of Cleveland sponsored educational sessions designed to dispel myths and fears related to cancer and began monthly delivery of Afro-centric cancer information to 1,000 households.</p> |
| <p>"Health Care Access" Priority: Insufficient transportation</p> | <p>An 800-signature petition asking for a neighborhood Community Circulator bus route was presented to the Regional Transit Authority Board. More than 400 people attended a health fair for adults and children sponsored by St. Vincent Charity Hospital and local organizations.</p> |
| <p>"Crime & Public Safety" Priority: Illegal drug use by youths</p> | <p>Volunteers produced a Parents Resource Guide and established two Scout troops, a Boys Leadership Camp and a new co-ed T-ball/baseball league.</p> |

[New Action Teams are now focusing on prescription drug costs and juvenile justice.]

Collaborating For a Healthy Start in America

Many refugees arrive in the United States with their health ravaged by disease, war and shortages of food and clean water. Their health care needs, regardless of their current or potential citizenship, are an immediate priority for health care providers and concerned residents in their new communities.

CARITAS CONNECTION links health and human services to those in need, including medically-underserved refugees. It is a collaborative ministry of the Sisters of Charity of St. Augustine Health System and Cleveland's Catholic Charities Health & Human Services. The program to serve medically-underserved refugees began in 1999, assisting people arriving from the Kosovo war zone. Today, the program serves refugee adults and children from Afghanistan, Colombia, Cameroon, Kenya, Ethiopia, Liberia, Sudan, Bosnia, Ukraine, Rwanda, Iran and Somalia.

Anne Mengerink, Catholic Charities Director of Migration & Refugee Services, an office operating under a contract with the U.S. State Department, explained the services. "We greet new families at the airport and make sure they have housing and food and basic necessities. In essence, we act as their surrogate family during their first six months through one year in the country."

The family health centers of Cuyahoga Physician Network (CPN) provide initial medical exams for every refugee. More than 30 physicians at 15 Cleveland neighborhood offices support CPN's faith-based mission to respect the dignity of each person, regardless of race, ethnicity or income. This work can make a difference; in Ohio, 74 percent of foreign born residents speak a language other than English at home.

"Of all the physicians we work with in various hospitals, CPN is the only group thus far to insist on having interpreters on site with these patients," Ms. Mengerink explained.

While refugees from Eastern Europe may have had some access to conventional health care, many from African countries have not. As a result, some African refugees may suffer from malnutrition or intestinal problems because of parasites, worms and substandard sanitation. In addition, African children's immunizations are rarely up-to-date, and pregnant women have had little or no prenatal care.

In 2004, **Caritas Connection** served 279 adults and children, more than double the number of patients treated in 2003. Most patients are covered under Medicaid. Additional care and/or discounted prescription drugs are provided at St. Vincent Charity or St. John West Shore Hospitals.



Who's Coming to America Now?

In fiscal year 2003, the number of people granted legal permanent residence in the United States fell from 1.06 million the previous year to just under 706,000. More than 463,000 people acquired U.S. citizenship during that time, with a significant processing backlog of naturalization applications.

Over half of all new legal immigrants in FY '03 arrived from just 10 countries....

| | | | |
|-------------|---------|--------------------|--------|
| Mexico | 116,000 | Dominican Republic | 26,000 |
| India | 50,000 | Vietnam | 22,000 |
| Philippines | 45,000 | Colombia | 15,000 |
| China | 41,000 | Guatemala | 14,000 |
| El Salvador | 28,000 | Russia | 14,000 |

...and 63% of those immigrants live in six states: California, New York, Texas, Florida, New Jersey and Illinois.

Source: Migration Information Source

FOR MORE INFORMATION VISIT:

- HHS Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services in Health Care

www.omhrc.gov/clas/indexfinal.htm

- National Conference of State Legislatures, Resources for Cross Cultural Health Care and the Kaiser Family Foundation's **Diversity Rx** site

www.diversityrx.org

Different Language, Universal Need

The Meaning Of Culturally Competent Health Care

Fulton Family Health Center is successfully helping meet Cleveland's growing Hispanic community's need for culturally competent health care. The center opened in 2002 in a designated Health Professional Shortage Area. One reason for the Center's success is its careful planning. Administrators of Cuyahoga Physician Network (CPN) and St. Vincent Charity Hospital designed the center after thoroughly reviewing strategies for the bilingual health service with elected and neighborhood leaders.

Internal medicine specialist Leonor Maria Osorio, D.O., and other physicians care for more than 600 children and adults each month. Former CPN President Jennifer Henderson explained that before the center opened, Dr. Osorio spent a full year working to build strong community contacts. "We completed a great deal of research to learn what culturally competent health care means for this population," Ms. Henderson said.

One result is that clinic exam rooms are larger than at traditional health centers because Hispanic patients often bring family members to physician visits.

"Everything we do is structured to respond to our patients' preferences and comfort. Culturally competent health care involves much more than language," Ms. Henderson said.

However, language is important. Dr. Osorio and the four-member staff are each fluent in Spanish. All forms, informational pamphlets and waiting room magazines are available in Spanish and English. In addition, like in many Latin American countries, patients may use a sliding fee scale, and walk-in visits.

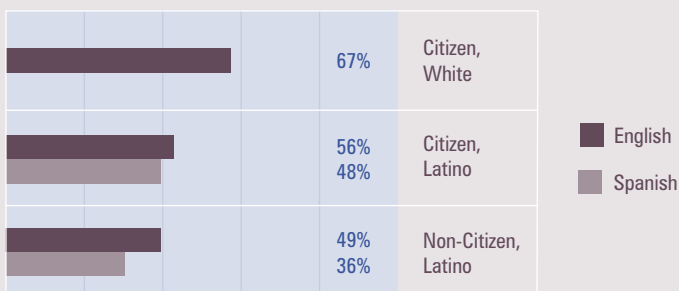


In Stark County, an hour's drive South from downtown Cleveland, a growing Spanish-speaking community includes migrant farmers and a sizeable permanent population from several Central American nations. Since the Sisters of Charity Foundation of Canton convened the first meeting of Stark County's Hispanic/Latino Ministry Interest Group in 2001, legal, faith-based, healthcare and other agencies collaborate to meet these residents' needs.

Nurses from Mercy Medical Center perform monthly blood pressure screenings after the Spanish Mass at All Saints Church. Mercy's ad hoc interdisciplinary committee, formed to address the needs of Spanish-speaking patients, produced bilingual signage and improved interpreter services. Another resource for Stark County's Spanish-speaking population is Centro San José. Established by the Dioceses of Youngstown, Cleveland and Columbus in 2003, the Canton-based office provides English as a Second Language classes, help with legal and immigration services, computer training and leadership development through the Immigrant Worker Project.

Theresa Wukusick, former Foundation Program Director said, "We also served as a funder for some participating agencies, including the Immigrant Worker Project, a program that provides emergency assistance, legal aid and other services. The Foundation has also supported All Saints Church, a gatekeeper site that has expanded its pastoral outreach to the Hispanic/Latino population."

LOW-INCOME ADULTS WHO SAW A DOCTOR IN THE LAST YEAR, BY CITIZENSHIP & LANGUAGE, 1999



Data: 1999 National Survey of America's Families, Urban Institute

Join in & Speak Up!

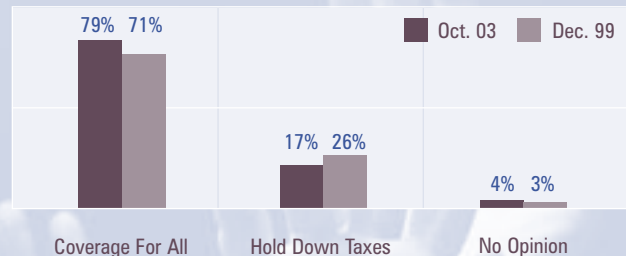
Inequities in Health Care:

Are you concerned about the inequities in health care experienced by racial and ethnic minorities, and the crisis facing nearly 46 million uninsured Americans? Here's how you can make an effort to stay informed about the issue and make your opinions known to your elected officials.

- Review "The National Health Care Disparities Report," developed by the U.S. Department of Health & Human Services' Agency for Healthcare Research and Quality. The 2004 report, released in January 2005, is based on an earlier study by the Institute of Medicine. It represents the first national, comprehensive effort to measure differences in access and use of health care services by various populations. Read the full report online at www.qualitytools.ahrq.gov.
- As residents of this country it is important to take an active role in our government. With one voice, we can influence public policy in so much as to encourage legislation to eliminate health disparities. It is important for you to contact your Senators and Representatives to encourage them to take a stand and propose legislation that grants equal health care access for all people.

WHICH OF THESE DO YOU THINK IS MORE IMPORTANT:

Providing health care coverage for all Americans, even if it means raising taxes, **OR**, holding down taxes, even if it means some Americans do not have health care coverage?



Source: ABC News/Washington Post, 2003

If you believe that health care is a basic human service, not a market-driven commodity, *help CSA Health System stimulate change.*

Contact us at www.csahealthsystem.org



SISTERS OF CHARITY OF ST. AUGUSTINE HEALTH SYSTEM

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OUTREACH MINISTRY

- Early Childhood Resource Center (Canton, OH)
- Healthy Learners (Columbia, SC)
- Joseph's Home (Cleveland, OH)
- South Carolina Center for Fathers & Families (Columbia, SC)

FOUNDATION MINISTRY

- Sisters of Charity Foundation of Canton
- Sisters of Charity Foundation of Cleveland
- Sisters of Charity Foundation of South Carolina

ELDER CARE MINISTRY

- Regina Health Center (Richfield, OH)
- Light of Hearts Villa* (Bedford, OH)

*A joint venture with the
Sisters of Charity of Cincinnati

HEALTH CARE MINISTRY

- Sisters of Charity Providence Hospitals (Columbia, SC)
 - Providence Hospital
 - Providence Hospital Northeast
- Joint Ventures with University Hospitals Health System (Cleveland & Canton, OH)
 - Mercy Medical Center
 - St. John West Shore Hospital
 - St. Vincent Charity Hospital
 - Cuyahoga Physician Network
 - Professional Medical Equipment
 - Westshore Primary Care

Future issues of Mission Forum:

The Mission Forum: Challenges of the Uninsured will examine existing barriers to health care, and outline some innovative and collaborative strategies developed by the CSA Health System to address them. And, we want to hear from you.

- What work are you doing to address the needs of the uninsured?
- Are you involved in an innovative model of responsive care and/or service delivery?
- Do you have recommendations or comments for CSA Health System?

Contact us at www.csahealthsystem.org or call the Director of Public Policy, **Robin Bachman**, at 216/377-4353.

