

GUEST COMMENTARY / HEALTH CARE IN A DIVERSE COMMUNITY

Providers need to better understand all of their patients

By Dr. Terry Rogers and Mary O. McWilliams

Go to one of Providence Physician Group's walk-in clinics in Mukilteo, Mill Creek or Monroe, or one of their other Snohomish County facilities, and listen to the reception area conversation. There's a good chance you'll find patients who speak little English. The Providence Physician Group serves patients speaking more than 150 languages and dialects. Just as the county has become more diverse in the past two decades, so too are health-care providers changing to meet new patients' needs.

Responding to the needs of a diverse population is crucial for all our region's health-care providers.

The Puget Sound Health Alliance is bringing businesses, health care organizations, community groups and health plans together to find the best strategies to address health-care equity. Particularly now that Congress has passed national health-care reform legislation, a spotlight is shining on local efforts. As a health-care community, we must learn to ask patients important information and let them know why we are collecting it. Organizations are leading the way in developing standard ways to collect and share information, and effective ways to communicate the data's importance to patients.

We live in one of the nation's most diverse regions. This means we face unique health care hurdles. If we fail to understand and manage cultural and linguistic differences, we will face significant health consequences for the entire community.

Consider these 2007 Washington State Department of Health statistics:

- African Americans, American Indians and Native Alaskans are significantly more likely to die from chronic diseases than white residents.
- Racial, ethnic and socioeconomic disparities exist for most chronic diseases, including heart disease and diabetes.
- After controlling for income, education, age and gender, African Americans, American Indians and Native Alaskans had significantly higher prevalence of diabetes than whites.

It's no different nationwide, according to the U.S. Department of Health & Human Services:

- African Americans, American Indians, Asian Americans and Latinos generally have higher incidence of chronic diseases, mortality rates and poorer health outcomes than whites.
- African Americans are 50 percent more likely than non-Hispanic whites to have high blood pressure.
- African American men are 30 percent more likely to die from heart disease, as compared to non-Hispanic white men.
- Hispanics are 60 percent more likely than non-Hispanic whites to die from diabetes.

Look at Snohomish County itself. Spanish is the first language spoken by many families, according to the most recent U.S. Census. The number of people speaking Russian, Ukrainian, Vietnamese and Korean has grown over two decades. A number of families also speak languages that, honestly, many English-speaking

Americans are not familiar with: Hmong, Tigrinya and Farsi, for instance.

Ultimately, change will have to take place at the local level. And in Snohomish County, demographic change has outpaced changes in the health-care delivery system, at least until now. Moving forward will be a joint effort of everyone who gets, pays for, or delivers health care. You don't go to Washington, D.C., to get your blood pressure tested or learn your cholesterol count. Because care is delivered locally, this is where change must take place.

Disparities for particular health conditions are hard to pin down. Unequal access to health care, poverty and even genetics play a role. The strong relationship between economics, education, immigration status, physical health and other variables make it difficult to know the degree to which each contributes to health inequities.

We need to better understand the people we care for. Research shows that collecting race, ethnicity and language data is necessary to identify health disparities. It is essential for developing targeted strategies to address the issue. Health care organizations need to know this information about their patients so they can provide sufficient language assistance services, develop appropriate patient education materials, and track quality indicators and health outcomes for specific groups.

In other words, what gets measured gets fixed.

Though many provider organizations collect this information, there's no single method in use, so it's hard to share data among providers. Sometimes providers make educated guesses about a person's ethnicity, race or primary language based on surname or physical appearance. But this method is much less accurate than having the patient tell you him or herself.

Everyone has a role in improving health equity. The health-care system is complex. No single doctor, clinic, patient, health plan, employer or union can fix the problems alone. It will take all of us working together to insure access to quality health care is available to all Puget Sound residents — and all Americans.

Dr. Terry Rogers has been the CEO of the Foundation for Health Care Quality since 2007. Mary McWilliams was appointed as executive director of Puget Sound Health Alliance in June 2008.