Asheville physician speaks out on minority health disparities

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Written by Shannon Dowler
Guest Columnist

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Why do racial and ethnic minorities in the U.S. continue to have dramatically worse health outcomes? It’s not a topic people like to talk about, but is one of the most pressing civil rights issues that remains today.

Here are a few disturbing facts about minority health:

• African-Americans are four times more likely to die from influenza than the general population.

• African-American children experience more than double the amount of unnecessary hospitalizations due to asthma compared with their white counterparts.

• Hispanic men and women die prematurely from complications of chronic disease as compared with other groups.

• The fraction of uninsured people among the minority population far exceeds the percentage of white, non-Hispanic Americans who are uninsured.

Racial and ethnic minorities often live with social determinants of poor health such as poverty and limited access to health care, compared with whites, and it is a problem that the nation must commit to addressing.

As a family physician in a community health center where a large proportion of my patients represent racial and ethnic minorities, I am confronted daily with challenges in providing the best care possible.

From the distrust and doubt I perceive from patients based on history (who can forget the Tuskegee experiment?) to the lack of options for the uninsured, I spend a great deal of my time trying to convince patients why they need to commit their extremely limited fiscal resources toward preventive health.
But prevention is critical. One of the most important ways we can mitigate health disparities is through early detection of disease.

Even in the best-case scenario, with the most generous medical provider who is willing to donate services, the patient is nevertheless left to pay for hospital fees, anesthesia costs, pathology costs and the inevitable follow-up from preventive care.

Instead, people defer screening tests and arrive in the emergency room in crisis with a fully developed disease that might have been prevented.

The bigger societal questions are, What can we do together to ensure that all patients have equal access to early detection and prevention of disease? How can we bridge the cultural and trust barriers that deter some patients from accepting health care?

Who should own this problem, which has persisted through decades and presidencies and medical breakthroughs?

Before the end of April, which is Minority Health Awareness Month, take some time to think about how you might be able to help reduce health disparities. Do this from the pulpit where you preach or from the pews where you worship.

Consider ways to tackle these issues through the after-school program your child attends or the community center you drive past every day on your way to work. Commit to addressing these issues in the break room or at the board room table.

Every day, each of us has opportunities to make a difference. I challenge you to take steps to help make strides towards health equality.

This is the opinion of Western Carolina Medical Society board member Dr. Shannon Dowler, a family physician, chief medical officer for Blue Ridge Community Health Services in Hendersonville and president-elect for the N.C. Academy of Family Physicians.
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