



Hilton Head Island • Bluffton

Opinion

THE ISLAND PACKET

FRIDAY, MAY 30, 2008

islandpacket.com

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Outlook for minority patients' health, access to care still inadequate

This week, many black physicians and other physicians who treat minority patients converged on Hilton Head Island for the 115th annual convention of the Georgia State Medical Association.

The timing couldn't be better. Recent multistate, regional and federal reports show a trend of widening health disparities between white and minority populations.

In April, Georgia's Department of Community Health released a scathing report about Georgia's communities. The report detailed how blacks and other minorities have poorer access to medical services and decreased life expectancy when compared to other Georgia residents. These findings are similar to those in South Carolina, according to the state Department of Health and Environmental Control, the U.S. Census Bureau and U.S. Health & Human Services statistics.

On Hilton Head, there is a larger white population and higher income strata than some other communities, but much of South Carolina mimics Georgia as it relates to health care outcomes in minority populations, though some positive movement in South Carolina has taken place.

The United Health Foundation's

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Special to the Packet

2007 "America's Health Rankings" report cited a decline in the overall health of the nation. To the Palmetto state's credit, it had the highest overall health improvement, with a 6.3 percent increase in "healthiness." South Carolina now ranks 42nd out of 50 states, up from 48th in 2006. Georgia now ranks 40th, up from 42nd.

Ethnic health disparities are nothing new. What's concerning is that despite federal initiatives, such as Healthy People 2010 and Take a Loved One to the Doctor Day, coupled with many local and state efforts to draw attention to minority health concerns, Hispanics and mostly blacks still carry the highest incidence and worst prognosis for many killer diseases. These include heart disease, stroke, cancer deaths, diabetes, obesity, infant mortality, HIV/AIDS and more.

Many of those in greatest need of medical care lack much-needed health insurance. Many employers in these tough economic times have placed more financial burden for coverage on their employees, while others stopped providing health insurance to their employees alto-

gether. In Georgia, Hispanics make up the largest group of uninsured at 20 percent, and blacks, the second largest group, at 13 percent.

Many states are aware of decreased insurance benefits. One example: In May, South Carolina lawmakers approved \$2.4 million to the federally funded AIDS Drug Assistance Program, to assist patients with little or no income or health insurance. (South Carolina ranks as one of the top 10 states for HIV infection rates.)

Of concern, however, are reports that, even for those minorities with medical insurance, many still lag far behind in successful health care outcomes. This prompts one to consider that other factors come into play. These include socioeconomic status, patient apathy, fear of established medicine, denial, reliance on faith (to the exclusion of seeking medical care) and home remedies to treat serious conditions.

As doctors met on Hilton Head this week to learn, golf and network, they discussed not only advances in patient care, but also entertained new strategies for traversing the land mines of a complicated, ever-changing and not always provider friendly, health care industry.

Nothing is nobler than to be a phy-

EDITOR'S NOTE

Ellen Goodman's column can be found at islandpacket.com/editorial.

ON THE WEB

Healthy South Carolina Challenge: healthysc.gov

South Carolina Healthy Connection Choices: scchoices.com

CommuniCare: communi-care.org

Georgia Health Disparities Report: dch.georgia.gov

United Health Foundation: united-healthfoundation.org

sician. The doctor-patient relationship is a sacrosanct bond that should not be interfered with by insurance companies nor cumbersome medical legislative agendas. This is especially true as it relates to minority patients who, research shows, spend more time, absorb more information and receive faster evaluation and better care when treated by a physician of similar ethnicity.

But physicians are challenged by the ever-changing alphabet soup of insurance companies and changing legislative requirements and restrictions. The stress and emotional burden on physicians continue to rise, while reimbursement from the federal government and private insurers declines precipitously. As a result, many physicians — of all races — report a decrease in job

satisfaction despite their love of and devotion to the art and practice of medicine.

Despite the multilevel challenges to minority patients (and the physicians who care for them), there is hope that one day, with a concerted effort from government and private sectors, including churches, insurers, businesses and community agencies, patient apathy will wane and services will become more widely available and better used.

Medicine is a very noble and needed profession, and together, we can bring forth a change to improve the health of all U.S. citizens, especially those most in need.

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