

# OPINION

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## 'Take A Loved One To The Doctor' — Is It Really That Simple?

BY BARBARA L. BAYLOR

The Bush Administration declared Monday as national Take A Loved One to the Doctor Day. The campaign was focused on the African American community and, given African-Americans' relatively poor health status, this special attention may be warranted.

But this simplistic approach — more visits to the doctor — ignores more fundamental causes of the health disparities: prejudice, stereotyping, lower quality health care, and lack of health insurance. It will take a lot more than getting people to the doctor to reverse these injustices.

Everyday we see grim statistics that remind us that great health disparities still exist for African Americans. Our babies are dying at twice the rate of non-African American babies. African-Americans are 30 percent more likely to die of cancer than whites. We are 30 percent more likely to die of heart disease and



Barbara L. Baylor

40 percent more likely to die of a stroke than whites. HIV/AIDS is ravaging our communities. Prostate and breast cancer are killing our black men and women, and we are dying from complications of diabetes, hypertension and other chronic diseases.

While more visits to the doctor can help, it will take a lot more to close these health gaps.

A recent report by the Institute of Medicine found that bias, prejudice and stereotyping by providers contribute to disparities in health care. The congressionally mandated study, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care reports that racial and ethnic minorities tend to receive lower quality health care than whites do, even when insurance status, income, age and severity of conditions are comparable.

Further, the report notes that these differences in health care occur in the context of broader historic and

contemporary social and economic inequality, and persistent racial and ethnic discrimination in many sectors of American life.

The report finds that racial and ethnic minorities are less likely than others to be given appropriate cardiac medications or to undergo bypass surgery, and are less likely to receive kidney dialysis or transplants. It painfully points out that there are significant racial differences in who receives appropriate diagnostic tests and treatments for cancer and in who is likely to

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— Barbara L. Baylor.

receive the most sophisticated treatments for HIV infection. The research also found that minorities are more likely to receive certain less desirable procedures such as lower limb amputations for diabetes and other conditions. The Institute's report begins to seriously address the age-old question of why health disparities continue to exist among racial and ethnic minorities.

The Administration's focus on seeing a doctor trivializes a much more monumental issue - the lack of accessible, comprehensive, affordable, quality health

care for all in this country.

There are now over 40 million Americans without health care insurance, many of whom are racial and ethnic minorities. Racial and ethnic minorities are twice as likely to be uninsured as whites. In addition, many people of color have health insurance, but are under-insured and lack coverage for needed items like prescription medicine. This is especially true of racial and ethnic minorities who tend to be enrolled in more affordable, but lower-end health plans — so called because they are characterized by poorer coverage and stricter limits on covered services. As a result, racial and ethnic minorities are more likely to be without a regular doctor. In fact, 28 percent of African-Americans, 41 percent of Hispanics and 31 percent of Asians do not have a regular doctor compared to 19 percent of Euro-Americans.

The Bush Administration wants us to believe that the way to eliminate health disparities is as simple as going to a doctor for a regular health check up. The Administration is also fond of touting hard work, a proper diet, exercise and changing attitudes about health as the keys to good health.

Again, all of these things are important but we also need to have strong health infrastructures in our communities, doctors who are not biased, health care providers who will listen, and affordable, accessible, quality health care!

Barbara T. Baylor has a Master of Public Health and presently serves as the Minister for Health and Wellness with the United Church of Christ' Justice and Witness Ministries, based in Cleveland, Ohio.

## Action Needed to Stop Cuts to Seniors

Elders in Action, a leading advocate for area seniors, has declared a state of emergency for Oregon's elders. Even though the Legislature agreed last week to send a package containing a combination of temporary income taxes, borrowing and cuts, advocates are concerned that if voters don't pass the measure, Oregon's senior and disability services will face a 20 percent cut.

If the measure is voted down, cuts will impact thousands of seniors throughout Oregon immediately following the January 28 election. Elderly people in nursing homes and assisted living programs face the possibility of being turned out of their homes due to lack of support and the closing

of facilities, making Oregon's shortage of affordable senior housing more serious than ever. Volunteer programs, disability and medical support are also being drastically reduced.

Programs such as Oregon Project Independence, which helps seniors remain in their homes and live independently, will be eliminated, affecting nearly 900 seniors. Cuts will squeeze an already severe caregiver workforce shortage.

Elders in Action is a nonprofit organization working to improve the quality of life for older adults in the Portland area through a variety of services and volunteer-run programs. For more information, call 503-823-5269.

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