Beginning dialogue on health care disparities

By Devona Walker
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At a town hall meeting sponsored by the Tulsa Health Department on Monday, experts discussed access and socioeconomic issues contributing to the health disparities between minorities and affluent white Americans.

The event coincides with University of Oklahoma research and an upcoming four-part PBS series entitled "Unnatural Causes: Is Inequality Making Us Sick?" Speakers argued that lack of health care insurance, care available in lower-income neighborhoods, transportation issues and poverty have resulted in disproportionate health problems among the low-income and minority populations.

"There are certain diseases that different races are prone to, but it's more about the availability of care,” said Danny O'Neill, the midwestern spokesman for the Health Disparity Collaborative, a national health care trade association. "When you look at rural areas and urban areas too there is a large need for physicians and primary care that is not being met.

"We have to change the mentality out there,” O'Neill said. "People wait until the last minute and have to be seen in emergency rooms, which is the most costly and least effective care out there.”

O’Neill said there is a shortage near crisis proportions of primary care physicians, nurses and support staff. And judging upon recent graduation and current enrollment numbers that shortage is going to get worse, he said.

Research revealed that people living in one north Tulsa community were likely to live 14 years less than people in an affluent South Tulsa community. Within six miles of the Greater Grace Temple in north Tulsa where the town hall meeting was held, speakers said, there is no medical facility. Beginning today, however, the church will be the site of the North Tulsa Health Clinic. Clinic hours will be from 10 a.m. to noon.

How does the rest of the nation compare?
According to the National Center for Health Statistics, the disparity is not limited to north Tulsa or even Oklahoma for that matter. Similar disparities have popped up in every corner of the nation.

•Black men and woman born in 1999, NCHS research found, were likely to live about six years less than white men and women (71.4 years of age compared with 77.3).
•Among all demographic groups studied, black men had the lowest life expectancy at 67.8.
•The three leading causes of death for blacks in 1980 and 1998 — diseases of the heart, cancer and cerebrovascular diseases or strokes — were also the leading causes for all persons in the United States. However, black Americans died from the diseases at higher rates than any other racial/ethnic group, and the gaps between blacks and whites in deaths from heart disease and cancer actually grew during the period.
•Research showed that in 2000, about one in five black Americans were uninsured. This is comparable to the number of uninsured Asian and Pacific Islanders. Hispanics were most likely to be uninsured (32.8 percent) and white non-Hispanics were the least likely (10.1 percent) to be uninsured.
•Medicaid notwithstanding, 9.2 million poor people, representing 29.5 percent of all poor people, had no health insurance in 2000. Within each racial and ethnic group, the poor were more likely to be uninsured.
Effect on the state
In Oklahoma, research indicated the proportion of people without health insurance has risen in the last decade.

"It's not just access to health that's making us sick. It's where we live, what race we are, our socioeconomic status, whether we have a car or not," said Melanie Christian, spokeswoman for the Tulsa Health Department. "So this is about beginning this dialogue, where we come to solutions."