The Complexity of Finding Solutions to Reducing Racial/Ethnic Disparities in Health Care Outcomes

Commentary on "A Community Approach to Addressing Excess Breast and Cervical Cancer Mortality Among Women of African Descent in Boston"

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Racial/ethnic disparities in outcomes of disease processes have been evident throughout the history of research in medicine. Whether these disparities are associated with differences in the biological behavior of diseases, socioeconomic factors, or psychosocial influences on access to health care has yet to be determined. The fact remains that in many aspects of medicine, race is a variable used to report outcomes, and in many instances, minority populations in the United States fare less well than their majority counterparts irrespective of the available medical care. The complexity of the subject matter precludes superficial analysis to arrive at logical reasons for health care disparities. It is therefore necessary to take different approaches to arrive at reasons why health care disparities exist rather than just reporting that they do exist.

Bigby et al.¹ have taken a commendable approach to a complex problem. Breast and cervical cancer mortality are both important public health and women's health issues. Since widespread medical attention is given to the early diagnosis and prevention of mortality from these two diseases, and screening programs are indiscriminately administered, why then should African American women die at a greater rate than white women? Formation of a coalition that includes academic and non-academic members and also searches out community opinion helps to provide different perspectives on the subject. However, because African American women as a group are very diverse, generalizing information from focus groups that include small numbers of women may be problematic for larger populations. An interesting finding reported by Bigby et al. was that once existing screening programs for uninsured women identified women with breast or cervical cancer, there were few resources available to provide treatment. This seems to be a major flaw in the public health system, and should require immediate correction.

It is obvious that new methods are needed to identify factors that contribute to racial/ethnic disparities in health care. The community approach to identifying its own needs and shortcomings is a good start to attacking the issue.

REFERENCE

 Bigby J, Ko LK, Johnson N, David MMA, Ferrer B, for the REACH Boston 2010 Breast and Cervical Cancer Coalition. A community approach to addressing excess breast and cervical cancer mortality among women of African descent in Boston. Public Health Rep 2003;118:338-47.

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