

Eliminating Health Disparities Among Minorities in Our Community Must Remain a Priority

By Joe Damore

In February Mission joined with our community to celebrate Black History Month by recognizing outstanding African-American leaders in music and the arts, medicine, sports, science and government. Our local history is rich with examples of African-Americans who have played and continue to play a leadership role in making healthcare accessible to African-American residents. From the arrival of Asheville's first black physicians, Dr. Marcus W. Alston, Dr. Reuben Bryant and James Bryan in 1890 and 1891 respectively, to the creation of Blue Ridge Hospital and its training program for black nurses, we can reflect with pride on the contributions of African-American clinicians.

If we are going to truly honor their legacy, however, we have work to do. Long after the celebrations of Black History month have come and gone, we are left with the urgent need in Asheville, and elsewhere, to eliminate health disparities in all communities of color. The 2005 health assessment for Buncombe County reveals considerable differences in health status between minorities and non-minorities:

- Mortality rates are higher among minority males for cancer, diabetes and heart disease.
- Diabetes death rates for minority males and females are four times higher than for the non-minority populations, while the AIDS mortality rate is also higher among minorities.
- Only 23 percent of minorities reported ever having a colorectal cancer screening, compared to 61 percent of whites.
- Infant mortality rates are highest among African-Americans and other minorities.

Equally troubling is the shortage of organ donors in the African-American community. This growing problem recently received national attention when two former Dallas Cowboys – football teammates and friends – became the first professional sports figures in the nation to share an organ. Everson Walls' donation of a kidney to Ron Springs illustrated that successful organ transplantation is often increased by matching between members of the same ethnic group.

These two men have committed themselves to increasing the number of African-American organ donors. It can't come soon enough. At Mission, we know too well how important it is for all families, but particularly minority families, to discuss becoming organ donors. The numbers speak for themselves. African-Americans make up roughly 12 percent of the population, yet they comprised almost 25 percent of those who died in 2004 waiting for an organ transplant. In the case of kidney transplants, 35% of people on the waiting list are African-American. Springs had been waiting for a transplant since 2004.

Discussions of access, prevention, diagnosis, and treatment need to occur at all levels -- from the policy makers in Washington and Raleigh, to local business and health leaders and around the kitchen table – if we are going to eliminate health disparities. Most recently, Mission sponsored a day-long seminar on dementia in the African-American community in partnership with Memory Care and Dr. Virginia Templeton. Annual heart screenings at the YWCA, funding of primary care clinics in collaboration with community partners such as ABCCM, outreach programs like the Emma Family Resource Center, community-based health education program, and school-based clinics all play a part in furthering the discussion.

Ultimately, the data will tell if we are making progress. The Asheville-Buncombe Institute for Parity Achievement (ABIPA) was founded in 2004 to do just that. Through data collection and analysis, the Institute studies healthcare issues and trends in minority communities with the goal of reducing racial disparities in rates of disease, increasing screenings and promoting health education. Mission is working closely with ABIPA to achieve these goals, but it will take time and resources from many sectors to achieve success.

As we take on this challenge we can look to the past for inspiration. Consider the determination of Dr. Mary Frances Shuford, whose work led to the opening of the Asheville Colored Hospital in 1943. Once that dream was realized, others followed. Residences for black nurses and a long-term care facility were added near the hospital. Eight years later, the hospital merged into Memorial Mission Hospital.

Our history shows us that we truly can move mountains. But there is still work to do. As Julia Ray, the first African-American to serve on the board of Memorial Mission Hospital reminds us in *The Legacy of Mission Hospital: 120 Years of Caring* by Nancy Marlowe, "...you can't be satisfied when treated as a second-class citizen. We knew the difference and just kept hoping." Today the data show us the difference. People of color in our community are at high risk of developing chronic diseases that shorten their lifespan and lessen their quality of life.

I encourage the residents of Buncombe County to join with Mission, ABIPA, ABCCM, Health Partners, All Souls Counseling Center, the YWCA, the YMCA and many other community organizations to eliminate health disparities in our community. Working together we can build upon the leadership shown many years ago by our county's African-American healthcare pioneers to remove the gaps that keep minorities from enjoying the full blessings of good health.

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