Maryland Needs to Reduce Health Disparities

Posted by TBN  On  06/24/2011

Over the last 40 years, Maryland and the entire country have seen groundbreaking advances in the fields of medicine and health care.

We have developed life-sustaining treatments for previously fatal diseases, including many types of cancer, HIV, and heart disease. Life expectancy has climbed, and infant mortality has fallen.

But these successes are not enough. They are not enough when so many of our accomplishments in health are shadowed by unacceptable disparities.

It is not enough that we have new tools for early diabetes detection and kidney care when in Maryland about twice as many blacks suffer from diabetes compared to whites. Or that we've built advanced neonatal care units when black babies are three times more likely to die before the age of 1 than white babies.

It is not enough that Maryland has the second most primary care physicians per capita in the nation when Hispanics in our state are three times more likely to be uninsured and are less likely to find an available doctor who can speak their language.

It is not enough that our state-of-the-art hospital facilities are advancing the fight against cancer when many in our poorest communities either cannot afford or do not know about screenings that can save their lives.

For where we are and how far we have come as a nation and a state, it is shocking that these disparities persist. Addressing health disparities is a moral imperative. All Marylanders deserve the best possible care and the opportunity to improve their quality of life.

Health disparities are also a significant economic burden.

In Maryland, a 2006 report found that blacks are nearly twice as likely to be hospitalized for such treatable conditions as asthma, hypertension and heart failure, costing Medicare an additional $26 million.

Nationally, a 2009 report estimated that between 2003 and 2006, nearly $230 billion could have been saved in direct medical care costs if racial and ethnic health disparities did not exist.

So how is Maryland to make progress?

It starts with leadership and accountability, which is why Gov. Martin O'Malley and I are putting a renewed focus on addressing disparities in Maryland. This will include supporting innovation at the local level, within the health care system and with state policy.

Many health disparities stem from underlying causes that reach far beyond the doctor's office, such as problems with access to transportation, secure housing and proximity to a grocery store. Success against these factors requires local creativity and broad engagement.

This week, I visited a barbershop in Baltimore to see a program that encourages better health for black men by providing screenings and information for addressing hypertension, obesity and diabetes. Over the next six months, I will travel across the state to learn about other community approaches to addressing disparities and identify effective efforts that can be expanded.

To address disparities in the health care system, as chair of the Maryland Health Quality and Cost Council, I will oversee a new health disparities workgroup. This expert group will design strategies and initiatives to improve the delivery of care inside the health care system. This may include financial and performance-based incentives that can reduce disparities.

For example, there should not be wide differences in preventable complications of hospitalization among racial and ethnic groups, and the proper incentives could correct this inequity. We must also look at how incentives can be used to attract more health professionals to communities with chronic shortages of care.

Finally, in state policy, we will consider programs and legislation that address some of the underlying causes of disparities, such as physical activity, access to healthy foods, and sodium content and intake.

At the end of the year, we will combine