

Shot in the Arm

How a City Aims To Give Minorities Better Health Care

Pittsburgh Hopes to Satisfy 2010 Deadline by Using Voices With 'Street Cred'

New Gossip at the Hair Salon

By BARBARA MARTINEZ

PITTSBURGH—The Rev. John Welch paused, dabbing at sweat on his receding hairline. Dapper in a double-breasted tan suit, he stood silent for a moment in the pulpit of the Bidwell United Presbyterian Church here, and then resumed speaking on a new topic.

"God wants us to take preventive steps for our health," he exhorted. "Only when we are healthy can we help someone else." Raising his left arm heavenward, the minister said, "Lord, we have been negligent of what you have entrusted us with." Then he told his followers to get their blood pressure checked right after the service, downstairs in the recreation hall, where nurses were waiting.

It wasn't Mr. Welch's idea to lace his sermon with health tips. The move is part of a broad experiment led by the University of Pittsburgh that aims to erase the disparities in health care between the city's whites and blacks by the year 2010. Black men, the predominant minority here, die from prostate cancer at three times the rate of white men, which is also the national rate. They are twice as likely to die from diabetes. Indeed, going down the line of major treatable diseases, the figures show a consistently wide gap between whites and blacks.



Stephen Thomas

Deadly Gap

Age-adjusted mortality rates for selected causes of death in the U.S. in 1998, the latest year for which data are available.

CAUSE	WHITES	BLACKS
Heart Disease	123.6	188.0
Stroke	23.3	42.5
Lung Cancer	38.3	46.0
Female Breast Cancer	18.7	26.1
Homicide	3.2	26.1

Source: U.S. Centers for Disease Control and Prevention

Pittsburgh reflects a grim national problem documented during the past several decades in hundreds of studies, most recently in a 400-page report commissioned by Congress and released in March by the National Academy of Sciences' Institute of Medicine. Even when patients' insurance and income status are comparable, the congressional study said, minorities are less likely to seek or receive appropriate heart medications or to undergo bypass surgery. They are less likely to receive kidney dialysis or transplants. They are more likely to have limbs amputated than whites in the same condition.

Even though the imbalance has been common knowledge among health-care professionals for decades, the medical establishment and government officials have been lackadaisical about closing the gap. But complacency is no longer an option: A federal mandate drawn up in 2000 by the Department of Health set 2010 as the year by which the health-care disparities should be eliminated. Although it's unclear at this point what consequences might follow if disparities remain, that deadline is sending public-health officials, researchers, doctor groups and health systems scrambling.

Beginning next year, the National Institutes of Health will no longer review grant proposals for studies that don't say how they will include minorities in clinical trials. Also next year, the Centers for Medicare and Medicaid Services—formerly the Health Care Financing Administration—will begin reviewing participating health plans to see whether they have made progress in reducing dispari-

ties or improving services for minorities. CMS is part of the Department of Health and Human Services. The American Medical Association, describing the March report from the Institute of Medicine as a "wake-up call" for doctors, is developing educational materials to help doctors become more sensitive to an increasingly diverse population.

Meeting the 2010 deadline poses a major challenge to state and city officials. It demands coordination among many disparate and sometimes competing groups and requires substantial funds at a time when most local budgets are already stretched. Atlanta and Seattle have similar programs, but no area has as broad a campaign involving as many people and groups as Pittsburgh. The University of Pittsburgh has raised \$1 million so far for the program, mainly through the efforts of Stephen Thomas, director of the university's Center for Minority Health and the first black professor at the Graduate School of Public Health. He says he needs to raise a further \$4 million in the next few years to keep the campaign going.

Distinctive Delivery

The approach here also is distinctive for how it is delivering the message. Health officials have used the traditional public-service message, whether through poster or radio spot or TV ad. But they also have gone beyond those media, tapping messengers who knew how to deliver a health pitch that would resonate with different ethnic groups.

Dr. Thomas, who has a doctorate in community health, likens the initiatives in Pittsburgh to the "old-fashioned community-building, door-to-door outreach" of the civil-rights movement.

Mr. Welch is one of 300 city ministers being cajoined into spreading health messages by the Faith-Based Health Initiative of Greater Pittsburgh. The organization got started a year ago with the help of the Pittsburgh Foundation, the University of Pittsburgh and the Pittsburgh Theological Seminary to harness the power of black churches to reach large numbers of the city's blacks. A few churches even offer aerobics classes, powered by gospel music, to help parishioners get into better physical shape. African-Americans in the city number 160,000, whites 1.1 million.

"When a black minister gets up and preaches, people listen," says Dr. Thomas, who helped orchestrate Sunday health fairs at various black churches in April.

(over please)

Many at Bidwell United Presbyterian Church found their blood pressure was too high, including the 42-year-old Mr. Welch, who takes hypertension medication. He says he has since tried to work in messages of health in other sermons, and he is looking to do more. For instance, he believes many people don't see a doctor because they lack transportation; he envisions the church helping out with a van service.

Dr. Thomas established an e-mail network of 150 community organizers a year ago and used it to help connect disparate constituencies and enlist them in the overall campaign. He also has turned to some key urban nodes of guidance and gossip: barber shops and hair-braiding studios. "Some people tell their barbers things they would never tell their doctor," Dr. Thomas says. He has been trying to educate barbers and beauticians about the seven major areas where health-care disparities show up: diabetes, cancer, infant mortality, HIV/AIDS, cardiovascular disease, immunization and mental illness.

At the city's Natural Choice Hair Salon, customers don't only come in to have their hair cut or braided, they come in to socialize. "There's a lot of testosterone and estrogen, a lot of debates about men versus women, race issues, sports and politics," says owner Nate Mitchell over the commotion of his nearly full salon. Unlike many salons, where stylists make idle chit-chat with only their own clients, most conversations at black salons are group sessions, he says. That's an environment Dr. Thomas thinks is ripe for dispensing information on health, and Mr. Mitchell says he is willing to experiment with the idea of using his salon and nine stylists to spread information about health.

The American Diabetes Association, the American Heart Association and the American Cancer Society recently set up a combined partnership in Pittsburgh to tap another form of "street cred"—short for "credibility." Working with Dr. Thomas and with funding from the United Way of Pittsburgh, the program seeks to infiltrate 10 communities in the next three years with dozens of volunteer "lay health advisers." These will be neighborhood residents who will offer informal, street-level education in the three of the seven

major health-care hotspots: diabetes, heart disease and cancer. It's the first time the three national organizations, which usually compete with one another for funds, have collaborated in one city for such a mission. Among their targets are local soul-food proprietors, who need to be persuaded to cut down on greasy, deep-fried food.

Survivor

Alice L. Pittrell, a 69-year-old survivor of three heart attacks, is exactly the type of foot soldier who carries the credibility Dr. Thomas thinks is critical to make real inroads into the black community. Ms. Pittrell, who works part time for the American Heart Association, recently organized a low-fat, low-salt soul-food demonstration at a Baptist church in the city's north side. The petite, white-haired Ms. Pittrell says she told folks, "If you want to eat fried chicken, remove the skin, dip it in buttermilk and roll it in corn meal or crushed up cornflakes or Wheaties. Then cook it in the oven on high and you will get a crispy piece of chicken." For macaroni and cheese, a favorite of hers, she uses whole-wheat elbow pasta, evaporated fat-free milk and soy cheese.

If she can do it, so can others, she says. "I loved pork chops, fried chicken, potato chips," she says. "All my greens were cooked in fat." Her mother died of a heart attack at age 50, and Ms. Pittrell had her first at 51, followed by quadruple bypass surgery and a resolution to become a healthier eater and to exercise. "My genes are so against me," she says. "But I turned that around."

A soft-spoken, disarming man, Dr. Thomas makes and fields calls on a red cellular phone. His silver Volkswagen Beetle ferries him between the city's elegant university campus and rough neighborhoods, between people at racial, cultural and economic extremes. His message is the same for all: They need to work together in order to secure the future of the city.

For the disenfranchised poor, many of whom are black, he says the benefit of better health is obvious. What is less obvious is the harm that poor health causes the local economy and the ability of businesses to attract and keep valued employees.

"Health-benefit costs continue to rise," says Oliver Byrd, a senior vice president at Mellon Financial Corp., while the work force grows "increasingly diverse." Anything that reduces health-care disparities would result in economic savings for companies, says Mr. Byrd, who also is a board member of the local United Way.

Around the time Dr. Thomas was putting together his e-mail network last year, he learned from the superintendent of Pittsburgh schools, John Thompson, that nearly 11,000 children, many of them African-American, were slated to be suspended from school within 30 days because they lacked measles vaccinations. Dr. Thomas got help from the university's chancellor, Mark A. Nordenberg, who opened up his office to emergency meetings with dozens of people. One was Rashad Byrdsong, a gruff former Black Panther who runs a grass-roots, federally subsidized community center in a tough part of town. Mr. Byrdsong led volunteers into the most dangerous projects, going door to door to find children who needed shots. Mr. Nordenberg persuaded local hospital systems and health insurers to send out mobile medical units to administer shots.

On the last weekend before the deadline, Messrs. Nordenberg and Byrdsong worked together at the parking lot of the Giant Eagle supermarket talking to parents and kids as they got their shots from the mobile units. "There was this sense that we're all in this together," says Mr. Nordenberg. "We're talking about our neighbors." By the end of the 30 days, more than 10,000 children were immunized.

Things aren't always that easy to fix. "You can't talk about health disparity without talking about economic disparity, housing disparity, education disparity," says Mr. Byrdsong a few months after the measles campaign, as he drove down Frankstown Avenue in one of Pittsburgh's grittiest neighborhoods. Once a thoroughfare of butcher shops, shoe stores and offices, the street is now a collection of garbage-strewn lots, boarded-up or burned-out two-story buildings. "Most African-Americans are in crisis mode. They're not thinking of prevention," he says.