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# Disparity in demographics: A cause for concern

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**T**wo overarching problems are featured in this issue of the *Journal*—the decreasing numbers of trained health professionals and the “good news/bad news” reports of Wisconsin’s progress in reducing mortality in our residents. Both call for thought, debate, and, most important, action.

We are pleased to publish Mr Sklansky’s account of his travails and rewards as the recipient of the Wisconsin Medical Society Foundation’s summer fellowship in government and community service (p 7). His paper reporting the results is the last of the peer-reviewed papers in this issue (p 57). We believe that the experience was an eye-opening one that will contribute significantly to his outlook as he proceeds through the rest of medical school and his residency training. Dr Osborn’s outline of the current thrusts and themes of the Foundation is a timely reminder of the worthwhile projects that warrant our support (p 9).

Society President Paul Wertsch summarizes some of the more salient issues related to the current and upcoming shortages in virtually all aspects of the health care field (p 10). Marc Kennedy’s reports expand on Dr Wertsch’s editorial, and point out the ripple effects that current acute shortages in certain fields can have on the whole system (p 12). Who would have thought that the nursing shortage in nursing homes would clog up the system and lead to the closing of emergency rooms in acute care hospitals? While the escalating shortage of

nurses has been, and will remain, a seminal problem, physician shortage is again gaining attention (p 16). Beleaguered medical schools will once again come into focus as the vehicle to provide some solutions to the problem.

We asked Tim Size to comment on the situation as seen from the rural perspective and we were not disappointed. While remaining his usual upbeat and positive self, he divides his caustic comments evenly between medical education, short-sighted health plans and local community systems (p 18). The truth in all his observations surely hits home.

The majority of the peer-reviewed section of the *Journal* is devoted to an in-depth study of the mortality among Wisconsin residents during the years between 1980 and 2000. We are indeed fortunate in having a group of studious graduate students in population health under the skillful tutelage of Dr Remington and his colleagues. They provide the base-line data to allow decisions for the future allocation of resources for the improvement of the health of Wisconsinites.

Ms Dranger et al provide an overview showing that mortality is decreasing in all the major age groups, but the decrease is variable, with the least progress in the age groups of 25-44 and 85 plus. While the latter is understandable, the lack of improvement in the young adult population surely provides the basis for further action (p 22). Ms Hagen and her colleagues look in greater

depth at the infant mortality trends and show that the focus for improvement should remain on the perinatal problems in the Wisconsin black population (p 27). Ms Newburn and Dr Nemeth look at the mortality trends in the 1-14-year age group and show that once again there is disparity, with black youths having a disproportionately high death rate (p 31). Mr Todem and Ms Harding found that the same disparities exist in the adolescent/young adult age group, with the least progress among blacks and males (p 37). Ms Dranger and Mr Hoffman explore the problem of the 25-44 year olds whose mortality has decreased less than the other age groups, with violence and HIV playing significant roles (p 42). Drs Said and Guan review the mortality in the 45-64 year age group and the reasons for the ever-present disparity between whites and blacks in that age group (p 47) and Mr Pfister and Ms Chou do the same—and find the same for the 65-74 year olds (p 52).

The message is loud and clear—there should be a concerted effort to improve the overall lot of blacks, no matter what age group—and principally for males. For example, a clinic in Milwaukee has recently made a significant step in offering a haircut as an inducement to black males to have a medical interview and examination. We salute that clinic and hope they are successful in persuading black males that routine preventive care is not that intimidating and can have positive long-term results.



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