

# Wisconsin's health disparities challenge physicians

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Two articles in this issue of the *Wisconsin Medical Journal* bring particular attention to the health issues that arise from our increasingly diverse Wisconsin population. Carty and her colleagues look at health disparities in the state over the last decade of the 20th century (p 26) and McLean and colleagues address one particular, but devastating, cancer that exemplifies both the diagnostic and therapeutic dilemmas associated with it as they relate to race and gender (p 32).

The simple but profound results from Carty's study are that there has been marked and important improvements in the overall health of many parts of the minority populations in the state—the good news—but a continuing and, in some cases, growing disparity in health outcomes between those populations and Wisconsin's majority population—the bad news.

Disparity research can be both complicated and political. Carty and colleagues describe the methodological challenges which make comparisons among studies and time periods often difficult, if not impossible. Their discussion points out that it is not as much a measure of whether disparities exist but the degree to which they do and how and at what point in time outcomes are measured. Policymakers want to affect the antecedent conditions that lead to disparity: poverty, living conditions, education, work status. Clinicians want to know what we can do to improve the health of our patients and communities NOW,

not simply in the long term. This may be myopic, but we face the realities of unnecessary illness each day and want to see improvement in our lifetimes.

Carefully looking at trends in morbidity and mortality and using age groupings gives us a better picture of where to focus energy in correcting disparities. For example, the 2 age groups in Carty's study where disparity increased were African American children between 1 and 14 years old and African Americans between 45 and 64. Clinicians could use this information, meet with our health systems and public health departments, and look at what we might do to focus on those 2 age groups—both through improvement in prenatal care and parenting, for example, or by increasing access to chronic disease management and prevention. Focusing on higher risk groups puts planning and resources where they are most needed. In doing this, however, we also need to better understand what has been working that has improved, in some instances dramatically, the health of other age groups in the minority populations in the state. Reinforce what is working, and correct what is not.

In the article by McLean and colleagues, the focus is on oral cancers and the disparities found in Wisconsin between whites and African Americans. Their finding that African American men in Wisconsin have statistically higher incidence of oral cancers and are more likely to die from it than

white men raises, again, the issues of prevention and treatment disparities that should make us examine our clinical practices. In fact, for this particular cancer, African American men in Wisconsin are at higher risk than in the United States in general.

The well described overuse of alcohol by Wisconsin citizens coupled with the higher prevalence of smoking in African American men compared to white should bring health systems, primary care clinicians and public health efforts to address the problem. Access to dental care and preventive dentistry remains one of the state's most pressing health disparity issues. As clinicians, we should be more creative in working with communities with large African-American populations to encourage men, chronic underusers of health care to begin with, to get routine preventive visits and focus on smoking, alcohol use, and careful head, neck, and oral exams. Medical schools and residency programs, particularly those in primary care, should make sure that oral exam skills are a frequently used part of the clinical armamentarium.

Overall, this and other work on disparity research should help the clinical environment focus money, energy, and time on those areas most in need. Or, as someone once put it, when you raise your gun to fire, choose your target carefully; a broadside just makes a lot of noise. We need to target our state's public health issues and avoid a lot of noise in the process.

# Wisconsin Medical Journal

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