

Health Disparities Among Minorities in the U.S.

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with guest author Andrew Isaacs, DC

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Many years ago, during my professional training at Logan College of Chiropractic, I was assigned the duty of reporting on a particular topic in the patient management class. I chose the topic of essential hypertension as my thesis, because I saw this most prevalent malady in the African-American community as both a personal challenge and a challenge to our discipline. I wanted to glean from various sources the information that would facilitate not only the publishing of my manuscript, but most importantly, the development of a pool of knowledge that I could carry in my professional practice for the benefit of my patients.

The literature placed, and continues to place, stress on the word "essential"; I have found routine screening of patients' blood pressure one of the most essential diagnostic procedures during the initial consultation. My point in mentioning this is to emphasize that the practice of chiropractic must be presented as a public health service, and as such, each patient entering the office of the chiropractor must be embraced as a golden opportunity to heighten awareness of public health issues.

I believe any discussion of public health issues in the African-American community must include the prevailing and ineluctable burden placed on African-American and other minorities in terms of hypertension, diabetes and even sexually transmitted diseases, all directly or indirectly resulting from *de facto* and *de jure* segregation by governmental policy; business enterprises; widespread crime and violence; and disparities in environmental risks. The Tuskegee study is unquestionably the most blatant example of a government-sponsored research project that rendered irreparable harm to a segment of the American population merely for the sake of scientific investigation. We now know that the study's African-American subjects were deliberately given placebo medicines during all stages of their syphilis infection, to determine the natural immune responses to this dreadful malady. I can only sympathize with the many families who bore this unnecessary burden without compensation under a deceitful aegis of therapeutic intervention. The broader view is that racial stereotyping by government personnel might very well result in a continuum of practices of this ilk in public health care.

Occupational disease and injury represent significant public health problems in the United States and throughout the world. Our workplace is where we find a mixture of social, economic and cultural histories. Most African-Americans who made the historical treks from southern rural environments to northern and western urban centers, did so as a method of self-improvement and empowerment. What they found was a benign form of racism that limited opportunities and forced many into those segregated clusters which later were described as "ghettos." The trade-off was

escape from physical abuse and the drudgery of low-paying agrarian tasks. With most employed in menial work, with minimal pay, at best, economic downturns and crowdedness resulted in increased crime and violence.

Statements and suggestions concerning the epidemiology of violence, while endless, point to the importance of a national and even global effort to address its costs, and certainly its prevention. A frightening statistic shows that more than 5,000 people die each day from violence in one form or another. This fact takes into consideration the many varied causes, with suicide placed highest categorically. The statistic has a most glaring significance on the African-American community, especially combined with its historical homicide rate. Public health scientific investigators have begun extensive research into this issue to separate the criminal components from those instances of violent deaths associated with and directly linked to mental illnesses. It has also been suggested that provider behavior and attitudes contribute to the rate of clinically diagnosed mental illness.

Finally, the physical environment, in terms of air, water, and even home interiors, contribute to factors that impact the burden minorities bear in the course of everyday living. The general conclusion of the environmental issue centers around public information and access to those improvements in living standards that could alter both morbidity and mortality components. One investigation showed that in the rural South, individuals with higher incomes generally utilized public water and sewage systems, whereas those of lower incomes generally relied on private systems that were not maintained at high public health standards.

As providers, we are continually judged based on our behavior and knowledge in making our offices atmospheres of information on public health issues. We must take the initiative in being a link between the public and government agencies; pointing out issues that could impact our patients; and public health, in general. One of the best sources of information that can be passed on to your patients is accessed by way of your membership in the American Public Health Association. We have a very active Chiropractic Health Care section that works collaboratively with other sections of the association, comprising all the various disciplines involved with health care. This presents to all chiropractors a method to network with other providers of public health.

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