HEALTH EQUITY: SPARKING A FIRE IN THE MIDWEST

Tucked a few blocks away from Kansas City’s bustling Plaza is the Kauffmann Foundation Conference Center, home to this year’s Achieving Health Equity Conference. An eager and aware audience filled the aptly named “Town Square” of Kauffmann on Tuesday afternoon as a local high school color guard opened with a ceremony of flags and the national anthem. A blessing was conferred upon the crowd before the initial speakers took center stage. Keynote speakers included: Dr. Samuel Betances, Dr. Carmen Tafolla, Dr. Gloria WilderBrathwaite, and the Hon. Roderick Bremby.

John Bluford, President/CEO of Truman Medical Centers opened the day with principles of health care he envisions creating a better health care system. The principles included creating coordinated health care; greater ease of access to information, for both patients and health care providers; placing greater emphasis on wellness; bridging gaps in the system; and lastly, weighing a value proposition of the current health care system. He concluded the opening remarks by saying, “Healthcare is a right. It is a privilege. And lastly, it is a responsibility.”

Dr. Samuel Betances sent a message to go forth and learn to talk about “what we are failing to do [in the health care system] without shutting down and alienating people.” Betances’ message of seeking the value of diversity was loud and clear: diversity is a tool for building an equitable health care delivery system. Acknowledging, understanding and incorporating diversity will lead to a reduction of disparities in health care.

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Diversity, in the sense delivered by Betances, calls upon health care leaders, providers and organizations to be aware and sensitive to the issues individuals face, regardless of their race, creed, gender, ethnicity or sexual orientation. This includes learning the values, communication modes, prejudices, behaviors and customs of the patient and his or her culture. His message centered upon eliminating malice to find the source of and address any problems that may exist. Examples given by Dr. Betances included:

- **Issues of sexual orientation**: Many gays and lesbians do not yet feel safe disclosing their sexual orientation with their health care providers, limiting the extent of care they obtain. Currently they are not receiving the same types of interventions as the heterosexual population.
- **Lung cancer rates**: It is assumed people with lung cancer had the choice (based on their lifestyle) NOT to get it versus, for example, breast cancer. The attention given to a cancer is often limited based on stigmas associated with that particular type of cancer.
- **Creating advocacy for poor whites**: This is a population that is overlooked when examining poverty in our country.

While addressing the audience with cases for creating change, Betances pointed out that “in spite of its flaws, America is still a destination of choice.” He also discussed forces for change and the use of cultural competencies to decrease disparities in health care.

To learn more about Betances’ presentation, visit [healthpolicy.missouri.edu](http://healthpolicy.missouri.edu). Betances also gave website recommendations to the audience, including:
- Mayo Clinic Education and Resources:
  - [www.mayo.edu](http://www.mayo.edu)
  - The Commonwealth Fund: [www.cmwf.org](http://www.cmwf.org)

**Breakout sessions** followed Dr. Betances’ keynote address, on the topics:
- Health Care Access for Refugees and Immigrants Legislative Initiatives for Kansas and Missouri
- Chronic Disease Management: Diabetes, Obesity and Nutrition
- Tobacco Prevention
- Family Violence

*For more on the breakout topics of either day, email healthpolicy@missouri.edu.*

Shrouded in a shawl and glasses, a woman stood up demanding directions to the exit. The speaker, in the midst of Dr. Carmen Tafolla’s introduction, gave the woman directions to...
HEALTH EQUITY CONFERENCE (CONT’D)

the front of the conference center. The woman marched away. The speaker continued. Shortly thereafter, the woman who interrupted was on the stage telling the story of health inequities through various sets of eyes.

First, she spoke through her Tia (aunt) Sofia, a woman who marched to the beat of her own drum throughout her life. She was viewed as a little different, a woman who praised the Lord by listening to gospel music in the local record store on Sundays while the rest of the family attended church.

As her presentation continued, she morphed into the people she has been, known and encountered in her lifetime. She illustrated how people should treat one another; how everyone is different and perfect as formed; and how those living now have an inheritance from those who came before.

Tafolla’s message resonated, “Your voice will go out to teach others, and maybe it will create a wave of change, a tsunami of change.”

Ending day one was a reception and preview of an upcoming PBS documentary, “Unnatural Causes: Is Inequality Making Us Sick?”.

Wednesday morning brought the talented and prolific physician and speaker, Dr. Gloria WilderBrathwaite center stage. She is a woman with numerous honors and credits to her name, but humble and passionate about her causes. She spoke for those who do not have a voice in the justice and health care systems. Her message: “Charity, without justice, is cruel.”

Battling through red tape is a common experience for those trying to utilize public programs, such as Medicaid and Medicare or the court systems of our nation. Dr. Gloria spoke on equity: “Equity is a core fundamental right of every member of a democratic society.” She believes universal health care coverage via EMTALA and the ERs of the world is not appropriate as a means of health care for all.

Intertwined with Dr. Gloria’s delivery of changes to our current health care system was a personal account of her relationship with a young boy she encountered through her mobile medicine practice.

Her message and actions echo in the footsteps of Dr. Martin Luther King. She asked that we examine ourselves and our country when providing charity. It should be genuine, helpful and practical charity extended to those most in need in our country.

Following Dr. WilderBrathwaite was the second series of breakout sessions. Topics included:

- Health Care Provider Education: Diversity and Cultural Competency
Moving from Medicaid to MO HealthNet

Missouri is taking advantage of a new federal rule allowing the state to alter its Medicaid program, much like California (Medi-Cal) and Massachusetts (MassHealth).

In 2005, faced with a severe budget shortfall, the state of Missouri made some of the largest Medicaid cuts of any state in recent years. More than 100,000 Missourians lost their Medicaid coverage entirely, and more than 300,000 people were affected by service reductions. The state legislature also agreed to end Missouri’s Medicaid program by June 30, 2008. On February 22, 2007, a proposal to replace Missouri’s current Medicaid program, SB 577, was introduced in the state legislature.

MO HealthNet, as it is to be named, is set to be in place by the 2008 expiration date. Legislators are in the process of working out the framework of the program and have said they can have it completed in time for the 2008 debut.

The key changes to the new plan are the focuses on prevention and wellness, as well as empowering people to actively engage in their health and well-being. A plan of care will be outlined for the participant and they will be assigned a health care advocate who will be a guide to help manage utilization of care and to ensure the plan is being implemented.

Other key aspects for the new program include electronic medical records, coordination of health care and utilization reviews. The new program hopes to increase efficiency and quality, while reducing the overall cost of health care in the State.

*Note: At the time of publication, the MO HealthNet start date (sunset) has been extended into June of 2009. To track upcoming changes, visit: [www.house.mo.gov](http://www.house.mo.gov)
AFFILIATE SPOTLIGHT: DR. MARJORIE SABLE

Dr. Sable has been affiliate of the Center for Health Policy since its inception in 2003. She is passionate about her primary research focus, reproductive health and access to care in low-income and underserved populations. Her research with reproductive health entails investigation into improving pregnancy outcomes, including psychosocial barriers to reproductive health care services (prenatal care and family planning). She has been particularly interested in understanding how women’s pregnancy intention and acceptance impact health service utilization, health behavior, and health outcomes. Corollary issues surrounding sexual and reproductive health continue to interest Dr. Sable, including domestic violence, breastfeeding, and international maternal and child health.

Recently, Dr. Sable completed a study funded by the Missouri Foundation for Health on Improving Family Planning Outreach and Services for Hispanic immigrants. Her research team examined factors associated with family planning among Hispanic immigrant women and men. The study findings resulted in a DVD and development of provider training on cultural competency. Other outcomes from this study included: medical interpreter training provided to 30 residents of Boone County; a Spanish language brochure to inform the Hispanic community where family planning services can be obtained; and contraceptive brochures distributed to health clinics serving Hispanic immigrants. Because health literacy for this population was identified as a need, the grant funded the purchase of computers for the local health department and the Family Health Center. The purpose of the computers is to provide access to health information in both English and Spanish, via Medline Plus.

Sable’s participation in a Global Scholars trip to South Africa in 2001 further ignited her interest in policies and programs related to maternal and child health. The impact of HIV/AIDS in South Africa on maternal and child health has become a recent focus of Sable’s research. This summer she will travel to rural KwaZulu Natal, South Africa, where the HIV prevalence rate among women in prenatal care clinics is 34%, to conduct focus groups on the reproductive intentions of women and men in the context of HIV/AIDS. Sable says, “Understanding people’s reproductive intentions is important for effective counseling and interventions to reduce the transmission of HIV from mother to child.”

Dr. Sable earned a MPH and DrPH from the University of North-Carolina School of Public Health, and a MSW and AB from Washington University. She is thrilled that the University of Missouri-Columbia is launching an MPH program this fall, and looks forward to working with this new program.
The University of Missouri Center for Health Policy was recently awarded a two-year contract by the Missouri Foundation for Health to establish the Missouri Health Equity Collaborative, in conjunction with Washington University. Dr. Kristofer Hagglund and Gwen Ratermann, both of the University of Missouri Center for Health Policy, will serve as the primary investigator and project director, respectively. The duration of the contract is two years, with a total award of $122,186 for that period.

The Missouri Health Equity Collaborative stems from research on health disparities conducted by both the Centers for Health Policy at the University of Missouri and Washington University through a prior eighteen-month study. The first annual Achieving Health Equity Conference post-conference survey also indicated the desire among those in health care to create a more formal infrastructure to promote collaboration.

With these considerations, the Centers for Health Policy are partnering to create an infrastructure to support community organizations, health care providers, researchers, state agencies, and policy experts throughout the state who are interested in eliminating health disparities.

**Missouri Health Equity Collaborative**

Kristofer Hagglund, Ph.D., will serve as Interim Director for University of Missouri-Columbia’s Master of Public Health Program (2006-present). He also serves as a consultant for the Residential Safety Products Task Force, Residential Life, University of Missouri - Columbia (2007-present).

Kristofer Hagglund, Ph.D., has been awarded the following grants:

- REACH Healthcare Foundation, awarded $10,000 toward the Achieving Health Equity Conference held this year in Kansas City, Missouri.
- Missouri Health Equity Collaborative, from the Missouri Foundation for Health, $122,186.00, 12-01-2006 - 11-30-2008.

Lanis L. Hicks, Ph.D., and Keith E. Boles, Ph.D., Department of Health Management and Informatics, School of Medicine, University of Missouri-Columbia, will be presenting the poster "Analyzing Geographic Locations of Cancers in Missouri" at the National Rural Health Association meeting in Anchorage, Alaska, the second week of May.

In January the Institute of Public Policy at the Truman School of Public Affairs received a second year of funding (Approximately $250,000 for 2007) from the Missouri Foundation for Health to evaluate their Healthy and Active Communities (H&AC) Initiative. The initiative is aimed at preventing obesity by improving the nutrition and physical activity levels of the Foundation's service region population. The Institute has been conducting grantee site visits, surveys, and other research to determine ways to make the initiative as strong as possible. The MFH funds expire at the end of 2007 but there is a possibility for continuation funding.
NEWS, HONORS, AWARDS AND PUBLICATIONS:


