“We are ultimately headed in the wrong direction,” warned Dr. Will Ross, MD, as he addressed a packed room at the Forum on Social Determinants of Racial & Ethnic Health Disparities. This warning critiques the current lack of policies and inaction to solve the problem of health disparities and emphasizes the need for an all-embracing approach to this issue of injustice. The forum was held April 16, at the Reynolds Alumni Center on the University of Missouri, Columbia campus.

Dr. Ross, Associate Dean for Diversity at Washington University School of Medicine, opened the forum by giving the audience an overview of the social determinants of health and their relationship to health disparities. He warned the audience that the topic of social determinants of health can be complex and often difficult to grasp, but throughout his talk, Dr. Ross clarified the issue and made it comprehensible to the audience.

In his address, Dr. Ross highlighted the Eight Americas Model, developed by Christopher J.L. Murray, MD, DPhil, professor of global health, University of Washington and Mijid Ezzati, PhD, associate professor, Harvard School of Public health. The Eight Americas Model illustrates how disparities vary among the diverse groups in U.S. society such as Western Native Americans, southern low-income blacks and Northland low-income rural whites. A few of the social determinants of health that differ among those groups and lead to health disparities are socioeconomic factors—education, employment, food security and housing.

According to Dr. Ross, the discussion of health disparities has existed for more than 60 years. He named three important objectives for discussion. First, he sees a need for a general definition of health. Such a definition needs to be made in order to devise a plan to eliminate existing health disparities. Second, the different roles that genetics and social forces play in perpetuating health disparities need to be discussed. This is obligatory because we have learned there is no such thing as a single cause. Third, it is essential for our generation to promote a health model that embraces an ecological approach to reducing health disparities. Such an approach has to include the socioeconomic impacts on human health.

Karen Edison, MD, from the Center for Health Policy at the University of Missouri emphasized the importance of an all-embracing approach to this issue of injustice.

Panelists challenged the audience to focus on more systematic and evidenced-based solutions to address health disparities.
encompassing approach to health disparities in her opening statement to the forum attendees: “We really see health disparities as not just a health issue, but really as social justice issue.”

In his talk, Dr. Ross pointed out that the government has a key function in assuring the health of its citizens. This government responsibility can also be found in the definition of health by the World Health Organization, which includes the phrase “…governments have a responsibility for the health of their peoples, which can be fulfilled only by the provision of adequate health and social measures.” By giving historic examples like the Marshall Plan, Dr. Ross showed that in the past there have been times where the government has demonstrated the ability to take into account social, political and economic factors.

Furthermore, Dr. Ross spoke about the importance for extensive research of social determinants and their influences on health. He called for a paradigm re-shift in order to “connect the dots” to overcome health disparities. Other historic events including the Great Depression and the fight for civil rights have proven that when American society was at its lowest, it was able to move forward, driven from a positive standpoint. Thus, Dr. Ross emphasized, “We’re at a junction where I think we are ready to act… this is the perfect time to have this discussion.”

In concluding his remarks, Dr. Ross offered his own definition of health and described it as “a condition of physical, mental, spiritual, and social well-being arrived at through a balance of prevention, health education and health protection, culminating in an enhanced socially and economically productive life.” He uses this charged definition as a compass to help prevent society from “ultimately head[ing] in the wrong direction,” and to encourage the government to focus on an all-encompassing approach to overcome health disparities.

Following Ross’ introduction to social determinants, Dr. Adewale Troutman MD, MPH, MA, took the podium. Dr. Troutman is a leading advocate in addressing social determinants among varying populations to better understand their health needs. He opened his discussion to the crowd with references to W.E.B. DuBois and Booker T. Washington, describing their identification of differences in health outcomes among the races in the very early 1900s. Troutman is a firm believer in promoting the belief of the right to health for all people. Individual and community health equity becomes easier to achieve when we maintain a harmonious balance of the mind, body and spirit. He referred to our current health care system as a, “fragmented, physical environment one lives in, health behaviors and choices, access to healthcare, and public policies. Troutman recently appeared in the PBS documentary addressing the issue of social determinants in Louisville, KY, where he currently lives. The series, Unnatural Causes: Is Inequality Making Us Sick, addresses multiple situations in which social determinants affect health outcomes in different populations around the country.

While many tout the social determinants of health, scholars, particularly economists, caution about placing too much emphasis on their role in contributing to actual health disparities. Dr. Jeffrey Milyo, a professor of economics and associate professor of political science at the University of Missouri, countered Troutman’s approach with this viewpoint in his presentation entitled “Does Inequality Make Us Sick?” Milyo agreed that individual income and individual health are highly correlated, but these relationships are still not widely understood and do not provide a strong evidence upon which to base policy. For example, Dr. Milyo does not believe that income transfers will increase minority health outcomes. The research has yet to find this effective.

The other panelists concurred but felt that you could not adequately address disparities without a more systematic approach. Dr. Troutman believes that the power of poverty is severe and despite the debate, it is clear that income inequalities have an effect in health outcomes. One cannot have health without economic development, or the other way around. The two cannot be separated.
“Imagine having a medical emergency in Germany and relying on your 10-year-old child for your medical translation needs. This is what immigrants and refugees experience daily,” says Nicole Lopresti.

Lopresti is the director of the Language Access Metro Project based in St. Louis. LAMP provides professional healthcare and social service interpreters for immigrants and refugees. LAMP has 80 on-call interpreters who speak 20 different languages. Unlike other interpretive services, LAMP’s interpreters are not on contract but are employed by the agency.

The majority of LAMP’s time and resources are dedicated to accompanying non-English speaking patients to scheduled medical appointments. However, interpreters also provide services in emergency medical situations.

Although roughly 90 percent of LAMP’s work is dedicated to healthcare related interpretations, the agency also provides assistance with social services such as parent-teacher conferences and even the occasional court appearance.

LAMP workers also give presentations to educate healthcare and social service providers on cultural awareness and how to effectively work with interpreters.

Recently, LAMP has partnered with the Missouri Telehealth Network, a health-care service that provides telecommunication technology and services. Traditionally, telecommunication technology has been used in healthcare to allow patients to see medical specialists, which they may otherwise not have access to, due to distance or illness.

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Now, as a result of this new partnership, interpreters can join via telehealth. This three-way virtual communication between a physician, interpreter and the patient, was recently used for the first time to serve a Swahili speaking immigrant living in rural Missouri.

“I cannot emphasize enough how helpful it is to have a trained interpreter available via video,” says Karen Edison, M.D., Medical Director of the Missouri Telehealth Network. “Our patient was visibly more relaxed and interactive than he has ever been.”

Lopresti explains that the biggest challenge LAMP faces is awareness. Many refugees and immigrants believe that they cannot afford the services of professional translators. However, under Title VI of the Civil Rights Acts of 1964, healthcare professionals are required to offer professional interpreters or bilingual staff members to provide interpretive services to non-English speaking patients free of charge.

The Missouri Limited English Proficiency (LEP) workgroup was developed in the summer of 2007 in response to the growing immigrant population in the state. Many can speak little to no English, which can prevent them from receiving adequate health care. The workgroup has connected various groups, such as medical provider organizations across Missouri and the state’s two major interpretation groups, the Language Access Metro Project (LAMP) of St. Louis and the Jewish Vocational Services (JVS) of Kansas City. Through this collaboration, the workgroup plans to improve the quality of health care delivered to populations with limited ability to speak English. According to Gwen Ratermann, the Associate Director for the Center for Health Policy, “There is a hunger among service providers for information and sharing of resources in dealing with these types of patients.”

The workgroup is currently developing a survey for nurses, physicians, and hospital staff to learn about current issues and resources used in order to assess health care services being provided to the LEP population of Missouri. They will then be able to address the areas that need the most improvement and create a plan that will address those needs in a comprehensive way.

The group is also supporting the development of a research project to provide interpretation services via Telehealth to areas with limited access to qualified medical interpreters (see the preceding article for more details). The purpose of the project is to provide patients in areas with limited access to interpretation the opportunity to meet with an interpreter and a physician via three-way video conferencing. According to Ratermann, the project would allow a physician in Columbia to speak to a non-English speaking patient in the Missouri Bootheel via an interpreter in St. Louis. If the project proves to be effective and is associated with strong patient and doctor satisfaction, it would empower individuals to overcome the language barriers they currently face.

The Center for Health Policy is funded to foster the Missouri Health Equity Collaborative, a network of individuals and organizations dedicated to reducing racial and ethnic health disparities. According to Ratermann, “The workgroup is a key component in building this network.” The current project will help better understand the needs of the immigrant population and will lead to improved access to adequate health care.

Health Equity Collaborative Update: Health Disparities and Limited English Proficiency

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The Popularity of Health Literacy Among Physicians

In an endeavor to assess physician knowledge of health literacy, the University of Missouri’s Center for Health Policy (CHP) conducted a four-question survey during the annual Missouri Chapter of American College Physicians (ACP) conference last fall.

As part of the Missouri Health Literacy Enhancement initiative, the ACP survey, conducted September 27-30, 2007, was supervised by Drs. David Fleming and Karen Edison. The survey’s data provided preliminary data regarding knowledge of health literacy among Missouri internal medicine doctors. Forty-three physicians statewide responded. The survey asked physicians to define health literacy, identify the problems in their practices regarding health literacy, what, if anything, they do to better communicate health information to patients, and what resources they use to help improve their practices and communicate with their patients.

Preliminary results show that few physicians can give full definitions of health literacy. CHP professional research assistant. While the responses are still being analyzed at the Center, he said that a vast majority of physicians were unable to define the concept in its full meaning, although most of them agree that there were problems in their medical practices and in their communication with patients.

In general, physicians provide printed hand-outs, slow down their speech, and show videos and models to help their patients interpret medical information. They also refer patients to a variety of resources to help raise their level only pays for very specific things in telehealth. Every year we are trying to expand that coverage.”

According to Mutrux, the growth of telehealth at the University of Missouri has been impeded by the lack of reimbursement for physicians. MO HealthNet, which was previously Missouri Medicaid, passed legislation last year to cover services through telehealth. Largely because of the efforts of organizations such as the Center for Health Policy, MTN is finally at a point where insurance, MO HealthNet, and Medicare pay the doctors as opposed to relying on grants to pay the provider fees as in the past.

While all states have at least one telehealth network, Missouri has one of the most developed telehealth networks in the country and received the President’s Award for Advancement of Telemedicine in 2003. The MTN started out with nine sites in 1994 and has since expanded to more than 130 sites in 44 Missouri counties. The sites are located at a variety of medical centers such as family practice clinics, community mental health centers, hospitals, and state facilities.

During a telehealth consultation, patients and physicians interact with one another via satellite, view and talk to each other on a television screen. Trained staff members operate the equipment at each site and help the patients communicate effectively with physicians. MTN has provided services in radiology, mental health, dermatology, cardiology, and many other specialty areas.

Among the recent initiatives of MTN is an effort to reduce the amount of taxpayer money that goes toward medical care for captive populations such as those in state hospitals or prisons. The costs involved with transporting prisoners are high. So connecting corrections facilities to the MTN would save taxpayers money. Additionally, if prisoners were to receive medical care without leaving the correctional facilities, it would decrease the risks to public safety involved in prisoner transport.

According to Mutrux, the focus of the Missouri Telehealth Network is to continuously increase access to healthcare for underserved populations. Mutrux explains that regardless of the initiative, “The patient benefits with telehealth.”

Increasing Access to Healthcare through Telehealth

Transporting patients from the Bootheel of Missouri to Columbia for a doctor’s appointment involves more than just minor discomfort for the patient and the patient’s family. In addition to the emotional costs of uprooting a family from their daily lives to travel across the state, they frequently face steep financial costs—they must take off work, pay for gas, and often pay for lodging. However, with the technology made available through the Missouri Telehealth Network (MTN), patients across the state can now access University of Missouri healthcare without leaving their communities.

According to Rachel Mutrux, MTN’s Director of Telehealth, the term “telehealth” encompasses a broad definition of remote healthcare that can include medical education, patient consultations, and other services that improve healthcare but aren’t considered direct patient care.

The MTN, which has been in operation since 1994, is an affiliate of the Center for Health Policy at the University of Missouri, which helps the MTN with policy issues on both the state and national level.

“The Center for Health Policy helps us understand the issues and advocates for change,” said Mutrux. “One of the big issues facing telehealth is reimbursement. Medicare on the federal level only pays for very specific things in telehealth. Every year we are trying to expand that coverage.”

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AFFILIATE SPOTLIGHT: JANET FARMER, PhD

Dr. Janet Farmer is the Director of Academic Programs for the Thompson Center for Autism and Neurodevelopmental Disorders, a founding member of the Center for Health Policy, and a professor of child health and health psychology. With a generous donation from William and Nancy Thompson, she and a group of MU faculty from medicine, health professions and education established the Thompson Center in 2005. The Center has four related goals: to provide family-centered care for children with autism and other neurodevelopmental disorders, to advance autism research, to train future professionals, and to inform policy makers about best practices in the field. The Thompson Center integrates the best research and clinical services from multiple academic units at MU into a model program for the diagnosis and treatment of children and adults with autism and other neurological conditions. The Center also promotes the training of future professionals and provides continuing education for those working in communities.

A clinical psychologist by training, Farmer is a passionate advocate for health care policy reform and improving the health care system. In her early career, Farmer established the Child Neuropsychology Clinic and directed the Division of Pediatric Psychology and Neuropsychology at the University of Missouri. In 1998, she received grant funding from the Robert Wood Johnson Foundation for a three-year demonstration project to improve the system of care for children with chronic illness and disabilities living in nine central Missouri counties. The project was based on the Medical Home Model, which encourages comprehensive and coordinated care through partnerships among primary and specialty care providers, state agencies, educators and families. The success of this project resulted in an expansion to 16 counties, funded for three years by the Missouri Foundation for Health and Missouri Care Health Plan. Farmer said the Thompson Center was developed using this Medical Home Model to “help children and families navigate the health care system and obtain all needed services.”

The Thompson Center has 61 on-site faculty and staff members from the Schools of Medicine and Health Professions and the College of Education. An additional 30 faculty from across campus are affiliated through research and training activities. From July to December 2007, the Center provided comprehensive and coordinated care to more than 1,000 children from 53 Missouri counties and 7 states. The Center will provide training for over 300 students in medicine, nursing, health professions, and education this year. “We need to encourage young people to go into health professions and work on interdisciplinary teams,” Farmer said.

Farmer recently provided recommendations to the Missouri Blue Ribbon Panel on Autism sponsored by the University of Missouri – Kansas City. The panel called attention to current health care system gaps. Her recommendations, along with those of more than 30 other experts in the field, will be incorporated into state-level policy changes. “Funding for quality services is a critical issue in improving health care,” Farmer said. She also thinks it is necessary to fund research that will improve the health and well-being of children with special needs and guide policy decisions.

Farmer’s research highlights the importance of quality of care for children with chronic health conditions. She believes that quality patient care involves a support system that addresses both their health and educational needs and the needs of their caregivers. “It is important to remember that not all children with autism are alike. One of our research goals is to understand the subtypes of autism, so we can develop targeted interventions for those living with the disorder,” says Farmer.

Farmer is currently involved in expanding the participation of Missourians in the Interactive Autism Network (IAN), a national registry for individuals with autism. The registry is the nation's largest online research effort and compiles data from parents of children with autism. IAN was launched in 2007 and already has more than 22,000 members. Information about this research initiative is available at www.ianproject.org.

Farmer envisions the Thompson Center as a facility that will allow leaders in health and education to work together to improve patient care. With a growing research base, Farmer hopes the Center can provide children with autism and other neurodevelopmental disorders with the care and treatment they need to enhance their quality of life. Farmer also hopes her work at the policy level will advance the organization and the effectiveness of the health care system. She said, “I work with people who are equally concerned with improving the health care system - kindred spirits. It helps to have colleagues to turn to so we can brainstorm about enhancing the system.”

(Photo by: Steve Remich/Missourian)


Hagglund KJ. Public health from a psychology perspective. Presented to the Department of Psychology at Kent State University. Kent, OH. May 2008.


**Missouri Health Equity Collaborative is now online...**

The Missouri Health Equity Collaborative (MOHEC) is coming online. This virtual community provides a place for those interested in achieving health equity to share information about upcoming events, past and current research, and model programs to reduce health disparities. Although in its infancy, more and more information is being added everyday. Let us know what you are doing by submitting any health disparities event, program or other activity. Please visit [www.mohec.org](http://www.mohec.org) and sign up today to learn more about activities in your area!!