



WORKING TO END HEALTH DISPARITIES





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# ELIMINATING HEALTH DISPARITIES: TIME TO ACT

**T**he overall health of the nation has steadily improved over the past few decades, but not all Americans have shared equally in these gains.

Interfering with many Americans' ability to lead healthier lives are persistent disparities in health and health care. As defined by the National Institute of Health, health disparities comprise the "differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States."<sup>1</sup>

Disparities in health and health care remain pervasive and problematic. Disparities in access to quality health care and health status disproportionately affect America's minority populations including African Americans, Latinos, Native Americans and Asian Americans, leaving them less likely to receive proper and timely treatment and more likely to suffer negative health outcomes and higher mortality rates.<sup>2</sup>

While certain racial and ethnic groups disproportionately suffer from poor health status, race and ethnicity are not the sole source of health disparities. Pervasive health disparities are also linked to educational attainment level, socioeconomic status, cultural factors and geographic factors. Remote rural populations, for example, are clearly at risk of lacking access to and receiving a poorer quality of care.<sup>3</sup>

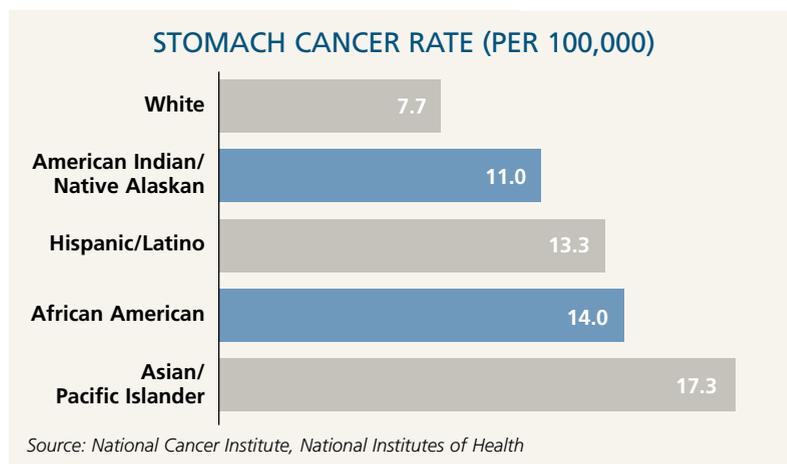
The implications of existing disparities are dramatic. Americans facing health disparities will lead shorter and less healthy lives. The effects of health disparities often begin at birth

and persist throughout one's life. In recognition of the magnitude of this problem, the federal government has set a goal of eliminating health disparities by the end of the decade.<sup>4</sup>

Eliminating disparities cannot be accomplished by government or private-sector action alone. Without a strong multisectoral response, health disparities will persist.

## WIDE GAPS REMAIN

Numerous studies have confirmed the existence of health disparities. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, the landmark scientific report issued in 2002 by the Institute of Medicine, concluded that, "the health gap between minority and non-minority Americans has persisted and in some cases, has increased in recent years."<sup>2</sup> The reasons appear complex. The study found that minorities are less likely to receive even routine medical procedures than are white Americans, even when they have the same level of health insurance or socioeconomic status.



Nearly 13 percent of Latinos and 14 percent of African Americans considered themselves to be in fair or poor health in 2000 compared with 8 percent of whites.

National statistics show Hispanics and African Americans are in much poorer health than whites. Decades of studies have shown that racial and ethnic minorities, in comparison to whites, suffer higher rates of conditions like diabetes, heart disease, and some cancers. African American women, for example, are more than twice as likely as are white women and are more likely than are women of any other racial and ethnic group to die of cervical cancer<sup>5</sup>. While African Americans and Hispanics represented only 26 percent of the U.S. population in 2001, they accounted for 66 percent of adult AIDS cases and 82 percent of pediatric AIDS cases reported in the first half of that year.<sup>6</sup>

Groups facing health disparities are more likely to view their health status negatively, reflecting the impact of health disparities on quality of life. Nearly 13 percent of Latinos and 14 percent of African Americans considered themselves to be in fair or poor health in 2000 compared with 8 percent of whites.<sup>7</sup>

The results of these and other disparities are real and disturbing. African Americans,

Latinos, Native Americans and Asian Americans have shorter life expectancies and higher rates of infant mortality than the U.S. population as a whole. An African American male has a life expectancy nearly 7 years shorter than a white male's.<sup>8</sup> The good news is that by addressing these disparities, a major step towards improving our nation's overall health is within our reach.

### NARROWING THE GAP

Pfizer is committed to helping narrow the nation's widening health care gap. This means addressing the multifaceted issue of health disparities with a variety of solutions, such as the following:

- forging new partnerships
- supporting programs, organizations and institutions aimed at serving and improving the health of racial and ethnic minority populations
- working to bridge language and cultural gaps to ensure health education and community care.

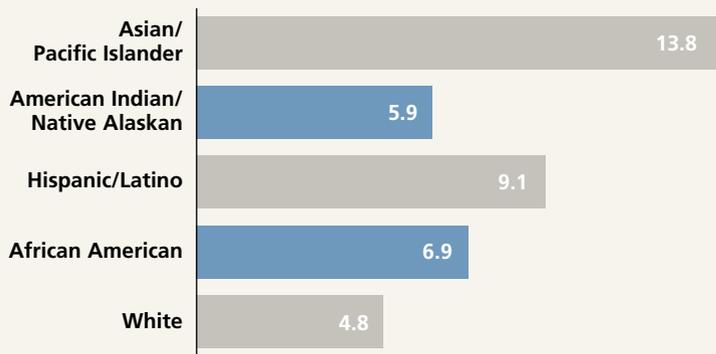
Some guiding principles along this path include:

**Broader public awareness and support is essential in reducing health disparities.**

Eliminating disparities will be a major step towards improving our nation's overall health.

**Significant improvements can be achieved by focusing on diseases that disproportionately affect racial and ethnic minorities.** Diseases such as diabetes, high blood pressure and heart disease are more prevalent in minority populations and are often diagnosed less. Focusing

### LIVER CANCER RATE (PER 100,000)



Source: National Cancer Institute, National Institutes of Health



The good news is that by addressing these disparities, a major step towards improving our nation's overall health is within our reach.

on these diseases can significantly improve the health of racial and ethnic minorities.

**Reducing disparities requires expanded access to affordable, quality health care.** Immediate steps should be taken to encourage greater coverage opportunities. Healthcare safety net programs should be strengthened to meet the needs of vulnerable Americans who cannot access or afford private coverage.

**A more diverse healthcare workforce will be more responsive to our diverse population.** By having more doctors, nurses, dentists and other health professionals from different backgrounds, the needs of patients from an increasingly diverse nation can be better addressed.

**Improved cultural and linguistic competency among healthcare professionals can improve interactions with patients.** All health professionals should be better trained in understanding and listening to patient needs. A healthcare professional's awareness of cultural differences among patients can improve communications with patients. This can result in a more satisfactory healthcare visit and greater compliance with treatments.

**Increased health literacy will help patients take an active role in their health care.** Access to healthcare information is important to every

patient. Informed patients, working with healthcare professionals, are better able to make healthcare decisions that work for them. Easy-to-understand healthcare materials are essential to better informing patients.

**Emphasizing prevention and disease management will save and improve lives.** Management of chronic diseases allows patients to stay in control of manageable conditions and avoid emergency situations.

**Ensuring access to individualized care will help patients get the best care for them and their needs.** Every patient is unique and medical decisions made by patients and their healthcare providers should take into account the needs and desires of individual patients.

**Enhanced data collection and medical research will bring greater understanding of disparities and how to eliminate them.** Data is necessary to fully understand the scope of healthcare disparities and develop solutions. Research and innovation are critical to the constant improvement of health outcomes. To help eliminate disparities, greater numbers of racial and ethnic minorities should be included in research studies.

Pfizer is putting these principles into action. Following are examples of Pfizer's efforts and programs to address these factors.

## IMPROVING ACCESS TO CARE

According to *Unequal Treatment*, “access-related factors are likely the most significant barriers to equitable care, and must be addressed as an important first step toward eliminating health-care disparities.”<sup>2</sup> Access to care issues vary from economic issues such as lack of health insurance to geographic concerns including scarcity of or lack of proximity to healthcare practitioners. Even when care is available, receiving proper care is another important barrier. Significantly higher rates of minorities and low-income individuals report having trouble obtaining referrals to specialists.<sup>3</sup> Without improved access, overcoming health disparities will be impossible.



**Helpful Answers™.** Pfizer is committed to helping the uninsured have access to the medicines they need. Helpful Answers is a comprehensive initiative to expand access to prescription medications for uninsured Americans. The initiative has several components:

- **Pfizer Pfriends™.** Pfizer Pfriends brings the power of bulk purchasing to individuals who lack insurance. The program provides significant cost saving on most Pfizer medicines to people of any age or income level who don't have prescription drug insurance.
  - Families making less than \$45,000 (\$30,000 for individuals) per year receive average savings of 37 percent, and savings up to 50 percent off retail prices.
- **Expanded eligibility for existing Pfizer programs that provide free medicines**
  - Families making more than \$45,000 (\$30,000 for individuals) per year receive average savings of 15 percent, and savings up to 25 percent, off retail prices.
- **Expanded eligibility for existing Pfizer programs that provide free medicines**
  - Pfizer is expanding the eligibility for its Sharing the Care™ and Connection to Care™ programs. Sharing the Care™ donates most of Pfizer's leading medicines to low-income, uninsured patients through a network of more than 380 community, migrant and homeless health centers across America. Connection to Care™ helps ensure access to medicine for low-income patients living without prescription coverage by working directly with physicians.
- **Extending Pfizer's \$15 flat fee for qualified Medicare beneficiaries.** Low-income Medicare beneficiaries with Medicare-approved drug discount cards can access many Pfizer medicines for a flat fee of \$15 per prescription after they have exhausted the \$600 credit.
- **Consumer-friendly Web site and toll-free number.** Pfizer introduces a Web site and a single toll free number with live operators to help people without insurance, or their caregivers, find the program that best

meets their need. The Web site and the 800 number will inform patients of both public and Pfizer programs.

**U Share Card.** The U Share Prescription Drug Discount Card is a Medicare-approved drug discount card that offers prescription drug savings to all eligible Medicare beneficiaries. It is sponsored and managed by UnitedHealth Group in conjunction with Pfizer and other companies. For more information, visit [www.usharerx.com](http://www.usharerx.com) or call 1.800.707.3914 (TTY 1.866.234.4138).

#### **Pfizer Hospital Partnership Program.**

This is a philanthropic program designed to provide Pfizer medicines free of charge to qualifying 340B Disproportionate Share Hospitals across the country to treat their low-income outpatients who do not have pharmaceutical coverage. These participating hospitals will be able to provide Pfizer medicines for their patients who are: 1) registered outpatients of the hospital or hospital system, 2) at or below 200 percent of the Federal Poverty Level, and 3) uninsured for pharmaceuticals.

#### **Caring for Community Grants**

**Program.** The Pfizer Medical Humanities Initiative supports this Association of American Medical Colleges' (AAMC) program designed to encourage the development of student-initiated services and programs in the community. Many of the programs in recent years have been designed to address the health needs of underserved populations. For example,



- **Medical College of Wisconsin— “Health Screening in Milwaukee’s Public Housing Community Project.”** In conjunction with a local free clinic, medical students will conduct various health screenings in Milwaukee’s public housing community. The program will serve up to 7000 of the community’s low-income African American residents who are at an increased risk for hypertension, diabetes and high cholesterol.



## INCREASING PUBLIC AWARENESS

### **The Employer Toolkit – Reducing Racial and Ethnic Health Disparities.**

Originally developed by Pfizer with the Washington Business Group on Health, the Employer Toolkit – now a program of the National Business Group on Health – is a comprehensive resource developed for a corporate audience to: raise awareness about racial and ethnic health disparities; explore the health impact and cost repercussions of disparities on diverse workforces and companies; and identify practical strategies that large employers could implement to help ensure that healthcare services are administered equitably and appropriately across a diverse population. It contains analyses and executive summaries of the business case for employers to work to reduce disparities; findings from the national employer survey around racial and ethnic health disparities; and fact sheets and issue briefs that address several relevant issues, such as surmounting language barriers in healthcare settings.

The program now features partnership with several companies – including Texas Instruments, Inc., the Coca-Cola Company, the Kellogg Company and Verizon Communications – and with the support of government agency offices and foundations, including the

Office of Minority Health and the W.K. Kellogg Foundation, the success of the Toolkit is perhaps best captured by its overwhelming demand among the corporate sector since its release in November 2003 and its recognition as winner of the 2004 *National Minority Health Month's Health Promotions and Disease Prevention Award*.

**Heart of Detroit.** The Heart of Detroit program seeks to use partnerships with physicians, healthcare providers, employers and key community groups to increase awareness, diagnosis and treatment of cardiovascular disease in Detroit, particularly among African Americans. The program was developed in partnership with Pfizer, Henry Ford Health System, Comerica Bank and the Detroit Tigers.

**Quality Gap Mapping Tool.** This innovative software identifies where health disparities exist on a zip code basis. Coupled with other health management resources, it can target interventions by demographic group and geographic area to provide resources that will reduce health disparities.

# WORKFORCE DIVERSITY AND CULTURAL COMPETENCY

**T**he Institute of Medicine *Unequal Treatment* report concluded that racial and ethnic disparities in health care could be alleviated by increasing the number of minority health professionals. Minority healthcare providers are more likely than their non-minority peers to practice in underserved, minority communities and minority patients prefer to be treated by representatives of their own community.<sup>2</sup> Other studies have shown that cultural competency of health professionals can reduce medical errors and increase patient compliance with treatment.<sup>9</sup> Cultural and linguistic competence is the ability of healthcare providers and healthcare organizations to understand and respond effectively to the cultural and linguistic needs brought by the patient to the healthcare encounter.<sup>10</sup>

**Pfizer Global Research and Development (PGRD) Recruiting Alliances.** Partnerships with 12 universities with dedicated recruiting teams to recruit entry level colleagues to build a more diverse workforce in our laboratories. Pfizer has a minority population of scientific researchers totaling 1316 across our U.S. sites.

**United Negro College Fund (UNCF).** This program allows Pfizer the opportunity to develop summer internship opportunities for science students from diverse backgrounds. PGRD has participated in this program since 2001 and sponsors underrepresented minority students in biology and chemistry.

**National Consortium for Graduate Degrees for Minorities in Engineering and Science, Inc. (GEM).** Launched in 2002, GEM's programs span the entire recruitment, retention and professional development spectrum; the principal activity is the provision of graduate fellowships at the master of science and doctorate levels coupled with paid summer internships. Pfizer is an Employer Member of GEM.

**Pfizer Minority Medical School Scholarships.** This program was established in 1984 to recognize deserving minority medical students at a crucial point in their academic careers. The program provides tuition scholarships to 8 students per year at 4 historically black U.S. medical schools. The participating institutions are Charles R. Drew University of Medicine and Science in Los Angeles; Howard University College of Medicine in Washington, D.C.; Meharry Medical College in Nashville; and Morehouse School of Medicine in Atlanta. Two students are selected annually at each school. The program has provided scholarships to more than 135 students.

**Pfizer Minority Science Scholarship.** This scholarship was established in 2003 at St. Thomas Aquinas College in Rockland County, N.Y., with the purpose of increasing the number of undergraduate students pursuing a science degree. Scholarships are awarded each year to third and fourth year minority students pursuing a science major.

# HEALTH LITERACY

**H**ealth literacy – the ability to read, understand and act on health information – is an emerging public health issue that affects all age, race and income levels. Research shows that most patients need help understanding healthcare information regardless of literacy level.<sup>11</sup>

- **Literacy skills are a stronger predictor of an individual's health status than age, income, employment status, education level or racial/ethnic group.**<sup>12</sup>
- **One out of 5 American adults reads at the fifth grade level or below, and the average American reads at the eighth to ninth grade level, yet most healthcare materials are written above the tenth grade level.**<sup>13</sup>
- **Low health literacy is an enormous cost burden on the American healthcare system – annual healthcare costs for individuals with low literacy skills are 4 times higher than those with higher literacy skills.**<sup>14</sup>

Pfizer is a cosponsor of the recently released Institute of Medicine report *Health Literacy: A Prescription to End Confusion*. This report found that health literacy is fundamental to quality care and relates to the aims of safety, patient-centered care and equitable treatment described in the *Quality Chasm Report*.<sup>15</sup> Pfizer has a long-standing interest in health literacy and has supported efforts to better understand the problem and seek ways to more clearly communicate healthcare information.

- **Pfizer National Health Literacy Conference.** An annual conference brings together leaders in research, policy and patient and provider communication to set an agenda for raising awareness and promoting an interchange of knowledge and best practices.
- **Pfizer Health Literacy Grants.** A series of research grants that provide support for scholars to 1) investigate the causes and effects of low health literacy and evaluating possible solutions, and 2) to give lectures to healthcare organizations that raise awareness about the problem and solutions.
- **Florida Health Literacy Study.** A health literacy intervention study, designed to improve the ability of Medicaid patients to use healthcare information to reduce health disparities, was part of the Florida: A Healthy State program (described elsewhere in this booklet).
- **Pfizer Principles for Clear Health Communication.** This initiative sets standards to ensure that Pfizer creates patient educational information understood by a broad consumer audience.

## **Conozca Su Salud/Know Your Health.**

The Know Your Health Program, an outgrowth of the Florida Health Literacy Study, is a health education program addressing various disease conditions that integrates best practices in health literacy, culturally relevant materials and approaches, and easily understood messages. Components of the program, which are available in English and Spanish, are

## Research shows that most patients need help understanding healthcare information regardless of literacy level.

designed to involve the individual, clinic, hospital or employer wellness setting. Pilot programs utilizing Know Your Health materials include the Healthy Jacksonville 2010 Initiative, Sana La Rana Community Outreach Vehicle, outreach projects in Puerto Rico, and initiatives partnering with a large employer in Atlanta, GA and the Florida Academy of Family Physicians.

### Partnership for Clear Health

**Communication.** The Partnership is a coalition of 19 national organizations, including Pfizer, that are working together to promote awareness and solutions around the issue of low health literacy and its effect on health outcomes. The Partnership is committed to offering free and low-cost resources and

programs that deliver information, medical education and practice management tools to healthcare providers and groups that provide information to patients.

- **Ask Me 3.** Ask Me 3 is a quick, effective tool developed by the Partnership for Clear Health Communication and designed to improve health communications between patients and providers. It promotes 3 simple but essential questions that patients should ask their providers in every healthcare interaction:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Materials in English and Spanish are available for patients, providers and organizations at [www.askme3.org](http://www.askme3.org).



## PATIENT EMPOWERMENT

**T**eaching and motivating people facing disparities to take charge of their health and health care is a necessary component of addressing health disparities. As a result of cultural and linguistic barriers as well as the lingering effects of historical inequities, many patients and at-risk individuals fail to receive adequate and timely care. Helping those individuals become actively engaged in promoting their personal health and the health of their families and communities is a means of combating disparities on a continuous basis.

**The Sana La Rana Program.** A health education initiative aimed at empowering



Latinos to take better care of their health and the health of their families. The program provides valuable, culturally relevant, Spanish-language health information through media outreach, the Internet, patient education and a grassroots community outreach program. The program launched by Pfizer in 2003 is

helping to educate Latinos about serious health issues, including risk factors of heart disease, which is the number 1 cause of death among Latinos.<sup>16</sup> The Sana La Rana Program

operates in Houston, New York City, Puerto Rico, Miami and Los Angeles.

### **Pfizer's Partnership with the NAACP.**

Pfizer and the NAACP have embarked on a 3-year, \$1 million partnership devoted to improving the health and wellness of African Americans. The agreement builds upon years of cooperative efforts to raise health awareness through health education and activities such as screening programs. The Pfizer and the NAACP partnership will focus on closing the health disparities gap. Partnership initiatives will promote a shared vision for health care in which all individuals are well informed about health issues, understand and practice disease prevention, enjoy a strong doctor-patient relationship and have equal access to affordable, quality healthcare.

- Pfizer is working with the NAACP to distribute the “Women Like You” video, raising awareness of HIV/AIDS among African American women.
- Pfizer partnered with the NAACP to hold enrollment events in partnership with NAACP branches to sign up seniors to benefit from the Pfizer for Living Share Card.

### **“Take a Loved One to the Doctor Day.”**

Pfizer joined with ABC Radio Networks and the Department of Health and Human Services to support the national “Take a Loved One to the Doctor Day” campaign. The campaign, launched in 2002, was aimed at

reducing health disparities affecting African Americans by urging individuals to take charge of their personal health.

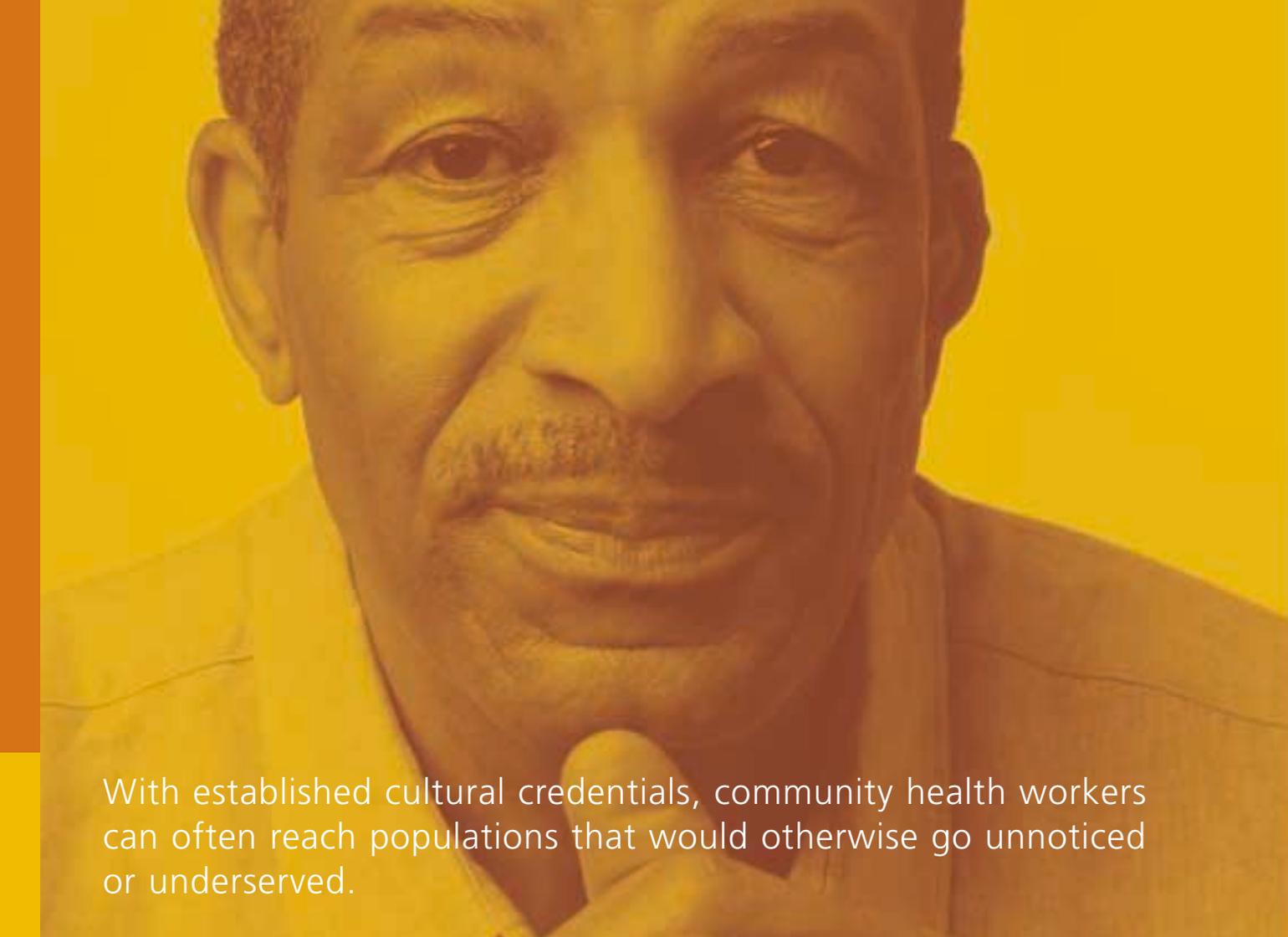
**Assessing Care of Vulnerable Elders (ACOVE™).** RAND Health and Pfizer partnered to create a comprehensive geriatric assessment system to inform healthcare providers and empower consumers. The ACOVE™ study, published in the November 4, 2003, edition of the *Annals of Internal Medicine*, was performed by RAND. It found that when it came to care for geriatric conditions, quality of care was particularly poor. As part of this effort, Pfizer and RAND have produced a series of brochures on conditions affecting older adults. The brochures are

intended to educate older adults and their caregivers about these conditions with the goal of improving the quality of care they receive. The ACOVE™ Facts for Older Adults includes brochures on dementia, depression, diabetes, high blood pressure, ischemic heart disease, osteoarthritis, and osteoporosis. Each brochure has the same 4-part format and are available in English and Spanish:

1. Introduction to the disease
2. Risk factors
3. Tips for minimizing risk factors
4. Starting a discussion with your healthcare provider



Teaching and motivating people facing disparities to take charge of their health and healthcare is a necessary component of addressing health disparities.



With established cultural credentials, community health workers can often reach populations that would otherwise go unnoticed or underserved.

## COMMUNITY HEALTH WORKERS

**C**ommunity health workers have proven effective at increasing access to health care by bringing health services directly to a community and by educating communities on health services available to them. With established cultural credentials, community health workers can often reach populations that would otherwise go unnoticed or underserved.

**Amigos En Salud.** This is a Latino-focused healthcare initiative designed to help reduce

health disparities among Latinos with diabetes and associated cardiovascular disease. Health promoters, who provide peer-to-peer health education and support, work with newly diagnosed patients in their language and focus on cultural beliefs, behavior change strategies and the use of health literacy-appropriate materials. In order to reach Latinos from various cultural backgrounds, the Amigos en Salud program has been developed in partnership with providers in Los Angeles, Calif., Hudson County, N.J., and Hartford, Conn.

## DISEASE MANAGEMENT

**D**isease management is “a system of viewing healthcare disease by disease and examining the interrelated elements in the treatment process with outcomes research to improve quality and lower costs.”<sup>17</sup> Successful disease management encourages patients to stay in control of chronic, manageable conditions and avoid emergency situations. Through a variety of programs, Pfizer works to establish best practices in care delivery, and to improve clinical outcomes for patients.

**Florida: A Healthy State.** This is a groundbreaking public-private partnership between the State of Florida’s Agency for Health Care Administration (AHCA) and Pfizer designed to improve the health of thousands of chronically ill Medicaid patients while reducing the healthcare costs for the State. The program focuses on the health of patients suffering from chronic disease. These patients need a healthcare system that can provide the information and support necessary to help them make informed healthcare decisions, to better understand and manage their own disease, to understand and follow their physicians’ treatment recommendations, and to stay healthier.

In September 2003, following 2 years of significant improvements in patient health and a significant reduction in Medicaid expenses, the State of Florida and Pfizer agreed to extend the initiative through September 2005. Through a network of community hospitals, 1 remote call center, and a team of nearly 100 individuals, Pfizer and the State of Florida will

continue to deliver health improvement interventions to Medicaid patients suffering from asthma, hypertension, heart failure, and diabetes and a range of related conditions.

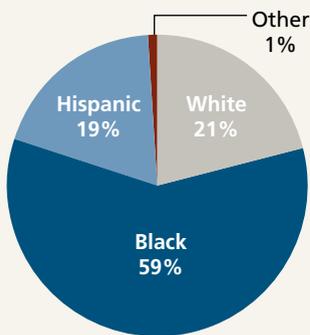
Originally intended for 50,000 patients, over 113,000 patients already have received the enhanced benefits and care support only possible through this program. More than 16,000 of the highest risk, highest cost chronically ill patients have been paired with 50 specially trained care managers employed by 10 of Florida’s largest hospitals and dedicated to this program. These patients have received one-on-one attention and more than 28,000 home health aids, such as peak flow meters for asthmatics and blood pressure cuffs for hypertensives, to reinforce physicians’ treatment and care recommendations and help better monitor their conditions.

The demonstrated program success and behavioral and clinical results are leading to lower utilization of high cost inpatient services and emergency department visits for acute medical events. Overall hospital days of those under care management provided through this program compared to those who are not under care management have declined 12 percent. For those who joined the program at inception, hospital days have declined over twice the rate as shown among all patients (27 percent).

Reducing stigma associated with HIV/AIDS is a difficult but necessary step to bringing treatment to those in need and to fostering an open environment to address the issue and promote prevention.

## HIV/AIDS

### AIDS IN WOMEN (THROUGH 2002)



Source: Centers for Disease Control & Prevention, National Center for HIV, STD, and TB Prevention Divisions of HIV/AIDS Prevention, Surveillance Branch

The devastating effects of HIV/AIDS are disproportionately affecting minority communities and exacerbating historic health disparities. Reducing stigma associated with HIV/AIDS is a difficult but necessary step to bringing treatment to those in need and to fostering an open environment to address the issue and promote prevention.

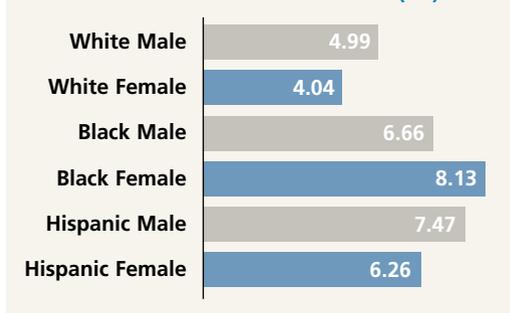
**Women Like You! The Power of Partnerships.** The Pfizer-sponsored video, *Women Like You!*, premiered in March 2004 at the 16th National HIV/AIDS Update Conference in Miami. The video and a companion discussion guide are helping to educate and mobilize African American women to take part in fighting HIV/AIDS in communities across the nation.

**Southern HIV/AIDS Prevention Initiative.** Forty percent of Americans living with AIDS reside in the South and 46 percent of all new cases of the disease have been reported there. Although only 20 percent of the region's population is African American, more than half of the people living with HIV/AIDS in the South are African American. The Pfizer Foundation has dedicated \$3 million to fund innovative HIV/AIDS prevention programs serving women and multicultural communities in 9 Southern states. The states are Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Texas. Each year an annual conference will be held that will offer organizations the opportunity to share best practices.

# DIABETES

Significant racial, ethnic and socioeconomic differences in people with diabetes have been observed. The prevalence of diabetes is higher among African Americans and Hispanics and among less educated persons.<sup>18</sup> African Americans, American Indians and Hispanics have higher diabetes death rates. African Americans also have higher rates of serious complications from diabetes, including higher rates of ESRD due to diabetes and higher rates of lower extremity amputation.<sup>19</sup> African Americans with diabetes receive less patient education and are more likely to be treated with insulin than whites with diabetes.<sup>20</sup>

## PEOPLE WITH DIABETES (%)

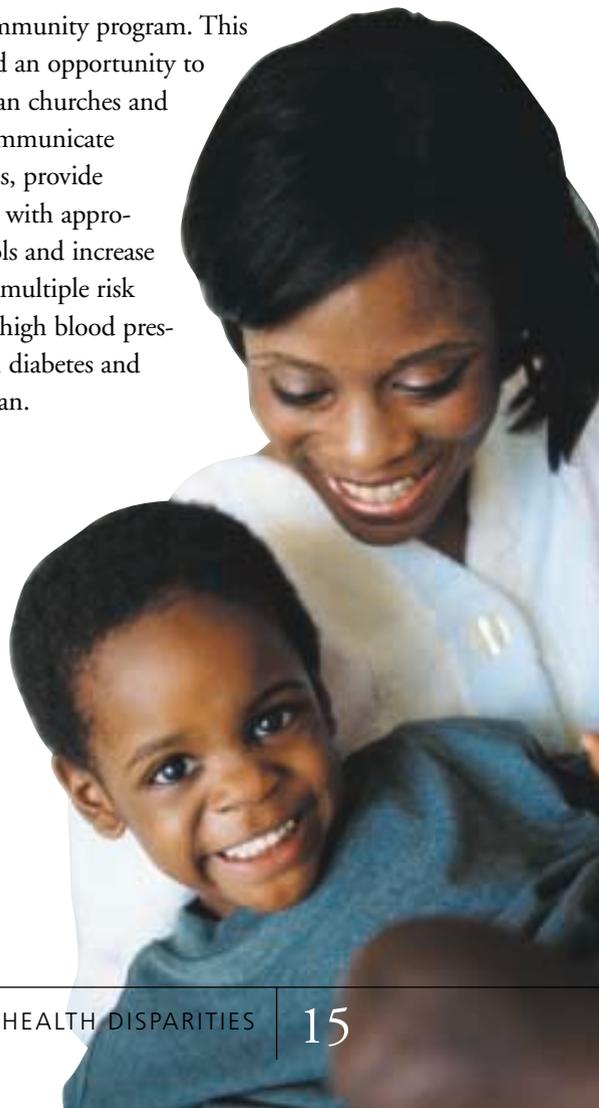


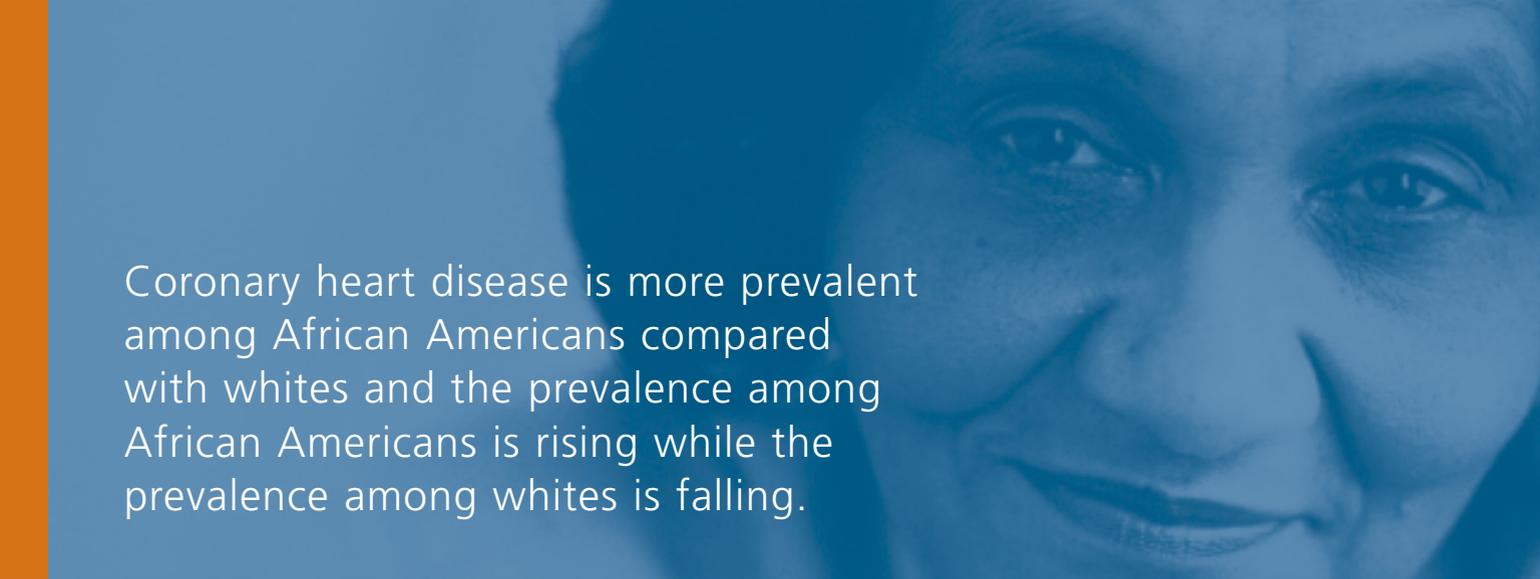
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Interview Statistics, data from the National Health Interview Survey

African Americans with diabetes receive less patient education and are more likely to be treated with insulin than whites with diabetes.

**South Texas Border Health Improvement Project.** This is a Pfizer Health Solutions program in partnership with the University of Texas' Health Science Center at San Antonio and the Brownsville Community Health Center aimed at improving diabetes and comorbid depression care for Latino families in South Texas.

**American Diabetes Association's Project POWER Program.** Pfizer is sponsoring a new pilot of the ADA's church-based African American community program. This partnership will afford an opportunity to reach African American churches and their leadership to communicate heart healthy messages, provide community members with appropriate educational tools and increase understanding of the multiple risk factors involved with high blood pressure, high cholesterol, diabetes and being African American.





Coronary heart disease is more prevalent among African Americans compared with whites and the prevalence among African Americans is rising while the prevalence among whites is falling.

## HEART DISEASE

**R**acial, ethnic and socioeconomic disparities in cardiovascular care have been extensively reviewed and documented.<sup>21</sup> Specifically: 1) heart disease deaths are higher among African Americans compared with non-Hispanic whites; and 2) coronary heart disease is more prevalent among African Americans compared with whites and the prevalence among African Americans is rising while the prevalence among whites is falling. In addition, coronary heart disease mortality is higher among African Americans compared with whites.<sup>22</sup>

**Pfizer Facts.** Pfizer collaborated with the National Medical Association (NMA) and the National Hispanic Medical Association (NHMA) to develop 2 issues of this ongoing educational series. Both reports analyze national databases, such as the National Health and Nutrition Examination Survey (NHANES), to gain insight into health status and healthcare issues facing Americans. The first report, *Racial Differences in Cardiovascular Health*, focuses on differences and disparities between black and white adults over time. The second, *Trends and Differences in Cardiovascular Health Among Mexican-American and Non-*

*Hispanic White Populations*, focuses on disparities between Mexican American and non-Hispanic white adults over time. Information is presented on mortality, disease prevalence, risk factor prevalence and healthcare delivery. One goal of these reports is to explore issues, encourage debate and provide a platform that can lead to the development of effective interventions. These reports are shared with physicians, hospitals, health plans, and policy makers.

**Baja tu cholesterol Initiative.** This Spanish-language campaign focuses on educating Latinos in Los Angeles, Chicago and Miami about the importance of managing high cholesterol, a leading risk factor for heart disease, the number 1 killer of Hispanics in this country. The campaign includes a Web site, a toll free number, consumer education and outreach to Hispanic community leaders and the physicians who treat Hispanics. “Baja tu cholesterol” reminds Latinos that 2 out of 3 people cannot significantly lower their cholesterol through diet and exercise alone, and encourages Spanish-speaking women and men to ask their doctor about treatment options.

## MENTAL HEALTH

**M**ental health is widely recognized as an undertreated component of overall health care. Minority populations are particularly prone to mental health disparities as cultural and linguistic barriers often stand in the way of both seeking and receiving care. Combating mental health and addiction in communities facing health disparities is essential to general community health.

**Bridging the Gap.** The Surgeon General's Report on Mental Health has called attention to the fact that psychiatric disorders, particularly depressive and anxiety disorders, are underrecognized and undertreated, despite a high prevalence. In response, a disease management education initiative called *Bridging the Gap*, based at the Johns Hopkins Office of Community Health in Baltimore, has been developed with the aim of improving health-care delivery and health outcomes for patients with chronic diseases and comorbid depression, with a focus on culture and ethnicity. The initiative aims to reduce health disparities through educating health providers to aggressively screen, diagnose and treat depression in groups that experience higher morbidity and mortality. The *Bridging the Gap* initiative has produced a comprehensive curriculum. This curriculum integrates information on 2 topic areas: depression co-occurring with diabetes, and depression co-occurring with cardiovascular disease, each with a focus on ethnic and cultural factors. The curricula are accompanied by a tool kit, which includes:

- Slide sets on the *Bridging the Gap* concept, depression and chronic disease comorbidity topics that feature case vignettes, and depression screening in the primary care setting
- Two videotapes *Black and Blue: Depression in the African-American Community*, and *Gray and Blue: Depression in Older Adults*, which feature people who speak about depression from their own personal experience
- Copies of the PHQ-9, an easy-to-use depression screening tool from the PRIME-MD mental health screening kit, and information on mental health resources.



Minority populations are particularly prone to mental health disparities as cultural and linguistic barriers often stand in the way of both seeking and receiving care.

# DATA COLLECTION AND MEDICAL RESEARCH



Current data collection efforts are unsystematic and inadequate to monitor the quality of care given to racial and ethnic minorities.

Collecting accurate and reliable data is a critical step in both understanding and eliminating health disparities. Current data collection efforts are unsystematic and inadequate to monitor the quality of care given to racial and ethnic minorities.<sup>2</sup> Patient mistrust of providers and historical problems involving minorities in medical research negatively impact the ability to collect data on health disparities. Further, more must be done to overcome these and other barriers to needed information. Federal government leadership can help improve gaps in data, as can efforts by the private sector. Pfizer works within Food and Drug Administration guidelines to collect race and ethnicity data with the informed consent of patients when conducting clinical trials.

**Diabetes Study.** Pfizer is working with the Michigan State Institute for Health Care Studies and Johns Hopkins University to conduct a randomized, controlled trial to identify actual and perceived differences in diabetes care delivered to African American Medicaid managed care plan enrollees. The study will also test the application of a nurse case management/community health worker intervention to reduce identified disparities.

***Should I Enter a Clinical Trial? A Patient Reference Guide for Adults With a Serious or Life-Threatening Illness.*** Pfizer funded the *Guide* through an unrestricted educational grant to the American Association of Health Plans. The *Guide* was developed by ECRI (formerly the Emergency Care Research Institute), an independent nonprofit health services research agency. The *Guide* is for adults with a serious or life-threatening illness who may seek treatment in a clinical trial. It offers carefully researched, objective information about the world of clinical research. It explains how and why clinical research is conducted and answers questions about many of the issues that affect patient participation. It includes information on FDA and NIH guidelines on sex, age, and race and language requirements for consent forms.

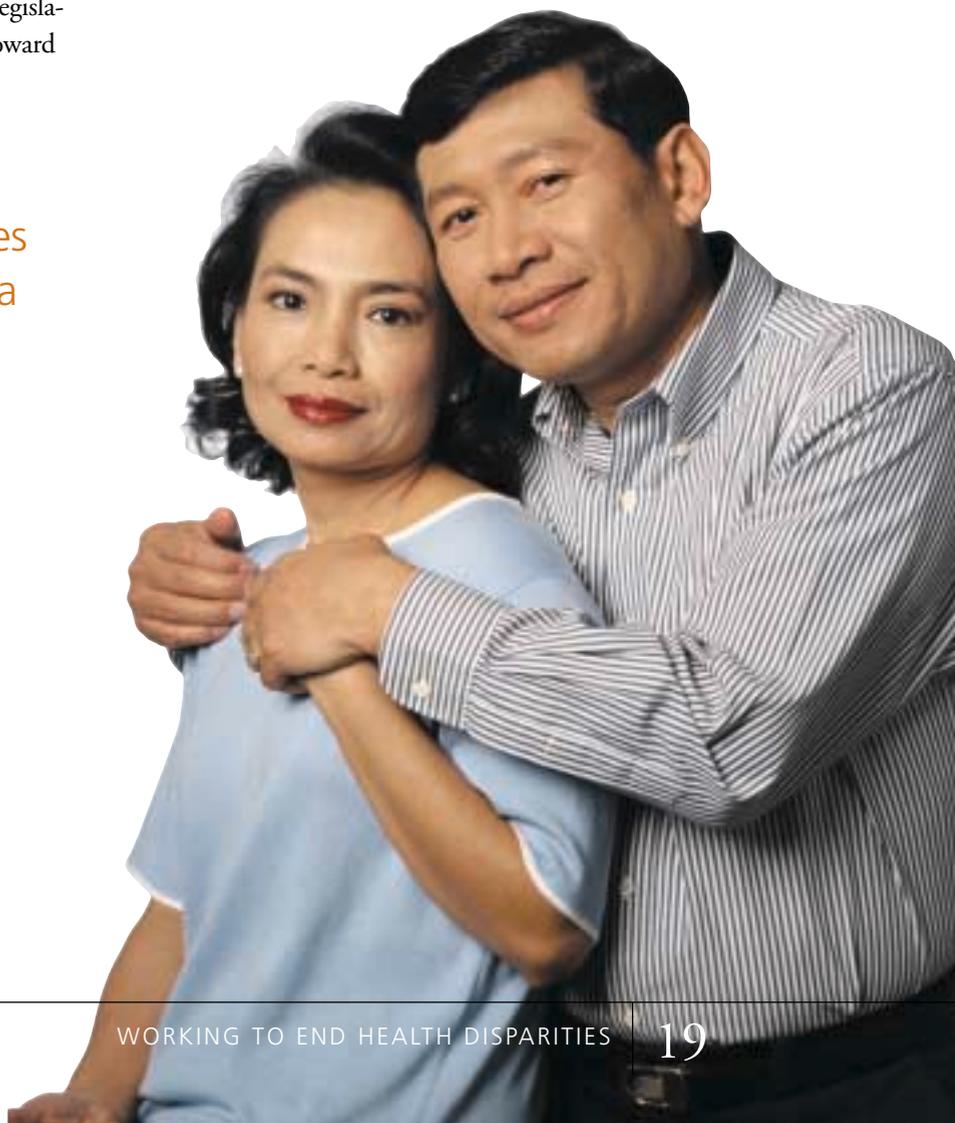
## PFIZER'S COMMITMENT

Experts are developing consensus on the steps to take that will help reduce and eliminate health disparities. Work is needed at the national, state and local level. Pfizer's goal is to serve as an active partner in closing the gap between the health disparities that exist and providing the quality of care that every American deserves.

Disparities in health and health care are not only a burden on communities and individuals, but are a considerable cost to our society. Pfizer is encouraged by new health disparities legislation that promises to move the nation toward

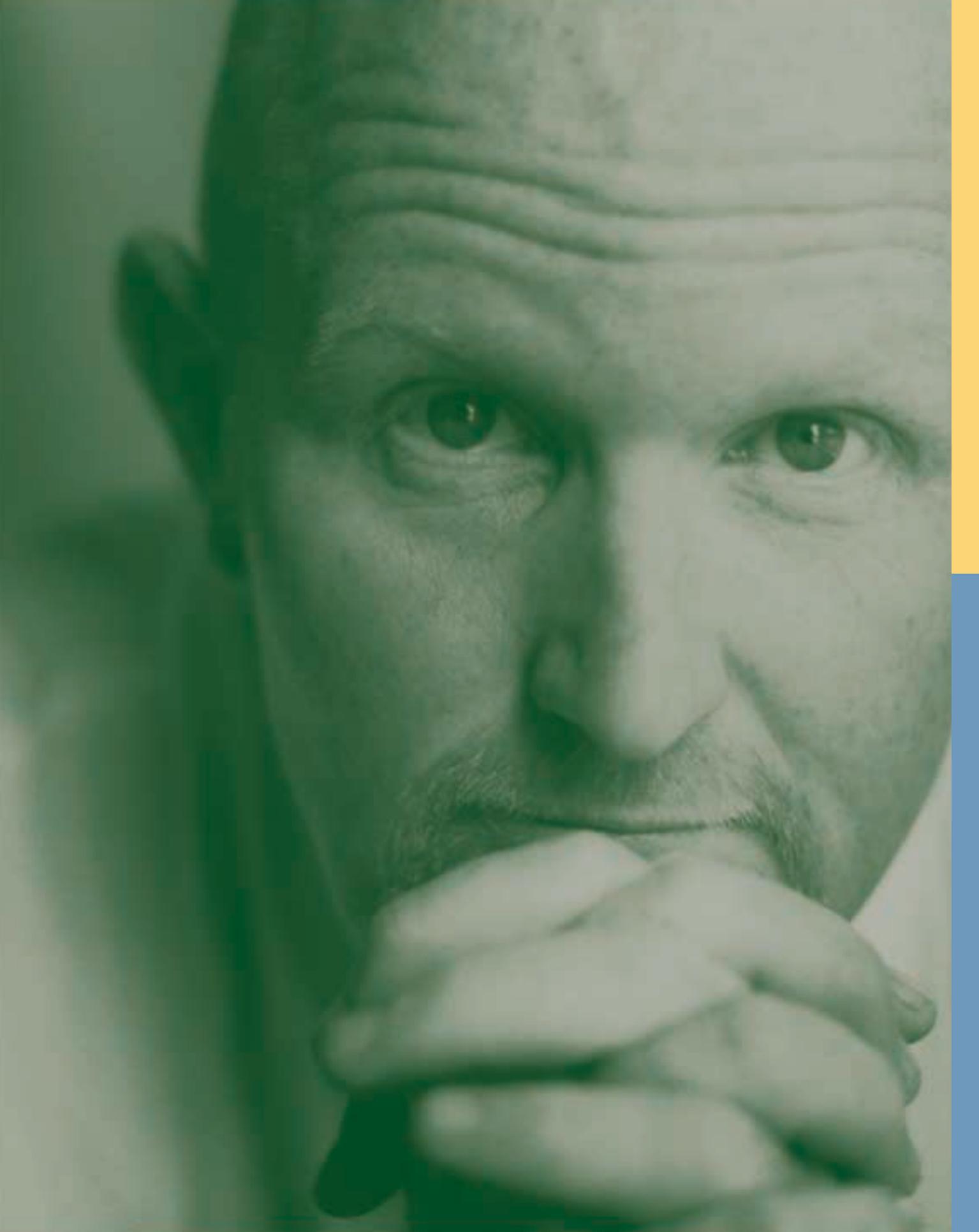
closing the widening healthcare gap. Everyone involved in health care must play a role. From doctors, nurses, health educators, policy makers, and patients, we all have much to gain by ending health disparities. The real challenge for Pfizer and for the nation lies in staying educated and informed, working in and with communities, leading by example, and ultimately developing and implementing strategies to reduce and eliminate this needless inequality of health.

Disparities in health and healthcare are not only a burden on communities and individuals, but are a considerable cost to our society.



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