

**KAISER HEALTH DISPARITIES REPORT**  
**A WEEKLY LOOK AT RACE, ETHNICITY AND HEALTH**

**Monday, January 22, 2007 Thru Thursday, January 25, 2007**

**POLITICS & POLICY**

1. [All Medicare Prescription Drug Plans Should Be Required To Cover Heart Medication BiDil for Black Beneficiaries, According to NAACP Letter](#)

[Jan-25-2007]

2. [Senate Panel To Encourage Low-Cost Options for Indian Health Care](#)

[Jan-25-2007]

**SCIENCE & MEDICINE**

3. [Blacks More Likely To Undergo a Coronary Surgery Technique by Less-Experienced Surgeons, Study Finds](#)

[Jan-23-2007]

4. [New York Times Examines Book on Blacks' Participation in Medical Research](#)

[Jan-23-2007]

**CULTURE-BASED CARE**

5. [New Harlem Medical School Aims To Recruit Minority Students](#)

[Jan-25-2007]

6. [Four Nevada Universities Likely To Partner With Mexican Medical School To Produce More Spanish-Speaking Doctors in U.S.](#)

[Jan-24-2007]

**HEALTH IN THE COMMUNITY**

7. [American Legacy Foundation Targets Smoking Cessation Program Toward Baltimore, Black Community](#)

[Jan-23-2007]

8. [Community-Based Groups Well Positioned To Disseminate Health Information to Immigrants, AP/Washington Times Reports](#)

[Jan-22-2007]

**INITIATIVES**

9. [Groups' Initiatives Focus on Minorities and Obesity, Cancer Among Nigerians](#)

[Jan-22-2007]

**OPINION**

10. [Editorial Endorses Proposal of Merging SCHIP, Medicaid Into One Children's Health Insurance Program](#)

[Jan-24-2007]

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**POLITICS & POLICY**

1. [All Medicare Prescription Drug Plans Should Be Required To Cover Heart Medication BiDil for Black Beneficiaries, According to NAACP Letter](#)

[Jan-25-2007]

[NAACP's](#) New England council President Juan Cofield sent a "sharply worded letter" to the Boston regional office of [CMS](#) stating that [NitroMed's](#) heart failure drug BiDil, the only drug approved by [FDA](#) for use in a single race, should be

covered under all Medicare Part D prescription drug plans, the *Wall Street Journal* reports. The letter "blamed government policy for disparity in the treatment of blacks with heart failure," according to the *Journal*. BiDil -- which costs approximately \$1,400 to \$2,800 a year -- has been shown to reduce deaths by about 40% in blacks with congestive heart failure. About 2% of the 750,000 black U.S. residents with the condition use the drug, according to NitroMed. Groups including the [American Heart Association](#) and the [American College of Cardiology](#) say there is no evidence to show that BiDil works better than two generic drugs, isosorbide dinitrate and hydralazine, used in combination. CMS requires Medicare Part D providers to cover either BiDil or the two generic versions of the drug, which can cost less than \$100 a year to prescribe. However, NAACP contends that the two generics are not an equivalent substitute for BiDil because they require patients to take many more pills and to split some pills in order to obtain the correct dose. The CMS policy "is so contrary to evidence-based medicine and so extraordinary that it arouses suspicions of institutional racism," Cofield wrote in the letter. Jeffrey Kelman, a senior physician at CMS, said NitroMed will have to continue to work with individual insurance providers to expand coverage of the drug. Many Medicare Part D providers already cover BiDil. According to NitroMed, 57% of black U.S. residents with health insurance have coverage for the drug, compared with 20% six months ago (Winstein, *Wall Street Journal*, 1/25).

## 2. [Senate Panel To Encourage Low-Cost Options for Indian Health Care](#)

[Jan-25-2007]

[Senate Indian Affairs Committee](#) Chair Byron Dorgan (D-N.D.) in a recent interview said that the committee will seek to encourage more low-cost health care options for American Indians, the [AP/Casper Star Tribune](#) reports. Dorgan said he has worked with the [Indian Health Service](#) to develop a bill that would increase clinic hours and physician availability on American Indian reservations. Dorgan also said that the committee will seek to help the large number of American Indians who have diabetes. "We have very serious problems in health care," Dorgan said, adding, "I'd like to see a different model that provides more access for more hours and more days with walk-in health clinics" (Jalonick, *AP/Casper Star Tribune*, 1/25).

## SCIENCE & MEDICINE

## 3. [Blacks More Likely To Undergo a Coronary Surgery Technique by Less-Experienced Surgeons, Study Finds](#)

[Jan-23-2007]

Blacks are more likely than whites to undergo heart bypass surgery while the heart is still beating, in part because they are more likely to have the procedure performed by a less-experienced surgeon, according to a study published in the January issue of the *Journal of Health Services Research & Policy*, [Reuters](#) reports. Until recently, heart bypass surgery usually was performed using a heart-lung machine that stops the heart from beating, though recent research has indicated that being on the heart-lung machine can cause brain damage. The new technique -- known as "off-pump" coronary artery bypass grafting -- allows a surgeon to complete the procedure while the heart is beating. The technique is in high demand, but many surgeons are still learning the procedure, *Reuters* reports. For the study, lead researcher Dana Mukamel of the [University of California-Irvine](#) and colleagues examined data in the New York State Cardiac Surgery Reporting System of 15,313 heart bypass patients, which included 11,750 on-pump operations and 3,563 off-pump procedures. Researchers found that 31% of black patients had an off-pump operation, compared with 23% of white patients and 21% of other races. There was no racial difference among those treated by more-experienced surgeons. Mukamel said it is possible that black patients "may be less knowledgeable about treatment options and ... less likely to play an active role in choosing between alternative treatments." Mukamel added, "Whether this is intentional or unintentional, whether it can be explained by other factors and whether this applies to other new technologies needs to be the subject of further research and investigation" (*Reuters*, 1/22).

 An abstract of the study is available [online](#).

## 4. [New York Times Examines Book on Blacks' Participation in Medical Research](#)

[Jan-23-2007]

A new book -- "Medical Apartheid," by Harriet Washington, a journalist and research scholar in ethics -- details the "disgraceful history" of blacks and medical research, the [New York Times](#) reports. According to the *Times*, the "most notorious medical experiment in American history was surely the Tuskegee syphilis study," in which 400 black men with the infection were not treated for 40 years while government doctors studied the disease's progression. The Tuskegee experiment was "just part of a pattern of experimental abuse" of blacks by medical researchers, which the book details, the *Times* reports. The book indicates that blacks "have been forced to undergo painful, risky experimental surgery, dosed with radiation and singled out for experiments aimed at finding brain abnormalities linked to violence," according to the *Times*. Despite a history of medical research that has left many blacks with mistrust of the health system, Washington in the book says blacks' participation in clinical research is necessary, writing, "African Americans desperately need the medical advantages and revelations that only ethical, essentially therapeutic research initiatives can give them." While some of Washington's "arguments are less convincing than others," the *Times* says "this is an important book" and a "reminder that people in power have always been capable of exploiting" certain groups of people and "of finding ways to rationalize the most atrocious abuse" (Grady, *New York Times*, 1/23).

## CULTURE-BASED CARE

### [5. New Harlem Medical School Aims To Recruit Minority Students](#)

[Jan-25-2007]

The [Touro College of Osteopathic Medicine](#), a new medical school in Harlem, N.Y., has a mission to recruit more minorities to become physicians and provide primary care services to low-income residents, school officials said, the *New York Post* reports. The school's first 125 students will begin classes in September (Campanile, *New York Post*, 1/25). The school has received more than 800 applications so far, though few have been from minority students, [Long Island Newsday](#) reports (Talan, *Long Island Newsday*, 1/25). The school is the first new medical school in New York City in 30 years, according to the *Post* (*New York Post*, 1/25). As part of its effort to attract young minority students and inspire them to become doctors, the school will have a "Project Lab Coat" program, where doctors and other providers will visit local schools to build interest among students about the medical profession. In addition, the school will be offering high school seniors the opportunity to enroll in the medical school directly after graduating. Besides having a degree program in osteopathic medicine, the school will be offering a master's degree in medical education. Jay Sexter, CEO of the school, said, "There are enough doctors in New York but not enough serving inner-city populations." Robert Goldberg, the school's associate dean of community medical affairs and chair of the department of physical medicine and rehabilitation, said, "We want to train homegrown doctors to treat homegrown patients" (*Long Island Newsday*, 1/25).

### [6. Four Nevada Universities Likely To Partner With Mexican Medical School To Produce More Spanish-Speaking Doctors in U.S.](#)

[Jan-24-2007]

Four Nevada universities are considering entering a partnership with the [Universidad Autónoma de Guadalajara School of Medicine](#) in Mexico to train more Spanish-speaking U.S. medical students to practice in the U.S., the [Las Vegas Review-Journal](#) reports. According to the *Review-Journal*, Nevada has a physician shortage, particularly in doctors who are bilingual and are ethnic or racial minorities. Under a proposed partnership, students over seven years would attend classes first at the [Community College of Southern Nevada](#); then at the [University of Nevada-Las Vegas](#) or [Nevada State College](#); and finally at both the University of Guadalajara and the University of Nevada [School of Medicine](#). They would receive an associate's degree from the community college, a bachelor's degree from UNLV or Nevada State College, and a medical degree from the University of Guadalajara. Students then would complete a one-year residency in Southern Nevada. Once the deal is final, Nevada and New York would be the only states that offer the "Fifth Pathway" program, which allows U.S. students to receive a medical degree in a foreign country and then complete their residencies in the U.S., according to the *Review-Journal*. Although some officials believe the program should target students of all races and ethnicities, University of Nevada School of Medicine Vice Dean James Lenhart said he would support it only if it focuses on Hispanic students. Lenhart added that the school and the University of Guadalajara have not agreed to anything formal yet. He said, "This is about developing a bicultural, bilingual Hispanic health care work force," adding, "It's very

important to understand that good health care is all about the ability to process the language and understand the cultural differences" (Mower, *Las Vegas Review-Journal*, 1/22).

## HEALTH IN THE COMMUNITY

### [7. American Legacy Foundation Targets Smoking Cessation Program Toward Baltimore, Black Community](#)

[Jan-23-2007]

Officials from the [American Legacy Foundation](#) announced Monday that Baltimore is one of four cities that will participate in its smoking cessation advertisement campaign in part because of the city's high number of smokers, particularly in the black community, the [Baltimore Sun](#) reports. According to [CDC](#), more than one in five adults in Baltimore smokes and 24% of blacks smoke statewide, compared with 20% of Hispanics and 17% of non-Hispanic white residents. The television and radio ad campaign is called "EX" and will run through June. It directs smokers to a toll-free hotline -- 800-QUIT-NOW -- that is monitored by the [Maryland Department of Health and Mental Hygiene](#) and offers guidance and information about local smoking cessation programs (Stroh, *Baltimore Sun*, 1/23). The program, which was designed in part by experts from the [Mayo Clinic](#), will offer customized smoking cessation plans online at [BecomeAnEx.org](#) and the EX Quit Manual, a detailed guide on how to address nicotine addiction (ALF [Web site](#)). The foundation also is testing the program in Buffalo, N.Y.; San Antonio, Texas; and Grand Rapids, Mich. If successful, AFL officials say they will expand the program nationwide (*Baltimore Sun*, 1/23).

### [8. Community-Based Groups Well Positioned To Disseminate Health Information to Immigrants, AP/Washington Times Reports](#)

[Jan-22-2007]

Many health officials and advocates say that "community-based groups, not medical providers, are in the best position to spread health information and push for prevention among immigrants," the [AP/Washington Times](#) reports. Many immigrants have little formal education, lack health insurance and have limited English proficiency, making it difficult for them to obtain reliable and helpful health information. Adolph Falcon of the [National Alliance for Hispanic Health](#) said community-based organizations are important to disseminating health information because immigrants trust them and the groups can accommodate the specific needs of minorities. A recent health fair for immigrants at the [Mexican Consulate](#) in Atlanta offered dental exams, cholesterol screenings, diagnostic tests and information on sexually transmitted infections and other health information related to Hispanics. Astrid Rozo-Rivera of [Kennesaw State University](#), who provided diabetes information at the health fair, said, "Knowing the time limitations for learning, we create our own curriculum, material that's sensible but complete and entertaining, full of color, popular refrains and mental images that are easy to remember because they are specific to Latin culture." She added, "The traditional relationship of dependence -- of waiting for the doctor, the health system or the medicines to be the sole ones with responsibility for health -- must be replaced with prevention and self-care" (Dell'Orto, *AP/Washington Times*, 1/22).

## INITIATIVES

### [9. Groups' Initiatives Focus on Minorities and Obesity, Cancer Among Nigerians](#)

[Jan-22-2007]

- Asian youth: [FIRST 5 California](#) -- also known as the California Children and Families Commission -- recently started a statewide outreach campaign to address childhood obesity among Asians and Pacific Islanders, the [Contra Costa Times](#) reports. The campaign will include print, radio and television ads, some of which will be available in Chinese, Korean and Vietnamese. The campaign also will feature community forums, workshops and other outreach efforts. Last year, First 5, the [Office of the Governor](#) and the state [Department of Health Services](#) started a childhood obesity campaign, featuring television ads in English and Spanish (Louie, *Contra Costa Times*, 1/22).

- Blacks: The insurance company [Aetna](#) on Monday released its [2007 African American History Calendar](#), which provides information, advice and perspectives on nutrition and obesity from predominantly black health professionals, [dBusinessNews](#) reports. The 2007 edition of the calendar highlights weight-loss stories, recent research, and community and church-based programs. Aetna has produced the calendar, which is available for \$4, since 1982 ([dBusinessNews](#), 1/22).
- Nigerians: The University of Texas [M.D. Anderson Cancer Center](#) and the [Ministry of Health of the Federal Republic of Nigeria](#) on Friday signed a memorandum of understanding to collaborate on cancer research, education and training programs in Nigeria. M.D. Anderson's [Center for Research on Minority Health](#) has been working to reduce health disparities among Nigerians and Nigerian Americans. The center is located in Houston, which has a large population of Nigerians. M.D. Anderson in October 2006 participated in a conference in Nigeria where leaders from several organizations discussed cancer management, early detection, public awareness and prevention of common cancers affecting Nigerians. Lovell Jones, director of CRMH, said the memorandum of understanding is a "critical cornerstone event to begin unraveling cancer and other health-related disparities, particularly diseases affecting Nigerians and African Americans who share the same genetic heritage" (M.D. Anderson Cancer Center release, 1/19).

## OPINION

### 10. [Editorial Endorses Proposal of Merging SCHIP, Medicaid Into One Children's Health Insurance Program](#)

[Jan-24-2007]

"Congress needs to make sure that no one is without quality health insurance. Providing universal access to health care would be the act of a nation evolving, not simply inching forward," an [El Diario La Prensa](#) editorial states. The editorial notes a proposal by the [Children's Defense Fund](#) that would "collaps[e] SCHIP and Medicaid coverage into one program for children." Under the proposed Healthy Child Act of 2007, families with incomes up to 300% of the federal poverty level would be eligible to receive coverage, while those above those levels could buy into the program, according to the editorial. The proposal also would simplify the enrollment process, which could help reach uninsured children, particularly Hispanics, who make up the largest proportion of children who lack health coverage, according to the editorial. "The effects of not having health insurance are well documented -- from poor school attendance and performance to devastating effects on household income and public health," the editorial says ([El Diario La Prensa](#), 1/23).

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#### **Kaiser Health Disparities Report: A Weekly Look At Race, Ethnicity And Health**

The Kaiser Health Disparities Report is a free, weekly report synthesizing news coverage from hundreds of print and broadcast news sources related to health and health care issues that effect racial and ethnic communities. The report also highlights new studies and journal articles, initiatives, developments in the field and upcoming events. The report is published for [kaisernetwork.org](#), a website of the Kaiser Family Foundation. (c) 2007 Advisory Board Company and Kaiser Family Foundation. All rights reserved.

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