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## **Report looks at area health care disparities**

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By: Anne Polta, West Central Tribune

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WILLMAR — When the staff at Affiliated Community Medical Centers sat down to talk to local Somali leaders about how to better meet their health care needs, they learned a lot.

One of the things they learned was that people didn't necessarily want bilingual brochures about shots for children or mammograms for breast cancer screening. What they really wanted were the basics: how to make an appointment at the clinic, how to choose a physician, how to pay for an office visit.

The result was a new informational brochure that's now being handed out to newly registered patients.

"The community was wise enough to tell us, 'Let's start with the basic information.' It's been very helpful to visit with them directly and hear about their priority needs. It's given us more direction as a result," said Andrea Carruthers, care improvement coordinator for the 11-clinic multispecialty regional health system.

Reaching out to Willmar's Somali community is one of the ways APMC is working to narrow the health disparities that often exist for certain populations: people of color, people with disabilities, new immigrants and the poor.

Statewide, this gap is beginning to shrink, according to a new report on health disparities released last week by Minnesota Community Measurement. But there's still considerable room for improvement, the report found, citing persistent disparities for people covered by publicly funded health programs such as Medical Assistance.

The data were collected from 82 medical groups across Minnesota. Nine quality measures were analyzed, ranging from diabetes management and control of high blood pressure to appropriate treatment for children with sore throats.

The clinics' performance on each of the measures then was broken down to compare patients who are privately insured with those enrolled in a public program.

Local health providers fared well on most of the overall quality measures, but there were gaps in how well they met these objectives for patients covered by public programs.

For instance, Affiliated Community Medical Centers had a 7.6 percent difference between the number of privately insured women who were screened for cervical cancer and the number of women on public programs who were screened. At Family Practice Medical Center, which had the state's highest overall performance on this measure, the gap was 3.2 percent.

It's not entirely clear, on either a local or state level, why these disparities exist.

"We treat every patient the same. It doesn't matter what their health plan is," said Stacey Zondervan, patient services supervisor at Family Practice Medical Center of Willmar.

Socioeconomic factors, such as a lack of transportation, can make it harder for low-income patients to come into the clinic when they need to, she said.

The family practice clinic has put a great emphasis on calling patients and issuing reminders to ensure that they're all seen for appropriate screenings and chronic disease management, she said. "We're looking at these trends on a regular basis. Many of the measures we're tracking internally and we're doing a very good job."

Poverty is a significant issue, Carruthers said. "That is ongoing. That crosses all cultures. We know that exists in the community," she said.

Language and culture also are issues, especially for the newest wave of immigrants from East Africa, she said.

Many of them are still struggling to understand how the American health care system works, Carruthers said. They often need education about screening and preventive care, she said. "It's just not part of their culture at all."

To reduce the language barrier, ACMC has been working harder to provide trained interpreters for patients who need them, Carruthers said.

A survey also is under way to collect basic information about patients' primary language, racial or ethnic background and country of origin, she said. It's being piloted in the family practice and internal medicine departments at the Willmar clinic and will eventually be expanded.

The survey will help APMC get a better handle on its patient demographics, Carruthers said. "We need to have that. We can't just guesstimate."

Zondervan sees the community measurement report as a snapshot for helping clinics see how well they're doing.

"It's a checkpoint. But also it's good to see where we are sitting in the state of Minnesota as a benchmark," she said. "Certainly it allows us to prioritize what we need to be looking at."

"It's just important that we now have data so that we are aware of it," Carruthers said. "We never could get our arms around it and now we've got the information."