

HEALTH

Black doctors say managed-care plans cutting them out

CINCINNATI (AP) — Black physicians and their patients are being cut out of managed-care health networks because of the way those plans do business, an association of black doctors said last week.

"Racial diversity is just as important as geographic access," said Dr. Camille Graham, a pediatrician and president of the Cincinnati Medical Association.

"I have people who come to me from 30 miles away because I'm black. The insurance companies are not hearing that message."

Black physicians make up

about 2 percent of the estimated 4,500 practicing physicians in greater Cincinnati, slightly less than the national average of 3 percent.

Her organization does not accuse health plans of outright racism. Instead, it says most health plans are not being sensitive enough to black patients who often prefer to see black doctors.

"African Americans may have cultural reasons for wanting to be treated by a black doctor," Graham said.

Among medical specialties, such as cardiology or urology, there

are few black doctors in the area.

That means when a health plan drops even one black doctor, it becomes a much bigger issue than dropping one or two white doctors, black physicians said.

"I'm extremely concerned," said Dr. Walter Broadnax, one of Cincinnati's two black neurologists.

"As a solo practitioner I have seen managed care cut into my practice.

"If you're not on the panels, you don't get to see the patients."

The National Medical

Association, a nationwide organization of black doctors, said it has received similar complaints from other cities.

"Call any five cities and you'll find that black doctors there are concerned about access to managed-care panels as well," said Dr. O'dell Owens, an infertility specialist who is black. Owens, a former University of Cincinnati trustee, now runs the women's health program for the Franciscan Health System.

The Cincinnati Medical Association specifically criticized a recent decision by Anthem Blue Cross &

Blue Shield to drop two black orthopedic surgeons from its Anthem Series 200 and Community Choice plans.

They were the only two black doctors in the city doing adult orthopedic surgery.

Anthem officials said the cuts were made because the Series 200 plan had too many doctors.

Anthem spokeswoman Kendra Overbeck said that the company does not know the race of the 2,000-plus doctors in its various health plans because it doesn't ask.

"We do not base any of our decisions about providers on sex, race, ethnic

background, religion or nationality," she said.

Health maintenance organizations rate doctors to decide which ones get on their networks.

Factors include whether doctors see high volumes of enrolled patients or incur high costs when treating patients. HMOs also prefer doing business with larger groups of doctors.

Many black specialists, who depend heavily on referrals from black primary care doctors, have lower patient volumes than competing white specialists.

Study probes religion's role in helping breast cancer patients

PONTIAC, Mich. (AP) — A study of Detroit-area breast cancer patients will look at whether religious beliefs can help women cope with the emotional difficulties that accompany the disease.

The initiative will study if faith helps people cope with cancer, not whether spirituality helps in healing. Dr. Diane Brown, principal investigator of the study at the Barbara Ann Karmanos Cancer

Institute, said many people already have no doubt that it does.

"The jury is still out on the relationship between religion and spirituality and disease and mortality in the scientific community," she told *The Oakland Press* in a story last week.

"In the religious community, there is no question."

In the study, 45 black women will be divided into three groups, a

spirituality support group, a traditional support group and a no support group.

The women will be tested for levels of depression, anxiety and stress management before and after going through the 18-month program.

Local clergymen are helping develop the curriculum for the support groups. Costs for the program are covered by a grant from

the Blue Cross Blue Shield Foundation.

"We will take the things they talk about in a traditional support group, such as stress management, nutrition or self esteem, and we might have a Bible reference to help them with that," Brown said. "By having support groups that draw on one of the cultural aspects of the African-American community we hope to improve the quality of life

for these women."

Cheryl Miree, from the Wayne State University urban health program, is project coordinator.

"If a person has some reference as far as God or faith, they can pray or meditate and read their Bible, that gives them a sense of peace and serenity, and then their stress and anxiety level is reduced," Miree said. "We are expanding on the strengths they already have."

Report: Health woes more common in poor, less uneducated

Special to Sentinel-Voice
WASHINGTON — People with less money and less education die sooner and are more likely to suffer from virtually every health problem, the government reports, illustrating the breadth of one of public health's longest-standing challenges.

Poor, less-educated Americans are more likely to have underweight babies and are less likely to have them vaccinated. They're more likely to smoke and less likely to exercise, more likely to need aid in old age and less likely to avoid heart disease, lung cancer and diabetes.

From cradle to grave, money matters in health, the report concludes. While some of the problems are well-known, this compilation of data shows how pervasive the disparities are.

"Clearly it requires some different communication strategies," said Donna Shalala, secretary of Health and Human Services, which released the report last week. "We will simply not give up."

The trends continued across the spectrum of income and education, with the wealthiest and best-educated doing better than

those in the middle, who in turn did better than those at the bottom.

Meanwhile, the annual report had good news for the nation as a whole: Infant mortality fell to a record low of 7.3 deaths per 1,000 births in 1996, and life expectancy reached an all-time high of 76.1 years.

And the long-standing gaps narrowed between life expectancy of men and women and between whites and blacks.

There were major differences among Americans depending on their income and education, which usually persisted despite race or sex.

Even health insurance didn't balance the scales.

While the report notes that the 40 million Americans who do not have health insurance are far less likely to see a doctor, the poorest, who have Medicaid insurance, also have the worst health. Even European nations, where health insurance is universally available, see disparities.

People must be able and willing to actually use the insurance they have, experts say. The poorest Americans, for instance, may have trouble

finding a doctor who accepts Medicaid or trouble getting to the doctor's office.

Data back to mid-19th century Britain found men who worked in trade and labor jobs died earlier than their professional counterparts. Since then, major

improvements have occurred in housing, sanitation and nutrition, and yet the gap remains.

"We cleaned up the air, and we cleaned up the water. Now we have to get to exercise and smoking and diet," Shalala said.

The problem, experts say, is complex. Poor families live stressful lives with less time to deal with prenatal care and exercise — investments that pay off down the road.

"People are trying to survive on a daily basis and don't necessarily focus on

issues of healthy lifestyles," said Judith Jones of Columbia University's School of Public Health.

The report examines both risk factors and health outcomes.

The poor and less- (See Problems, Page 17)

Care needed when feeding toddlers

Special to Sentinel-Voice
Q: It is true I shouldn't give my toddler grapes because she might choke?

A: Toddlers delight in feeding themselves. However, parents of young children need to be cautious at the table.

Foods that are hard, round or difficult to chew can sometimes lodge in small airways, causing a child to choke. To be on the safe side, consider the following advice on finger foods for children less than 3 years of age:

- Avoid giving hard or difficult-to-chew foods such as raw carrots and other crunchy vegetables, hard candy, lollipops, peanuts, and popcorn.
- Modify the shape and texture of firm foods. Cut

grapes into quarters and hot dogs into fine sticks rather than round slices, chop apples and firm fruits into very small pieces, and cook carrots and hard vegetables until soft, then cut into small pieces.

Keep an eye on small children when they are eating. Small children may eat in a hurry, stuff too much food in their mouths, or chew their food inadequately. To avoid accidents, children should not be allowed to run or play while chewing food. Feed small children only when they are sitting down and are in a relaxed atmosphere. Train toddlers to chew their food thoroughly before swallowing.

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