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## Partnerships are most effective tool for eliminating disparities

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What separates those with easy access to quality health care from those without? What separates those who have a higher disease burden and poorer outcomes from those who can expect longer, healthier lives? In some cases, it's no more than a property line, but geography is only part of the equation.

The disparities in health and health care that weigh heavily on our communities are also based on age, ethnicity, gender, and economics, or a combination thereof. These factors can result in disadvantages that efforts by individuals or their health care professionals are unlikely to overcome. Partnerships, however, have proven effective as tools for restoring parity to the health care system.

Partnerships capitalize on the strengths and unique skills of each participant, be they an academic, community, or health care organization. The union of stakeholders with knowledge and resources provides an opportunity to empower whole communities to improve their health and, hopefully, their quality of life.

The concept is fairly simple, but the design and implementation is often complex. Large segments of our population face very serious health issues, and the disparities, nationally and locally, are glaring.

Take, for example, life expect-

tancy in the United States. The most recent figures available show Caucasian women living to an average age of 81 while African American men have a life expectancy of 70 years.<sup>1</sup>

There is inequity nationally in access to care as well. More than 15 percent of our population is uninsured, and within this group, further disparities exist. The uninsured rate is 10.4% for Caucasians, 19.5% for African Americans, and 32.1% for Hispanics.<sup>1-2</sup>

The Medical College of Wisconsin's hometown of Milwaukee is the seventh worst city for percentage of families living in poverty (26%) and fourth for children living in poverty (41%). While Wisconsin has one of the lowest 3 uninsured rates in the nation (estimated between 7.2% and 8.5%), approximately 16% of residents in Milwaukee do not have health insurance for all or part of any given year.<sup>2-3</sup>

The overall rate of infant mortality in Milwaukee is double that of the state (12 per 1,000 births versus 6) and includes significantly disparate rates for African Americans (19.4) versus non-Hispanic Caucasians (5.3).<sup>4</sup> Only 67% of non-Caucasians receive any prenatal care whatsoever. The No. 1 cause of death in Milwaukee for people between the ages of 15 and 34 is homicide, followed by

injuries and suicide.<sup>5</sup>

These statistics may or may not startle those practicing on the front lines of patient care, but they do—without question—state a case for the need for leadership by health care and public health professionals. By virtue of their expertise and resources, medical schools have the aptitude and arguably the responsibility to work to reverse disparities. Seeing such inequities among our neighbors in Milwaukee is an unremitting reminder that new efforts are needed, and in many cases, warrant further expansion.

The Medical College of Wisconsin looks on this as a challenge to harness a passion for caring and a commitment to making a difference in improving the health of our communities. We will be leveraging our tremendous collective clinical knowledge, our educational programs, our research discoveries, our public health knowledge, our organizational capabilities, and our advocacy to bring positive change to bear.

Present and future partnerships will be a cornerstone of our endeavors. The Medical College of Wisconsin's clinical care services are built on a history of strong partnerships with our hospital affiliates, including Froedtert Hospital, Children's Hospital of Wisconsin, and the Clement J. Zablocki VA Medical Center. We have also initiated a number of collaborations with other local health systems to

expand access to patient care provided by our expert faculty.

Through the years, our desire to foster healthy communities has led to multiple partnerships with neighborhood stakeholders, civic leaders, and other academic institutions. These programs have made such strides as increasing literacy, expanding AIDS education, and reducing injuries.

Robert Golden, MD, Dean of the University of Wisconsin School of Medicine and Public Health and Vice Chancellor for Medical Affairs at the University of Wisconsin-Madison, and I meet on a regular basis to coordinate our efforts and planning with regard to improving the health of our communities through the endowments resulting from the Blue Cross Blue Shield conversion to a for-profit stock corporation in 1999.

The Medical College's Advancing a Healthier Wisconsin initiative, which was created from the proceeds of this conversion, has enabled us to extend our partnership model to a host of new projects to improve public and community health. In particular, the Healthier Wisconsin Partnership Program component has funded 102 projects that are driven by community-academic partnerships.

Some of the newest partnership projects are engaged in such activities as:

- Reducing socioeconomic and health disparities in an urban, African-American, Milwaukee neighborhood by strengthening a community-based health coalition and implementing programs to promote healthy life skills and community self-sufficiency
- Impacting morbidity and mortality from chronic disease through increased disease prevention and health promotion activities for the mostly rural, underserved population in 4

western Wisconsin counties

- Developing an automated, Web-based geographic information systems infrastructure for public health staff, researchers, and students that can provide convenient, mapped population health information from a variety of data sources to support community health improvement planning

The power of partnership is also valuable for improving training and education for professionals active in public and community health activities. The Healthy Wisconsin Leadership Institute, for example, is a continuing education and training resource supported through a partnership between The Medical College of Wisconsin and the University of Wisconsin School of Medicine and Public Health. This collaboration is helping build a workforce and develop leaders equipped to protect and promote the health of the public throughout the state.

The Medical College of Wisconsin has also launched a 4-year doctoral program in public and community health this year. The program is the only of its kind in the nation that is structured to blend the core rigors of public health with community-based participatory research into 1 curriculum.

By training a competent workforce, by using partnerships to take public health initiatives directly into the community, and by exercising our leadership and expertise to make a tangible difference in society, we give ourselves a very real opportunity to reduce the health disparities that burden too many across our region. We are committed to promoting health equity in our community, nationally, and even internationally, through research partnerships, education, clinical care delivery, and community service.

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