Diversity in health, health care…and *WMJ*

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As the 2010 census likely will show, the most racially and ethnically diverse nation on earth continues to grow more diverse, despite discussions about restricting immigration and citizenship. This issue of *WMJ* contains 3 papers that look at diversity from different perspectives: prevention and cancer mortality, enrollment of minority patients in clinical studies, and delivery of maternity care services to women and their families from different racial and ethnic backgrounds. Understanding differences will be essential, challenging, and increasingly a focus for research in the next decades.

Lepeak and colleagues[1] report on data from the Wisconsin Cancer Reporting System and found that, over the period 1995-2005 both white and African-American women in Wisconsin saw a decrease in breast cancer diagnosis and mortality from breast cancer compared to US women as a whole. But the persistence of a disparity in mortality between African American and white women in the state remains a source of concern. Disparities between blacks and whites are clearly related to many things—each of which, and in combination—have the potential to affect patient outcomes. What clinicians can do is know our populations of patients, recognize those with a higher potential for disparities, and do our best to identify and reach out to higher risk women rather than waiting until they come to our offices.

In their honest and thoughtful review of what went wrong in their attempts to enroll Latina mothers to discover possible risk factors for iron deficiency in their babies, Phillips and her colleagues[2] really bring the struggle to engage patients from minority communities to light. Their paper could serve as a guide for all investigators who want to work in communities where history, language, trust, and tradition all require a different and more collaborative approach to population research. The authors clearly show why community-based participatory research (CBPR) is a necessary skill set for research with any population, whether one is studying dairy farmers or Latina mothers.

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This leads well into the review by Schrager and colleagues[3] of maternity care of women with different racial and ethnic backgrounds. While emphasizing the racial and ethnic groups most common in Wisconsin, the authors cover issues that every state in the nation faces in this century. While pregnancy and childbirth are common among women, the experience of that pregnancy and childbirth follow strongly held beliefs and practices that are quite different for different groups. This nice review should be required reading for medical students on their maternity rotation. The best way of caring for someone from a very different background than our own is to ask them to be our teachers – about their lives, traditions, and how they expect their pregnancy and delivery to go.

Torre and colleagues[4] report the results of a study comparing a traditional paper method of collecting data on third-year clerkships in internal medicine with a method collecting the same data using a handheld PDA. Sometimes technology may not, in fact, improve a process, despite a widespread belief that it will. To Torre and colleagues' credit, they put their intervention to the test and found that learners preferred it to pen and paper and that, on all the parameters of learning from counseling skills through the physical exam, residents scored better when using the PDA. The only hitch was that the supervisors preferred paper, which is consistent with most studies of new technology that demonstrate that old dogs aren't all that anxious to learn new tricks…but will, eventually.

Identifying early in a hospitalization which patients are at higher risk for developing serious complications would be a tremendous advantage for clinicians who

could aggressively treat and monitor those patients. The study by Godar and her colleagues[5] does just that with community-acquired pneumonia, finding that the severity of the patient's illness directly correlated with their admission blood sugar, regardless of whether they had a preadmission diagnosis of diabetes. An inexpensive test that we usually always get on any hospital admission deserves attention, then, as a predictor for who has a higher likelihood of prolonged and serious illness.

Rounding out the manuscripts in this issue is an unusual case study of carditis related to Henoch-Schoenlein's Purpura that once again alerts us to be on guard for the unusual, even in the midst of the unusual.[6]

Finally, readers—whether electronic or paper—will notice a new layout and format for the journal that we all feel looks and is more professional. Staff worked hard to find the right fit and did spectacularly well. And, with this issue, the *WMJ* is beginning to forge new relationships with medical societies and researchers from other states in the Midwest—we could call this the Snowbelt medical network. As one of the few state medical society-sponsored medical journals that publishes a large amount of original research and academic content, we want to extend a welcome and invitation to our colleagues from Nebraska and Iowa, as a start. We hope to see some of their work here as well.

References

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