Shot in the Arm
How a City Aims
To Give Minorities
Better Health Care

Pittsburgh Hopes to Satisfy
2010 Deadline by Using
Voices With 'Street Cred'

New Gossip at the Hair Salon

By BARBARA MARTINEZ

PITTSBURGH—The Rev. John Welch paused, dabbing at sweat on his receding
hairline. Dapper in a double-breasted tan
suit, he stood silent for a moment in the
pulpit of the Bidwell United Presbyterian
Church here, and then resumed speaking
on a new topic.

"God wants us to take preventive steps
for our health," he exhorted. "Only when
we are healthy can we help some-
one else." Raising his left arm heaven-
ward, the minis-
ter said, "Lord, we have been negligent of what you have entrust-
ed us with." Then he told his fol-
lowers to get their
blood pressure
checked right after
the service, down-
stairs in the recre-
ation hall, where nurses were waiting.

It wasn’t Mr. Welch’s idea to lace his
sermon with health tips. The move is part
of a broad experiment led by the Univer-
sity of Pittsburgh that aims to erase the
disparities in health care between the
city’s whites and blacks by the year 2010.

Black men, the predominant minority
here, die from prostate cancer at three
times the rate of white men, which is also
the national rate. They are twice as likely
to die from diabetes. Indeed, going down
the line of major treatable diseases, the
figures show a consistently wide gap
between whites and blacks.

Pittsburgh reflects a grim national
problem documented during the past
decades in hundreds of studies,
most recently in a 400-page report com-
misioned by Congress and released in
March by the National Academy of
Sciences’ Institute of Medicine. Even
when patients’ insurance and income
status are comparable, the congressional
study said, minorities are less likely to
seek or receive appropriate heart medica-
tions or to undergo bypass surgery. They
are less likely to receive kidney dialysis
or transplants. They are more likely to
have limbs amputated than whites in the
same condition.

Even though the imbalance has been
common knowledge among health-care
professionals for decades, the medical
establishment and government officials
have been lackadaisical about closing
the gap. But complacency is no longer
an option: A federal mandate drawn up in
2000 by the Department of Health set 2010
as the year by which the health-care
disparities should be eliminated. Al-
though it’s unclear at this point what
consequences might follow if disparities
remain, that deadline is sending public-
health officials, researchers, doctor
groups and health systems scrambling.

Beginning next year, the National
Institutes of Health will no longer review
grant proposals for studies that don’t say
how they will include minorities in cli-
nical trials. Also next year, the Centers for
Medicare and Medicaid Services—form-
erly the Health Care Financing Admin-
istration—will begin reviewing partici-
pating health plans to see whether they
have made progress in reducing dispari-
ties or improving services for minorities.
CMS is part of the Department of Health
and Human Services. The American
Medical Association, describing the
March report from the Institute of Medi-
cine as a "wake-up call" for doctors, is
developing educational materials to help
doctors become more sensitive to an
increasingly diverse population.

Meeting the 2010 deadline poses a
major challenge to state and city officials.
It demands coordination among many
disparate and sometimes competing
groups and requires substantial funds at
a time when most local budgets are
already stretched. Atlanta and Seattle
have similar programs, but no area has
as broad a campaign involving as many
people and groups as Pittsburgh. The
University of Pittsburgh has raised
$1 million so far for the program, mainly
through the efforts of Stephen Thomas,
director of the university’s Center for
Minority Health and the first black
professor at the Graduate School of
Public Health. He says he needs to raise
a further $4 million in the next few years
to keep the campaign going.

Distinctive Delivery

The approach here also is distinctive
for how it is delivering the message.
Health officials have used the traditional
public-service message, whether through
poster or radio spot or TV ad. But they
also have gone beyond those media,
tapping messengers who knew how to
deliver a health pitch that would resonate
with different ethnic groups.

Dr. Thomas, who has a doctorate in
community health, likens the initiatives
in Pittsburgh to the "old-fashioned com-
munity-building, door-to-door outreach"
of the civil-rights movement.

Mr. Welch is one of 300 city ministers
being caajoled into spreading health mes-
ages by the Faith-Based Health Initiative
of Greater Pittsburgh. The organization
got started a year ago with the help of the
Pittsburgh Foundation, the University of
Pittsburgh and the Pittsburgh Theological
Seminary to harness the power of black
churches to reach large numbers of the
city’s blacks. A few churches even offer
aerobics classes, powered by gospel
music, to help parishioners get into better
physical shape. African-Americans in the
city number 160,000, whites 1.1 million.

"When a black minister gets up and
preaches, people listen," says Dr. Thom-
as, who helped orchestrate Sunday health
fairs at various black churches in April.
Many at Bidwell United Presbyterian Church found their blood pressure was too high, including the 42-year-old Mr. Welch, who takes hypertension medication. He says he has since tried to work in messages of health in other sermons, and he is looking to do more. For instance, he believes many people don’t see a doctor because they lack transportation; he envisions the church helping out with a van service.

Dr. Thomas established an e-mail network of 150 community organizers a year ago and used it to help connect disparate constituencies and enlist them in the overall campaign. He also has turned to some key urban nodes of guidance and gossip: barber shops and hair-braiding studios. “Some people tell their barbers things they would never tell their doctor,” Dr. Thomas says. He has been trying to educate barbers and beauticians about the seven major areas where health-care disparities show up: diabetes, cancer, infant mortality, HIV/AIDS, cardiovascular disease, immunization and mental illness.

At the city’s Natural Choice Hair Salon, customers don’t only come in to have their hair cut or braided, they come in to socialize. “There’s a lot of testosterone and estrogen, a lot of debates about men versus women, race issues, sports and politics,” says owner Nate Mitchell over the commotion of his nearly full salon. Unlike many salons, where stylist make ‘idle chit-chat with only their own clients, most conversations at black salons are group sessions, he says. That’s an environment Dr. Thomas thinks is ripe for dispensing information on health, and Mr. Mitchell says he is willing to experiment with the idea of using his salon and nine stylists to spread information about health.

The American Diabetes Association, the American Heart Association and the American Cancer Society recently set up a combined partnership in Pittsburgh to tap another form of “street cred” — short for “credibility.” Working with Dr. Thomas and with funding from the United Way of Pittsburgh, the program seeks to infiltrate 10 communities in the next three years with dozens of volunteer “lay health advisers.” These will be neighborhood residents who will offer informal, street-level education in the three of the seven major health-care hotspots: diabetes, heart disease and cancer. It’s the first time the three national organizations, which usually compete with one another for funds, have collaborated in one city for such a mission. Among their targets are local soul-food proprietors, who need to be persuaded to cut down on greasy, deep-fried food.

Survivor

Alice L. Pittel, a 69-year-old survivor of three heart attacks, is exactly the type of foot soldier who carries the credibility Dr. Thomas thinks is critical to make real inroads into the black community. Ms. Pittel, who works part time for the American Heart Association, recently organized a low-fat, low-salt soul-food demonstration at a Baptist church in the city’s north side. The petite, white-haired Ms. Pittel says she told folks, “If you want to eat fried chicken, remove the skin, dip it in buttermilk and roll it in corn meal or crushed cornflakes or wheaties. Then cook it in the oven on high and you will get a crispy piece of chicken.” For macaroni and cheese, a favorite of hers, she uses whole-wheat elbow pasta, evaporated fat-free milk and soy cheese.

If she can do it, so can others, she says. “I loved pork chops. I loved bacon, fried chicken, potato chips,” she says. “All my greens were cooked in fat.” Her mother died of a heart attack at age 52, and Ms. Pittel had her first at 51, followed by quadruple bypass surgery and a resolution to become a healthier eater and to exercise. “My genes are so against me,” she says. “But I turned that around.”

A soft-spoken, disarming man, Dr. Thomas makes and fields calls on a red cellular phone. His silver Volkswagen Beetle ferries him between the city’s elegant university campus and rough neighborhoods, between people at racial, cultural and economic extremes. His message is the same for all: They need to work together in order to secure the future of the city.

For the disenfranchised poor, many of whom are black, he says the benefit of better health is obvious. What is less obvious is the harm that poor health causes the local economy and the ability of businesses to attract and keep valued employees.

“Health-benefit costs continue to rise,” says Oliver Byrd, a senior vice president at Mellon Financial Corp., while the work force grows “increasingly diverse.” Anything that reduces health-care disparities would result in economic savings for companies, says Mr. Byrd, who also is a board member of the local United Way.

Around the time Dr. Thomas was putting together his e-mail network last year, he learned from the superintendent of Pittsburgh schools, John Thompson, that nearly 11,000 children, many of them African-American, were slated to be suspended from school within 30 days because they lacked measles vaccinations. Dr. Thomas got help from the university’s chancellor, Mark A. Nordenberg, who opened up his office to emergency meetings with dozens of people. One was Rashad Byrdson, a gruff former Black Panther who runs a grassroots, federally subsidized community center in a tough part of town. Mr. Byrdson led volunteers into the most dangerous projects, going door to door to find children who needed shots. Mr. Nordenberg persuaded local hospital systems and health insurers to send out mobile medical units to administer shots.

On the last weekend before the deadline, Messrs. Nordenberg and Byrdson worked together at the parking lot of the Giant Eagle supermarket talking to parents and kids as they got their shots from the mobile units. “There was this sense that we’re all in this together,” says Mr. Nordenberg. “We’re talking about our neighbors.” By the end of the 30 days, more than 10,000 children were immunized.

Things aren’t always that easy to fix. “You can’t talk about health disparity without talking about economic disparity, housing disparity, education disparity,” says Mr. Byrdson a few months after the measles campaign, as he drove down Frankstown Avenue in one of Pittsburgh’s grittiest neighborhoods. Once a thoroughfare of butcher shops, shoe stores and offices, the street is now a collection of garbage-strewn lots, boarded-up or burned-out two-story buildings. “Most African-Americans are in crisis mode. They’re not thinking of prevention,” he says.