



IF IT'S BROKE, CAN WE FIX IT? DIALOGUE ON DIVERSITY'S
EIGHTH ANNUAL HEALTH CARE SYMPOSIUM

Dialogue on Diversity eighth annual Health Care Symposium, held May 14, 2008 at the National Education Association, brought together a stimulating assortment of viewpoints on the main facets of the health care concerns that continue to occupy center stage in American public policy discourse. Speakers in turn lectured and responded to an attentive audience of health care professionals, executives, staff, and interns from a variety of non-profit and public agencies concerned with aspects of health care, and interested lay persons.

The Symposium in its day-long series of workshops attempted to discern the anatomy of the complaints voiced on every hand to the effect that the American scheme of health care provision is “broken” (thus the Symposium title: *If It's Broke, Can We Fix It?*). Speakers on the progress of research in many fields, representatives of the pharmaceutical industry, and others highlighted the steady enhancements strengthening the system of high technology and human skills that power the system. At the same time the fear of coverage gaps for the uninsured in the less affluent sections of American society -- and for even the better off in the event of a job change -- form an alarming dark side to the health care picture. To “fix” this system, a workable funding mechanism is the order of the day -- an innovative design, able to tame the rising costs of health care, and to put in place a plan for meeting the future costs of an older population in the decades ahead.

- **Hon. Tevi D. Troy**, the Deputy Secretary, second in command at the Department of Health and Human Services, speaking at the midday session, outlined the position of his department on the systemic reorientations that promise, largely through market forces, to focus and enhance the technical powers of the health provision industries. In a following roundtable **Albert Collazo**, of the Pharmaceutical Research and Manufacturers of America, discussed the challenge to small business owners in the face of the health care and insurance constraints they must work with, while **Stuart Butler** of the Heritage Foundation and **Stan Dorn** of the Urban Institute analyzed an array of tax and insurance factors in the broader structuring of a workable national health care apparatus outfitted to remedy the more glaring inadequacies of the present. **Dan Perry** of the Alliance for Aging Research offered a concise review of typical afflictions of older Americans, with a sharp focus on Alzheimer's Disease, both the research on its genesis and its possible cures, and on the massive effort to help patients and their families “cope” with the ravages it inflicts.
- **Dinah Wiley**, on the legal staff of the National Immigration Law Center, presented a trenchant analysis of the avenues of access, often sadly limited ones, for immigrant families seeking out the health care sources they must have recourse to for themselves and children. **Shireen Mitchell** of Digital Sisters turned to the problem of computer and other new-era technologies in speeding medical procedures and in rendering them more accurate in diagnoses and treatment choices (instant medical histories accessed from any remote point, for example, can speed identification of the moment's medical condition and can efficiently point toward (and away from!) specific remedial steps). Both inertia in the face of novel modes of operation and a deeply ingrained, but entirely reasonable, concern with patients' privacy have slowed adoption of currently available technology. The resources of computer technology themselves can evolve means for protection for privacy while at once pouring out a flood of useful information to the properly tuned-in eyes and ears of medical professionals.
- A second cause for concern in the health care picture, alongside the massive funding conundrum, is the ubiquitous need for an enhanced “cultural competence” in health care delivery. As emphasized by each of the speakers throughout the day, the sensitive tailoring of health care delivery to the cultural and psychological receptivities of the patients in their own communities is the threshold task in much of medical/health-care practice, from the initial whisperings of preventive urgings, to the core of the

treatment phase for active disease, to sound follow-up practice. These necessities are particularly apparent not only within the specific ethnic and cultural contours of each community of newcomers to American society, but also to the poor, the elderly, and the geographically marginalized in the larger national community. **Monica L. Villalta, M.P.H.**, of Kaiser Permanente dealt specifically with the systematic striving at the KP medical colossus to fashion sensitive and effective cultural targeting, a task in which she shoulders significant responsibility for turning these strivings into realities in the lives of countless patients. **Dr. Michael Royster**, Director for Minority Health and Health Policy, Virginia Department of Health, recounted in painful detail the multiple health care deficits daily bringing acute hardship in minority communities, illustrating these points by reference to video clip from the recent PBS documentary *Unnatural Causes*, which explores in a series of poignant vignettes the effects of ethnic-based care disparities.

- In a closing roundtable the Symposium spotlight shifted to the role of those preventive measures – lifestyle practices, diagnostics, and screening regimes -- that promise to save longer-run medical treatment costs for the conditions of most severe incidence in the early 21st Century, along with the inevitably unmeasured psychic and economic costs imposed on the patients and their families. **Dr. Cristina Rabadán-Diehl**, of the NIH dealt with cardiovascular disease, the number one cause of death, and diabetes, which w; **Yanira Cruz**, President, National Hispanic Council on Aging on the medical and social aspects of growing old in present day American society, especially in its Hispanic communities, **Shelley Edwards** dealt in detail with the scientific aspects and the social hardships that Alzheimer’s disease brings in its train, while **Monique Cuffee** of the American Kidney Fund reviewed the characteristics of the disorders, often insidious ones, produced by faulty kidney functioning. **Susan Wysocki**, President, Nurse Practitioners in Women’s Health, moderated the wide ranging discussion on these first rank health threats in contemporary U.S. society.
- The agenda moved forward throughout the day under the direction of morning MC Prof. Susan Wood of The George Washington University, and, taking over for the midday session, afternoon MC Evelyn Kelley.
- The 2008 Symposium was presented through the sponsorship of Kaiser Permanente, PhRMA, Wyeth Pharmaceuticals, Southwest Airlines, and others.
- As in previous years the Symposium was able, again for the 2008 program, to offer no-cost screening tests by the American Kidney Fund for interested attendees, checking for hypertension, diabetes, kidney function, cholesterol, and other important medical indicators. Persons registering for the Symposium may obtain further in, formation at 301-984-6673, 800-638-8299.

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