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From the Journals: Interview with Dr. David Satcher October 24, 2006

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JACKIE JUDD: Dr. David Satcher, thanks for joining me. The editor of *PLoS Medicine* described your essay as a call to arms for strategies to eliminate health disparities. A fair description?

DAVID SATCHER, M.D., PH.D.: It is fair and I think I was noted during the time that I was surgeon-general for issuing reports that had as a part of the title, "A Call to Action." For example, the Call to Action to Prevent and Reduce Overweight and Obesity, the Call to Action for Responsible Sexual Health and Sexual Behavior, so the idea of calling people to act is something that I support. So I assume a call to arms means that we're ready to act.

JACKIE JUDD: As part of this essay, you pose a really fascinating question, one that was first raised for the *Journal of Health Affairs*. And that is, what if we had eliminated disparities in health in the last century? What were some of the answers you came up with?

DAVID SATCHER, M.D., PH.D.: For example, Jackie, we looked at the year 2000, and we said, "What if we eliminated disparities in health in the last century?" When in the year 2000 alone, that would have been 83,500 fewer African-American deaths. Among those 83,000, there would have been 24,000 fewer deaths from cardiovascular disease, 22,000 fewer deaths among African-Americans from diabetes, even 4,700

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fewer African-American babies would have died in the year 2000 if we had eliminated disparities. We call those excess deaths. Not to say that the situation for the majority of the population was perfect, because we know that many other countries have better data than we, but in this country that is what we could have achieved if we had eliminated disparities.

JACKIE JUDD: You come up with some strategies or for some solutions, probably principal among them is universal access to care.

DAVID SATCHER, M.D., PH.D.: Yeah, I have believed throughout my career that as a nation, we should have a system of health care that provides universal access. Now as surgeon-general, I have said it should be a balanced health system, balanced in terms of health promotion, disease prevention, early detection and universal access. And I say that because I believe when it comes to cost, if we want to save money, one way to do it is to shift more emphasis into health promotion and disease prevention and stop paying all that we're paying now for treating diseases and their complications, many of which we could prevent in the first place, but universal access is cheap.

JACKIE JUDD: It's the starting point. You also talk about better representation among health professionals, recognizing the link between culture and the quality of care.

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Then you also talk about breaking down responsibilities among individuals, among community organizations, among policy-makers into a model involving downstream, midstream and upstream. Walk us through that.

DAVID SATCHER, M.D., PH.D.: Well, this is what I call a McKinley model. It was actually first referred to by McKinley for childhood nutrition, but downstream relates to what we do with and for individuals. Getting them to change their lifestyle, for example, as we're doing with the 100 Black Men, or getting access to care for individuals, every person has a medical home. That's downstream, what we do with individuals.

Midstream is what we do in the community. For example, if we try to get the schools to move toward physical activity, K-through-12, and to be a model in terms of good nutrition for children so that they develop the right habits, so working along with the home to develop these habits. Or if we say that we need to provide safe places for people to be physically active in the community, parks, or what have you. That's midstream.

Upstream, however, is the area of policy. We need to change some policies, whether that's universal access to health care, or the Wellness policy that was passed by Congress last year, which said, in essence, that every school district must have in place a wellness policy if it receives

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federal funds. That means that many school districts have now developed wellness policies that are going to significantly improve the health of children and their experience at school.

JACKIE JUDD: As you mentioned earlier, Dr. Satcher, you have been at this for many, many years. How would you describe where this issue stands today compared to where it stood 10 or 15 years ago? You just mentioned some action in Congress, but step back and take a broader picture.

DAVID SATCHER, M.D., PH.D.: Well, I think today, compared to 15 years ago, we can say a few things. Number one: We have made progress for all groups in this country, and then sometimes people misunderstand that, but the infant mortality rate, the life expectancy, those things have improved for all groups in this country since 1990, for example, and 1985. So we've made progress for all groups. What has not changed significantly are what we call mortality ratios or disparities. Even though black babies are less likely to die in the first year of life, they're still more likely to die than majority babies, so we've made progress.

On the other hand, if you look at an area like childhood immunization, we have almost eliminated disparities in that part of our health care initiative. So now that we have targeted disparities, I expect to see some significant closing of the gap, because that's how you close the gap.

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When we started the Immunization Program at the CDC, when I was director there in the early 1990s, we actually targeted those groups that had the lowest immunization rates. The overall immunization rate in the country was only about 50-percent for children by the age of 2. In Vermont, however, it was 17-, Detroit it was 29-percent. We said in addition to improving for all children, we need to target those children who are left behind. And that's the only way you close the gap. That's the only way you're going to eliminate disparities. You actually say, "What is it going to take for those groups to catch up?" You target those groups in terms in culture, in terms of socio-economic status, whatever, but you target the thing that is responsible for them being left behind.

JACKIE JUDD: The other thing is when you say, "What is it going to take?" It seems a key point in your essay is that it's going to take more than one sector of the population. It's more than the doctors. It's more than the policy-makers. It's more than the individuals. It's everyone.

DAVID SATCHER, M.D., PH.D.: Yes, and I think it's important to point out that it's not just health care. If we're going to eliminate disparities in health, we pointed to at least five things. We have to improve access to quality health care, yes. We've also got to improve lifestyles, behavior. What is it going to take to improve the way people

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behave, what they eat, whether they're physically active? What is it going to take to improve the environment? I mean, if people are suffering because of the kind of environments they live in, if we're going to eliminate disparities in health, we have to have programs that target environmental differences that disproportionately impact the same groups. And so all those areas have to be a part of our strategy if we're going to eliminate disparities in health.

JACKIE JUDD: Dr. David Satcher, thank you very much.

DAVID SATCHER, M.D., PH.D.: You are quite welcome, Jackie. Great being with you.

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