

**Onondaga Citizens League  
2007 Study: Health Inequalities in Onondaga County**

**Public Session #1:**

**Health Inequalities and Maternal and Child Health**

Tuesday, April 10, 2007

4:30 to 6:00 p.m.

Salud

416 West Onondaga Street, Syracuse, NY 13210

---

**Panelists:**

Richard Aubry, MD  
Professor, Obstetrics and Gynecology  
Director, Academic and Community Obstetrics  
Medical Director, Center for Maternal and Child Health  
SUNY Upstate Medical University

Luis Castro, MD  
Medical Director, Westside Family Health Center  
Executive Council Member, Syracuse Healthy Start

Kathleen Coughlin, MPA  
Project Director, Syracuse Health Start

Moderator: Mary Jensen, OCL 2007 Study Report Committee

Appendices, 2007 Study, Public Session #1, 4-10-07

---

**Panelist: Richard Aubry, MD**

Dr. Aubry introduced himself, saying that he has been dedicated to the field of maternal and child health for the past 30 years. Since the 1960s at Upstate Medical University, the goal has been to increase the healthy outcomes of pregnancy by doing risk assessments of physical factors of mothers-to-be and looking at the increase in babies born who are at risk.

From this work, there has been a reduction in fetal and maternal deaths. In the 1980s, there was a leveling off of fetal and maternal deaths. This reduction was due, primarily, to increased technology and medical systems and not, according to Dr. Aubry, to socio-economic, racial or geographic determinants.

Dr. Aubry wanted to study these aspects more, and completed graduate studies at Harvard University and returned to Central New York in 1987. In the early 1990s, Healthy Start began, as well as other regional programs and those at Upstate. Dr. Aubry believes, after having studied and worked in the maternal and child health field for three decades, the problems that exist are societal and community-related in nature, as opposed to racially or culturally oriented.

Dr. Aubry continued that he speaks during this public session from a perinatal perspective only, that is obstetrical and newborn care, and offered a number of statistics and handouts during his presentation [refer to Appendices, 2007 Study, Public Session #1, 4-10-07]

From both his own observations and the perinatal and infant data which he has provided, Dr. Aubry stated that severe maternal and child health care disparities exist, and the fact that such problems still remain is “a huge problem” and “unforgivable.” In our country, those in higher economic brackets receive the best care, while those in lower economic brackets receive sub-standard care and the situation is getting worse. While referencing Onondaga County, Dr. Aubry pointed out that what is happening here is a reflection what is happening in the U.S. Disparities in maternal and child health care is a “national problem” and is “embarrassing” internationally. The U.S. ranks 30-35 among nations in health outcomes, even though we have 3 to 4 times the income per capita per birth.

Referring to data provided, Dr. Aubry states that non-White mothers are at a distinct disadvantage. Their point of entry to pre-natal care and the number of total pre-birth visits is lower than those of White women, with often 4, 8 to 12 weeks lapses from the onset of pregnancy before seeing a physician. Various screening options are employed less; and breastfeeding is more common among White women versus non-White women.

We need to change the content of pre-natal care, whereby women help themselves and each other. Birth is not the end of the maternal and child health cycle, but the beginning of it. Monitoring should be done well into several years after a child’s birth.

In conclusion, Dr. Aubry feels that only a societal effort will improve health inequalities in maternal and child health, with emphasis placed on pre-natal, infant and childhood health; education; and universal health insurance and a re-distribution of wealth.

### **Panelist: Luis Castro, MD**

Dr. Castro introduced himself as a family physician whose practice includes obstetrics and gynecological health. He has been the Medical Director of Westside Family Health Center, located at 216 Seymour Street, Syracuse, for the past nine years.

The observations and data provided by Dr. Aubry reflect what he sees at his center. His patients are 60 to 70 percent Latino, and language in a traditional healthcare setting can set up barriers for his client base.

Dr. Castro and his staff started a Pregnancy Club, just for pre-natal patients, one day a week (on Monday). The members have a group visit with Dr. Castro, a nutritionist, lactation consultant

and social worker. In this environment, the women can share knowledge and empathize with each other.

He is proud that his practice over the last nine years has had a steady increase in the numbers of healthy deliveries, showing a decrease in low-weight babies and fetal deaths. He attributes it to the Pregnancy Club and the ability of women to receive care at an earlier stage of pregnancy and the ability to share directly with other women.

One of the most important aspects of Dr. Castro's practice is delivering what he refers to as "culturally competent care," a national standard of healthcare delivery with increasing implications. This concept asserts that caregivers understand how patients of various ethnic backgrounds act in a clinical setting and, further, to communicate with patients in their native language, directly or through an approved translator, to ensure the best possible care.

Latinos, he finds, when communicating in the language they best understand, want more care, and are just as compliant as Caucasians.

Why is culturally competent care important? According to Dr. Castro, the U.S. population is becoming increasingly made up of those of Hispanic (Mexican) backgrounds, and this population is growing.

[Study Writer's Note: The United States Census Bureau, July 1999, states that by 2020, 35 percent of the American population will consist of ethnic minorities--an amount considerably higher than today's 28 percent. Also see article by Oliver Goldsmith, MD, Medical Director and Chairman of the Board of the Southern California Permanente Medical Group (SCPMG), and a member of the Executive Committee of The Permanente Federation, about Cultural Competent Health Care at <http://xnet.kp.org/permanentejournal/winter00pj/competent.html>.]

Most Latinos, according to Dr. Castro, want to use their native language. They are unaware of diabetes, hypertension, coronary heart disease, but when informed, they participate in care and 50% are treated optimally. Alcohol and tobacco use is as high among Latinos as Blacks, says Dr. Castro, but language barrier can create a lack of understanding, which leads to distrust and non-compliance with care directives.

Dr. Castro also sees the strides his clinic has made in the past nice years with regard to culturally competent care. When the Westside Family Health Center opened, their appointment no-show rates were about 20 percent. Today it is at about 9 percent. Dr. Castro credits his staff for providing a continuity of care over these years, with patients becoming more familiar and more trusting of staff. He also cites the culturally competent care provided by the clinic's staff and the concern that the center has for the Latino and Westside communities in general.

Dr. Castro can cite many instances of how language can become a barrier to care. He thinks the solution is having healthcare providers who speak the language of their patients, having medically trained interpreters when they cannot, and having healthcare providers learn about various cultures so they can show a respect and esteem for cultures and patients.

**Panelist: Kathleen Coughlin, MPA**

Healthy Start was begun ten years ago (celebrating its 10<sup>th</sup> anniversary this year) to combat infant mortality, which has been three times more prevalent in non-Whites, and evolved into a mission of not just addressing infant mortality rates, but the disparities between White and African-American healthcare. Healthy Start carries out its mission in several ways: case management; community outreach and education.

In the area of case management and RN makes visits to identified mothers for up to six months after a baby's birth. Other workers help clients learn how to have healthy pregnancies and births, and refer women to a perinatal depression clinic, offered with the help of state funding. A registry service tracks data, including medical and sociological risks, birth weight and pregnancy outcomes. Data helps guide the program and impact affected populations.

Outreach is done through a consortium of programs and services, such as Family Ties. Consumer and provider education is a main focus. Neighborhood outreach workers help "in the fly" and seek referrals from those in the communities they serve.

Healthy Start's education initiatives focus on "what is a healthy pregnancy?" Education is constantly evolving, and is done primarily through Onondaga County libraries and community centers.