

Capsule commentary on James et al., Impact of a population health management intervention on disparities in cardiovascular disease control

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The paper by James et al. is a secondary analysis that asks the question that must be asked of any population health intervention: does the intervention have equal or significant impact on subgroups of the larger population?¹ The original intervention targets improved cardiovascular health outcomes by trialing two approaches to population health management: an information technology (IT) intervention and a personalized health coordinator (PHC) intervention. James et al. examined whether an IT intervention alone or an IT intervention plus a PHC could reduce cardiovascular health disparities in non-Hispanic black and Hispanic patients. Their metrics for cardiovascular control were LDL and blood pressure. They were considered at goal if measurements met guidelines or if treatment was optimal. They found that non-Hispanic white patients significantly benefited from both interventions but there was a non-significant trend towards improvement for minority patients.

The authors discuss several potential reasons why they were unable to achieve better outcomes for all participants. Historically, large-scale efforts at quality improvement have done little to take health equity into account.² The issue appears more nuanced than just one of race or ethnicity, and the authors point out that socioeconomic factors may play an unrecognized role in the success of their program. Yet, other studies have demonstrated disparities can persist for minority patients, even when controlling for factors such as access to insurance.^{3, 4}

This does not mean we should abandon population health initiatives but rather design them to be adaptable for specific

groups as needed. This likely will necessitate cultural, economic, and regional adaptations for large-scale interventions as much as racial or ethnic adaptations. The authors suggest they may enhance this intervention by incorporating community participants. Community-based participatory research holds promise for reaching groups that have been difficult to reach by traditional means.⁵ With future population health initiatives we need to follow the authors' lead: to not assume that what helps the many helps all. Community-based partnerships will also be key in developing future population health initiatives relevant to all targeted patients.

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Compliance with ethical standards:

Conflict of interest: The author has no conflicts of interest with this article.

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