FROM THE EDITORS' DESK

Leading the Way in Health Disparities Research

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Over the past ten years, the *Journal of General Internal Medicine* has led the way in publishing research and commentary highlighting the impact of disparities on health and healthcare delivery. Since 2005, the journal has published 215 articles that contain the keywords “health disparities”. The next closest peer journal is *JAMA*, with 167 articles; others lag far behind (e.g. *Annals of Internal Medicine* published just 29 articles over this same time period). While as a society we have not come close to former Surgeon General Dr. David Satcher’s call to eliminate health disparities by the year 2010, *JGIM* has continued to shine a light on this shameful national tragedy by featuring high-quality original research that not only underscores the impact of racial and ethnic disparities, but also has broadened the scope of research on health disparities to include discrimination against persons with certain diseases such as sickle cell anemia¹, discrimination against sexual minorities², and groundbreaking work on the insidious influence of unconscious bias on health care delivery³.

In this issue of *JGIM*, Perez et al.⁴ report on health care system experiences of adults who stutter. While accurate data are difficult to find, it seems that the prevalence of stuttering in the adult general population is at least 0.5 %, and may be as high as 1 %. And as the authors point out, adults who stutter report lower self-perceived mental health and quality of life and worse social and emotional functioning compared to adults who do not stutter.

Perez et al. recruited 16 adults who stutter from a national conference on stuttering to participate in three focus groups and to complete a written survey collecting information on their health status, impact of stuttering on their life and basic demographics. Participants were mostly men and in the written survey reported that stuttering had minimal impact on their lives. However, the qualitative analysis revealed that, in fact, stuttering had a significant impact on their experiences with the health care system. Five major themes were identified,

including discomfort speaking with physicians and staff, avoidance of health care because of stuttering, and reliance on friends or family to navigate health care interactions for them. One quote in particular from one of their focus group participants underscores the poignant dilemma faced by persons who stutter: “*I don’t go in (to seek health care) unless I need to—unless it’s like a life-or-death thing... because I don’t want to talk and explain in great detail what’s going on.*” While the authors were unable to link stuttering with health outcomes in this exploratory analysis, it is easy to imagine that avoidance of health care among adults who stutter would lead to disparities in receipt of preventive care and to delays in seeking care for potentially serious symptoms.

While health disparities that impact racial and ethnic minorities continue to be the most serious and shameful health care issue of our time, it is important to recognize that disparities may also impact persons with other differences. The study by Perez et al. on the health communication challenges faced by adults who stutter reminds us to be vigilant for all possible manifestations of health disparities, both unconscious and intentional.

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