

Minority Populations And Health

This two part issue will address the special patient needs of the minority population. Differences in patient populations, risk and treatment are discussed for such chronic diseases as diabetes, hypertension, stroke, breast cancer, and obesity. The goal is to reduce and ultimately eliminate health disparities in minority populations.

Presents data for a selected set of health status indicators to monitor and evaluate the health of a given community or population. These indicators are a subset of the Year 2000 National Health Objectives, which include 13 health status indicators and 5 risk indicators: infant deaths, births to teenagers, low birth weight infants, early prenatal care, deaths due to all causes, deaths due to motor vehicle crashes, lung cancer deaths, unintentional injury deaths, suicides, homicides, coronary heart disease deaths, stroke deaths, breast cancer deaths, and incidence of AIDS, TB, measles, and Syphilis. Charts.

The Disadvantaged Minority Health Improvement Act

Understanding Racial and Ethnic Differences in Health in Late Life

Unequal Treatment:

Ethnic Minority Populations Mental Health Issues

A Report to the Michigan Department of Mental Health

Report of the Secretary's Task Force on Black & Minority Health: Cardiovascular and cerebrovascular disease (2 v.)

Racial and ethnic disparities in health care are known to reflect access to care and other issues that arise from differing socioeconomic conditions. There is, however, increasing evidence that even after such differences are accounted for, race and ethnicity remain significant predictors of the quality of health care received. In Unequal Treatment, a panel of experts documents this evidence and explores how persons of color experience the health care environment. The book examines how disparities in treatment may arise in health care systems and looks at aspects of the clinical encounter that may contribute to such disparities. Patients' and providers' attitudes, expectations, and behavior are analyzed. How to intervene? Unequal Treatment offers recommendations for improvements in medical care financing, allocation of care, availability of language translation, community-based care, and other arenas. The committee highlights the potential of cross-cultural education to improve provider-patient communication and offers a detailed look at how to integrate cross-cultural learning within the health professions. The book concludes with recommendations for data collection and research initiatives. Unequal Treatment will be vitally important to health care policymakers, administrators, providers, educators, and students as well as advocates for people of color.

Scientific evidence from different countries around the globe shows that those with low or inadequate health-related knowledge and skills include all ages, social, and economic backgrounds. The consequences of this inadequacy simultaneously affect individuals, healthcare systems, and society in many ways, such as healthcare quality and cost. Research on health literacy can provide insight on how to improve the communication of health issues, raise awareness, and promote the lifelong learning of patients and healthcare professionals. Optimizing Health Literacy for Improved Clinical Practices examines the latest advances in providing and helping patients and medical professionals to understand basic health information and the services that are most appropriate. Featuring coverage on a broad range of topics such as patient engagement, mobile health, and health communication, this book is geared towards medical professionals, hospital administrators, healthcare providers,

academicians, and researchers in the field.

Lessons Learned in Conducting Research on Health Promotion and Minority Aging Culture, Race, and Ethnicity : Executive Summary : a Supplement to Mental Health : a Report of the Surgeon General

Programming to Eliminate Health Disparities Among Ethnic Minority Populations

An Introduction to Health Disparities in the United States

The Science of Health Disparities Research

A Perspective Into Healthcare Disparities

As the population of older Americans grows, it is becoming more racially and ethnically diverse. Differences in health by racial and ethnic status could be increasingly consequential for health policy and programs. Such differences are not simply a matter of education or ability to pay for health care. For instance, Asian Americans and Hispanics appear to be in better health, on a number of indicators, than White Americans, despite, on average, lower socioeconomic status. The reasons are complex, including possible roles for such factors as selective migration, risk behaviors, exposure to various stressors, patient attitudes, and geographic variation in health care. This volume, produced by a multidisciplinary panel, considers such possible explanations for racial and ethnic health differentials within an integrated framework. It provides a concise summary of available research and lays out a research agenda to address the many uncertainties in current knowledge. It recommends, for instance, looking at health differentials across the life course and deciphering the links between factors presumably producing differentials and biopsychosocial mechanisms that lead to impaired health.

Background: Studies have shown that racial and ethnic Minorities have poorer access to medical care when compared to Whites. Much of the research regarding Minority access to care issues reflects national data that has made it difficult to extrapolate findings to accurately reveal disparities that exist within a particular community. The purpose of this study was to determine if there was an association between race and access to medical care in the state of Virginia. Objectives: To determine if there is an association between race/ethnicity and access to medical care when comparing different Minority populations to the White population; assess any differences between Minority populations with regards to access to medical care, and identify other risk factors that may modify the association between race/ethnicity and access to medical care.

Methods: Data was collected from the 2002 Behavioral Risk Factor Surveillance System (BRFSS) for N= 4,392 Virginian respondents. Descriptive statistics and prevalences were done to assess the sample based on unweighted data. The weighted sample was then applied for univariate and multivariate analyses with 95% confidence intervals (CI) to examine the risk estimates (odds ratios/ORs) and assess the relationship between race/ethnicity and access to medical care. Pearson chi-square analyses determined which variables to control for in the logistic regression model. SPSS 13.0 software was used for all analyses. Results: Blacks and Hispanics were more likely to be at risk for not having access to medical care (crude ORs = 1.20, 95% CI = 1.19-1.21 and 1.64, 95% CI =

1.61-1.66, respectively) when compared to Whites. Relative to Whites, Asian/Pacific Islanders and Native Americans were more likely to have access to health care (crude ORs = 0.71, 95% CI = 0.70-0.73 and 0.90, 95% CI = 0.84-0.93, respectively). After adjustment for confounders, there was a significant inverse association found between Minority populations and not having access to medical care when compared to Whites. Adjusted ORs for Blacks = 0.71, 95%CI = 0.70-0.72, for Asian/Pacific Islanders 0.80, 95%CI = 0.75-0.80, for Native Americans = 0.74, 95%CI = 0.70-0.78, and Hispanics = 0.59, 95%CI = 0.58-0.60. With regard to the adjusted ORs, there were no notable differences found between the different Minority populations. The relationship between race/ethnicity and access to care appeared to be modified by other predictors in the model. Specifically, female gender, being young or of middle age, no insurance status, poor health status, and little or no income, became stronger predictors for determining those groups who were more at risk for not receiving access to medical care in Virginia as oppose to race. Conclusion: The study strongly recommends that continued surveillance is needed to monitor access to care for Minority populations in the state of Virginia. Further research would be needed to assess these populations access over time, determine how interactions between race and other risk factors affect access, and design interventions that will succeed in teaching us more about the causal pathways that lead to such racial inequalities in access to medical care.

Minority Populations and Health

Critical Perspectives on Racial and Ethnic Differences in Health in Late Life

Cancer Prevention in Minority Populations

Health Behavior Research in Minority Populations

Minority Health in America

Cultural Implications for Health Care Professionals

Study examines public health problems in the following categories: infectious disease, chronic non-infectious disease, environmental conditions, alcohol/tobacco/other use, unintentional injury, violence, unintended pregnancy, pregnancy and birth, child growth and development, mental health, and service delivery systems.

In this crucial contribution to current debates, Natalie Darko exposes the misconception that health research and health services are equally effective for all. She highlights their failures in engaging with Black and Minority Ethnic (BME) groups. Drawing on case studies, this book presents essential examples of culturally tailored recruitment, engagement and partnerships with BME groups in research and public health engagement. Drawing attention to the organisational, structural and cultural barriers that prevent access for BME groups, this important book exposes the practices in health research, clinical practice, commissioning and health services that perpetuate the stereotyping of BME groups as 'hard to reach'.

Preliminary Report

Communities in Action

Health Status and Health Needs Assessment of Racial and Ethnic Minority Populations, Rice County, Minnesota

Living and Dying in Arizona

Optimizing Health Literacy for Improved Clinical Practices

Minority Populations in Minnesota

"A current and comprehensive coverage of a major public health policy issue grounded in a well-designed survey and insightful analyses." -- Journal of Community Health

In the United States, some populations suffer from far greater disparities in health than others. Those disparities are caused not only by fundamental differences in health status across segments of the population, but also because of inequities in factors that impact health status, so-called determinants of health. Only part of an individual's health status depends on his or her behavior and choice; community-wide problems like poverty, unemployment, poor education, inadequate housing, poor public transportation, interpersonal violence, and decaying neighborhoods also contribute to health inequities, as well as the historic and ongoing interplay of structures, policies, and norms that shape lives. When these factors are not optimal in a community, it does not mean they are intractable: such inequities can be mitigated by social policies that can shape health in powerful ways. Communities in Action: Pathways to Health Equity seeks to delineate the causes of and the solutions to health inequities in the United States. This report focuses on what communities can do to promote health equity, what actions are needed by the many and varied stakeholders that are part of communities or support them, as well as the root causes and structural barriers that need to be overcome.

Analysis of Health Indicators for California's Minority Populations

Minority Populations and the Mental Health System

'Hard to Reach'? Demystifying the Misconceptions

Hearing of the Committee on Labor and Human Resources, United States Senate, One Hundred Third Congress, First Session, on Examining the Current State of Health Care for Minority Populations, and on Proposed Legislation to Authorize Funds for Programs of the Disadvantaged Minority Health Improvement Act of 1990 (P.L. 101-527), June 30, 1993

Examining the Health Disparities Research Plan of the National Institutes of Health

Report of the Secretary's Task Force on Black & Minority Health: Crosscutting issues in minority health

Race and Research: Perspectives on Minority Participation in Health Studies is a teaching text and resource guide for students, health professionals, public health researchers, and the general public that extends the discussion of environmental factors that influence ethnic minority participation in health studies. This book examines the lack

of minority participation in health studies from social, historical, and scientific perspectives. This book is divided into three main sections: 1) The Meaning of Race, Culture and Ethnicity in Research; 2) Health Studies and Ethnic Minority Populations and 3) The Impact of Revolutionary Changes in Medicine and Health Care on Minority Participation in Health Studies.

The book discusses the impact of genetics, social determinants of health, the environment, and lifestyle in the burden of cardiometabolic conditions in African American and Hispanic/Latinx populations. It includes fully updated and revised chapters on genetics and CVD risk, epidemiology of cardiovascular health, cardiovascular imaging, dyslipidemias and other emerging risk factors, obesity and metabolic syndrome, heart failure, and genetic variations in CVD. Unique aspects within African American and Hispanic/Latinx populations are explored with suggested appropriate therapeutic interventions. New chapters focus on ASCVD risk assessment, emerging precision medicine concepts, the impact of diabetes, resilience and CVD survival, and lifestyle and dieting considerations. Written by a team of experts, the book examines the degree to which biomedical and scientific literature can clarify the impact of genetic variation and environment on cardiovascular disease. The Second Edition of Cardiovascular Disease in Racial and Ethnic Minority Populations is an essential resource for physicians, residents, fellows, and medical students in cardiology, internal medicine, family medicine, clinical lipidology, and epidemiology. Report on the Health Status of Minority Populations in Illinois, 1998 Mental Health

A Health Status Report

Recruitment and Retention in Minority Populations

Status Report

Interim Report on the Health Status of Minority Populations in Illinois

In the United States, health among racial and ethnic minorities, as well as poor people, is significantly worse than the overall U.S. population. Health disparities are reflected by indices such as excess mortality and morbidity and shorter life expectancy. Examining the Health Disparities Research Plan of the National Institutes of Health is an assessment of the National Institutes of Health (NIH) Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities. It focuses on practical solutions to remedy the state of the current health disparity crisis. The NIH has played the leading role in conducting extensive research on minority health and health disparities for more than two decades. Although additional research is critical to facilitating a better understanding of the overarching social, economic, educational, and environmental factors that predispose groups to specific diseases and conditions, there is also a great need to translate the existing and new information into best care practices. This means increasing communication with affected populations and their communities. Examining the Health Disparities Research Plan of the National Institutes of Health presents solutions to improving the health disparities nationwide and evaluates the NIH strategy plan designed to actively correct and combat the ongoing health disparities dilemma.

Despite projections of significant growth in older minority populations, researchers have little more than surface-level appreciation of how cultural factors will shape mental and physical health

outcomes. This volume is part of a new wave of studies designed to address the issue of recruiting and retaining minority elders for participation in research studies. The authors highlight the strengths and weaknesses of a wide array of research designs, ranging from small, in-depth qualitative studies to randomized, controlled behavioral interventions. Several chapters focus on successes with African American, Chinese American, and Mexican American elders. The practical advice contained herein will have great appeal to those working to advance the field of gerontological research.

Unfinished Business

Improving Health Among Ethnic Minority Populations

Confronting Racial and Ethnic Disparities in Health Care (with CD)

Pathways to Health Equity

Engaging Black and Minority Ethnic Groups in Health Research

Perspectives on Minority Participation in Health Studies

In their later years, Americans of different racial and ethnic backgrounds are not in equally good--or equally poor--health. There is wide variation, but on average older Whites are healthier than older Blacks and tend to outlive them. But Whites tend to be in poorer health than Hispanics and Asian Americans. This volume documents the differentials and considers possible explanations. Selection processes play a role: selective migration, for instance, or selective survival to advanced ages. Health differentials originate early in life, possibly even before birth, and are affected by events and experiences throughout the life course.

Differences in socioeconomic status, risk behavior, social relations, and health care all play a role. Separate chapters consider the contribution of such factors and the biopsychosocial mechanisms that link them to health. This volume provides the empirical evidence for the research agenda provided in the separate report of the Panel on Race, Ethnicity, and Health in Later Life.

Abstract: A US Department of Health and Human Services (DHHS) report examines the impact of a broad range of behavioral, societal, and health care issues concerning the health of US blacks and minorities on current departmental program areas. Six topics were identified as priority areas: cancer, cardiovascular disease and stroke, chemical dependency (alcohol, illicit drugs, cigarettes) diabetes, homicide and accidents, and infant mortality. Subcommittee summary reports are intended for each of these 6 areas. Data also are presented on the social characteristics of minority populations, mortality and morbidity indicators, health services and resources, an inventory of DHHS program efforts, and a survey of non-federal organizations. Recommendations are provided for health information and education, health services, health professions development, cooperative efforts, data development, and research needs. (wz).

An Assessment of the Health Status of Minority Populations in Wyoming

Report of the PHS Task Force on Minority Health Data

Minority Health and Disparities-related Issues

Findings and Policy Implications from the Commonwealth Fund Minority Health Survey

A Critical Examination and Revisioning of Minority Health Frameworks, Research

Methodologies, and Intervention Models Addressing South Asian American Health

Disparities

A Research Agenda

Integrates the various disciplines of the science of health disparities in one

comprehensive volume *The Science of Health Disparities Research* is an indispensable source of up-to-date information on clinical and translational health disparities science. Building upon the advances in health disparities research over the past decade, this authoritative volume informs policies and practices addressing the diseases, disorders, and gaps in health outcomes that are more prevalent in minority populations and disadvantaged communities. Contributions by recognized scholars and leaders in the field—featuring contemporary research, conceptual models, and a broad range of scientific perspectives—provide an interdisciplinary approach to reducing inequalities in population health, encouraging community engagement in the research process, and promoting social justice. In-depth chapters help readers better understand the science of minority health and health disparities while demonstrating the importance of advancing theory, refining measurement, improving investigative methods, and diversifying scientific research. In 26 chapters, the book examines topics including the etiology of health disparities research, the determinants of population health, research ethics, and research in African American, Asians, Latino, American Indian, and other vulnerable populations. Providing a unified framework on the principles and applications of the science of health disparities research, this important volume: Defines the health disparities science and suggests new directions in scholarship and research Explains basic definitions, principles, and concepts for identifying, understanding, and addressing health disparities Provides guidance on both conducting health disparities research and translating the results Examines how social, historical and contemporary injustices may influence the health of racial and ethnic minorities Illustrates the increasing national and global importance of addressing health disparities Discusses population health training, capacity-building, and the transdisciplinary tools needed to advance health equity A significant contribution to the field, *The Science of Health Disparities Research* is an essential resource for students and basic and clinical researchers in genetics, population genetics, and public health, health care policy and epidemiologists, medical students, and clinicians, particularly those working with minority, vulnerable, or underserved populations.

Public health focuses on promoting health and preventing disease at the population level. More recently, the enterprise of public health in the United States has emphasized the importance of understanding and eliminating disparities in health indicators among racial and ethnic minority populations. Federal surveillance systems often aggregate ethnic groups originating from Asia into a singular category, despite tremendous diversity of cultural features, demographic characteristics, and historical patterns of migration in the United States. Moreover, mainstream institutions have deemed members of this ethnic community as a "model minority" and as such, not a high priority for health and social service endeavors. This is especially true for the South Asian community--individuals with origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka, and other areas of the Diaspora--for which a lack of attention on health prospects is evident within the field of public health. In addition, much of this poor ascription is internalized by community members and, as a result, public concern about issues of health and social inequities are often absent. This is despite evidence of

disparities in adverse outcomes pertaining to cardiovascular disease, cancer, and specific forms of violence, among other disparities. With these considerations in mind, the objectives of this dissertation are to: (1) examine multilevel (e.g., social, cultural, organizational, behavioral) influences on understanding and addressing disparities in tobacco-related disease and violence among South Asians in the United States; (2) elucidate considerations for conducting health disparities research and/or implementing targeted intervention strategies among South Asian American communities; (3) assess the ability of culturally-oriented and/or community-based minority health frameworks to adequately identify and impact the health and well-being of South Asian populations in the United States. To accomplish these objectives, the dissertation is comprised of two qualitative studies which examine the cultural context of tobacco use and the organization response to specific forms of violence among South Asians in the United States. The first study elucidates unique considerations in conducting health survey research measuring the prevalence and impact of culturally-valued behaviors strongly associated with preventable conditions. The second study examines how organizations--individually and collectively--respond to stigmatized yet preserved patterns of behavior which have adverse health and social consequences. By focusing on existing disparities, these studies highlight directions for more nuanced research to identify multiple targets for intervention for current issues of public health concern. Concurrently, study findings provide insight into areas where contemporary minority health frameworks may benefit from critical reflection, revision, and expansion. Study results indicate that cultural values and social position are key determinants of health knowledge, at-risk behavior, and preservation of normative structures associated with disproportionate indices of poor health. Situational identity and a reluctance to address issues with disenfranchised minority populations seem to supersede awareness and articulation of health and social consequences related to behavior and prospects of community well-being. These patterns are pivotal in enhancing modalities of public health research and practice in understanding and addressing excess burdens of illness and injury in the rapidly-growing minority population. Moreover, public health frameworks focusing on minority populations don't often account for these unique considerations as they relate to cultural identity, social position, and ethnic distinction. Dissertation study findings and analyses demonstrate a necessity for heightened attention to creating surveillance measures which adequately and accurately assess culturally-specific contexts of health behavior. They also highlight the complexities of designing and implementing targeted strategies--in the absence of prescriptive approaches--which target cultural norms as a primary determinant. By understanding and incorporating these considerations into research and practice, public health endeavors may achieve more success in its vital goal of eliminating racial and ethnic disparities. Furthermore, these studies may also highlight conceptual and practical attributes which have considerable overlap with emergent populations. Commitment to an ongoing awareness and incorporation of dynamic cultural contexts--especially among understudied populations--will enable the field of public health to truly have a significant impact on all communities which depend on its success.

Health Disparities in Arizona's Racial and Ethnic Minority Populations
Race & Research

Access, Design, and Implementation : [workshop Proceedings]

Improving the Health of Virginia's Minority Populations

The Health of Rhode Island's Minority Populations

Access to Medical Care Among Minority Populations in Virginia

"The text is state-of-the-art in its analysis of health disparities from both domestic and international perspectives. *Minority Populations and Health: An Introduction to Health Disparities in the United States* is a welcome addition to the field because it widens access to the complex issues underlying the health disparities problem."-- Preventing Chronic Disease/CDC, October 2005 "This is a very comprehensive, evidence-based book dealing with the health disparities that plague the United States. This is a welcome and valuable addition to the field of health care for minority groups in the United States."-- Doody's Publishers Bulletin, August 2005 "Health isn't color-blind. Racial minorities disproportionately suffer from some diseases, but experts say race alone doesn't completely account for the disparities.

Newsweek's Jennifer Barrett Ozols spoke with Thomas LaVeist, director of the Center for Health Disparities Solutions at Johns Hopkins Bloomberg School of Public Health and author of the upcoming book, *Minority Populations and Health: An Introduction to Health Disparities in the U.S.* (Jossey-Bass) about race and medicine."-- MSNBC/Newsweek interview with author Thomas L. LaVeist, February 2005 "The book is readable and organized to be quickly read with specifics readily retrievable. It is comprehensive and visual."-- Journal of the American Medical Association, September 2005 *Minority Populations and Health* is a textbook that offers a complete foundation in the core issues and theoretical frameworks for the development of policy and interventions to address race disparities in health-related outcomes. This book covers U.S. health and social policy, the role of race and ethnicity in health research, social factors contributing to mortality, longevity and life expectancy, quantitative and demographic analysis and access, and utilization of health services. Instructors material available at <http://www.minorityhealth.com>

Cardiovascular Disease in Racial and Ethnic Minority Populations

Working Towards Better Health

Report of the Secretary's Task Force on Black & Minority Health: Executive summary

Improving Minority Health Statistics

Health Profile, Black and Minority Populations in New Jersey