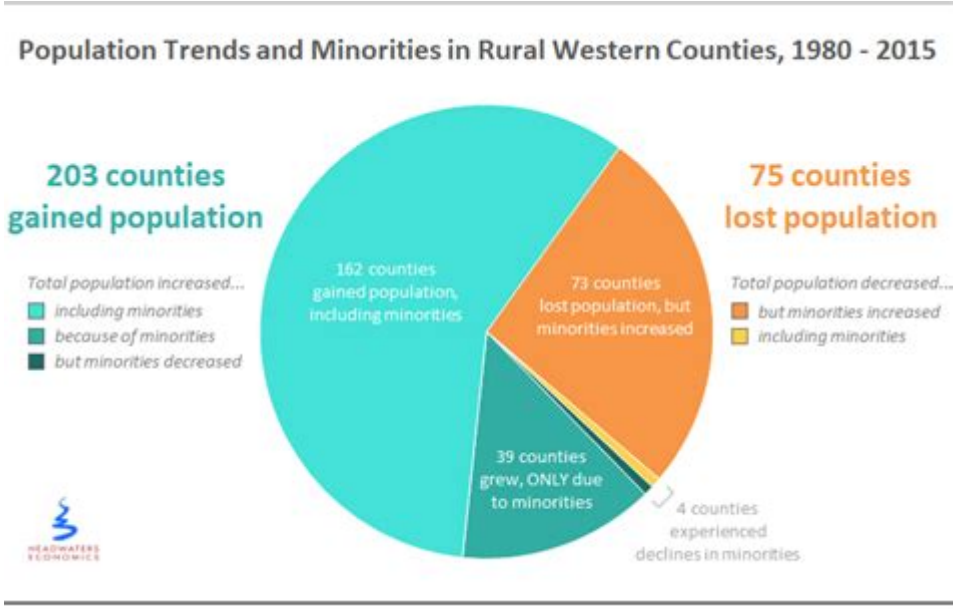

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The Science of Health Disparities Research-Irene Dankwa-Mullan 2021-03-16 Integrates the various disciplines of the science of health disparities in one comprehensive volume The Science of Health Disparities Research is an indispensable source of up-to-date 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 socially 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 specifics 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 field of 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 policymakers, and epidemiologists, medical students, and clinicians, particularly those working with minority, vulnerable, or underserved populations.

Minority Populations-A.H. Bittles 2014-01-14 The book focuses on the role of both biological and behavioural factors in the fertility, and specific patterns of health and disease, of minority populations living in developed and less developed countries. The importance of marriages contracted between close relatives is stressed, as over 900 million people inhabit

countries where 20 to 50 per cent of marriages are inbred. Past, present and future trends in population mixing are evaluated, with special consideration of their effects on the health of minorities.
Improving Health Among Ethnic Minority Populations-Helen Dayus 2000
Health Behavior Research in Minority Populations- 1992
Minority Populations and the Mental Health System-Maine. Department of Mental Health and Corrections. Community Support Systems Project 1979
Programming to Eliminate Health Disparities Among Ethnic Minority Populations- 2003
Closing the Gap-New Jersey. Commissioner's Advisory Committee on Minority Health 1991*
An Assessment of the Health Status of Minority Populations in Wyoming-Wyoming Primary Care Association 2001
Health Profile, Black and Minority Populations in New Jersey- 1989
The Health of Rhode Island's Minority Populations- 1996
Health Disparities in Arizona's Racial and Ethnic Minority Populations-Arizona Public Health Association 2005
Health Behavior Research in Minority Populations-National Institutes of Health (U.S.) 1992
Interim Report on the Health Status of Minority Populations in Illinois-Illinois. Dept. of Public Health. Center for Minority Health Services 1996
Examining the Health Disparities Research Plan of the National Institutes of Health-Institute of Medicine 2006-07-29 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.
Working Towards Better Health-Virginia. State Health Commissioner. Minority Health Advisory Committee 1995
The Disadvantaged Minority Health Improvement Act-United States 1993
Minority Health and Disparities-related Issues-Eddie L. Greene 2005 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.
Report on the Health Status of Minority Populations in Illinois, 1998-Illinois. Department of Public Health. Minority Health Advisory Panel 1998
Toward Equality of Well-being-U S Dept of Health & Human Services 1993
Strategies for Diffusing Health Information to Minority Populations- 1987
Ethnic Minority Populations Mental Health Issues-Minority Mental Health Task Force 1986
Assessment of the Status of Health Data for Minority Populations in Montana and Review of Communication Systems Regarding Health Issues with Minority Populations-Genesis Counseling Services 2002
Minority Health in America-Commonwealth Fund 2000 "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
The Relationship Between Health Related Behaviors and Health Status Among Minority Populations-Delia F. Olufokunbi 1997
Interventions to Improve Minority Health Care and Reduce Racial and Ethnic Disparities-U. S. Department of Veterans Affairs 2013-06-05 Racial and ethnic disparities are widespread in the US health care system. A 2007 report from the Portland Evidence-based Synthesis Program (ESP) similarly found disparities were prevalent in a variety of clinical arenas within Department of Veterans Affairs (VA). The report identified

several promising avenues for future interventions designed to reduce racial and ethnic disparities. The extent to which such intervention research has been conducted in VA populations is unclear, though our review of published studies suggests disparities intervention research in the VA may be lagging behind research of interventions conducted outside of the VA setting. Furthermore, the approach to disparities interventions may be quite varied, and this may further complicate the development of an organized research agenda within the VA. Identifying challenges to conducting intervention research remain critical steps to informing future VA disparities intervention efforts to reduce disparities and improve health outcomes for minority Veterans. The objectives of this review are to describe the state of disparities intervention research within the VA, glean lessons from systematic reviews of intervention research not limited to VA settings, and develop an organizing framework to describe studies in this field of research. This report is also intended to inform future disparities intervention research in the VA, as well as VA policies and programs to reduce disparities. To accomplish these objectives, we will answer the following key questions: Key Question #1. What is the state of research on interventions to reduce race/ethnic disparities or to improve health and health care in minority populations within VA health care settings? Key Question #2. What are the results of interventions (within and outside the VA) to reduce race/ethnic disparities or to improve health and health care in minority populations?

Improving Minority Health Statistics-PHS Task Force on Minority Health Data (U.S.) 1992

Strategies for Diffusing Health Information to Minority Populations-U. S. Dept of Health and Huma Services 2017-11-11 Excerpt from Strategies for Diffusing Health Information to Minority Populations: A Profile of a Community-Based Diffusion Model Processes Involved in Diffusion Efforts 6 Key Diffusion Processes for Minority Programs 8 Minority Communication Themes Exhibits. About the Publisher Forgotten Books publishes hundreds of thousands of rare and classic books. Find more at www.forgottenbooks.com This book is a reproduction of an important historical work. Forgotten Books uses state-of-the-art technology to digitally reconstruct the work, preserving the original format whilst repairing imperfections present in the aged copy. In rare cases, an imperfection in the original, such as a blemish or missing page, may be replicated in our edition. We do, however, repair the vast majority of imperfections successfully; any imperfections that remain are intentionally left to preserve the state of such historical works.

Race & Research-Bettina M. Beech 2004 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.

Minority Populations-Galton Institute (London, England). Symposium 1992 This book focuses on the role of both biological and behavioural factors in the fertility and specific patterns of health and disease of minority populations living in developed and less developed countries. The importance of marriages contracted between close relatives is stressed, as over 900 million people inhabit countries where 20 to 50 per cent of marriages are inbred. Past, present and future trends in population mixing are evaluated, with special consideration of their effects on the health of minorities. The research data is based on the practical experience of the editors and contributors.

Health Status and Health Needs Assessment of Racial and Ethnic Minority Populations, Rice County, Minnesota-Mary Ho 2003 Study examines public health problems in the following categories: infectious disease, chronic non-infectious disease, environmental conditions, alcohol/tobacco/other drug use, unintentional injury, violence, unintended pregnancy, pregnancy and birth, child growth and development, mental health, and service delivery systems.

The Literature on Prevention in Minority Communities- 1987

Analysis of Health Indicators for California's Minority Populations-James A. McCullough 1998-01-01 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.

Recruitment and Retention in Minority Populations-Sue E. Levkoff, ScD 2000-04-26

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.

REACH 2010 Surveillance for Health Status in Minority Communities -- United States, 2001-2002-Wayne H. Giles 2004

PROBLEM/CONDITION: The U.S. population continues to diversify, and certain racial/ethnic minorities are growing at a substantially more rapid pace than the majority population. Limited large-scale population-based surveys and surveillance systems are designed to monitor the health status of minority populations. The Racial and Ethnic Approaches to Community Health (REACH) 2010 Risk Factor Survey is conducted annually in minority communities in the United States. The survey focuses on four minority populations (blacks, Hispanics, Asians/Pacific Islanders [A/PIs], and American Indians). REPORTING PERIOD COVERED: 2001-2002. DESCRIPTION OF SYSTEM: Telephone (n = 18 communities) and face-to-face (n = 3 communities) interviews were conducted in 21 communities located in 14 states (Alabama, California, Georgia, Illinois, Louisiana, Massachusetts, Michigan, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Washington). An average of 1,000 minority residents aged >/=18 years in each community was sampled. Interviews were administered in English, Spanish, Vietnamese, Khmer, or Mandarin Chinese. The median response rate for household screenings was 74.0% for households that were reached and 72.0% for family members interviewed. The self-reported data from the community were compared with data derived from the Behavioral Risk Factor Surveillance System (BRFSS) for the metropolitan/micropolitan statistical area (MMSA) or the state where the community was located and compared with national estimates from BRFSS. RESULTS: Reported education level and household income were markedly lower in minority communities than the general population living in the comparison MMSA or state. More minorities reported being in fair or poor health, but they did not see a doctor because of the cost. Substantial variations were observed in the prevalence of health-risk factors and selected chronic conditions among minority populations and in communities within the same racial/ethnic minority. The median prevalence of obesity among A/PI men and women was 2.9% and 3.6%, respectively, whereas 39.2% and 37.5% of American Indian men and women were obese, respectively. Cigarette smoking was common in American Indian communities, with a median of 42.2% for men and 36.7% for women. Compared with the national level, fewer minority adults reported eating >/=5 fruits and vegetables daily and met recommendations for moderate or vigorous leisure-time physical activity. American Indian communities had a high prevalence of self-reported cardiovascular disease, hypertension, high blood cholesterol, and diabetes. A high prevalence of hypertension and diabetes was also observed in black communities (32.0% and 10.9%, respectively, for men and 40.4% and 14.3%, respectively, for women). Compared with the general U.S. population, a substantially lower percentage of Hispanics and A/PIs had reported receiving preventive services (e.g., cholesterol screenings; glycosylated hemoglobin tests and foot examinations for patients with diabetes; mammograms and Papanicolaou smear tests; and vaccination for influenza and pneumonia among adults aged >/=65 years). INTERPRETATION: Data from the REACH 2010 Risk Factor Survey demonstrate that residents in the minority communities bear greater risks for disease compared with the general population living in the same MMSA or state. Substantial variations in the prevalence of risk factors, chronic conditions, and use of preventive services among different minority populations and in communities within the same

racial/ethnic population provide opportunities for public health interventions. These variations also indicate that different racial/ethnic populations and different communities should have different priorities in eliminating health disparities. PUBLIC HEALTH ACTIONS: The continuous surveillance of health status in minority communities is necessary so that culturally sensitive prevention strategies can be tailored to these communities and program interventions evaluated.

The Promises and Perils of Digital Strategies in Achieving Health Equity-National Academies of Sciences, Engineering, and Medicine 2016-06-22 Health care is in the midst of a dramatic transformation in the United States. Spurred by technological advances, economic imperatives, and governmental policies, information technologies are rapidly being applied to health care in an effort to improve access, enhance quality, and decrease costs. At the same time, the use of technologies by the consumers of health care is changing how people interact with the health care system and with health information. These changes in health care have the potential both to exacerbate and to diminish the stark disparities in health and well-being that exist among population groups in the United States. If the benefits of technology flow disproportionately to those who already enjoy better coverage, use, and outcomes than disadvantaged groups, heath disparities could increase. But if technologies can be developed and implemented in such a way to improve access and enhance quality for the members of all groups, the ongoing transformation of health care could reduce the gaps among groups while improving health care for all. To explore the potential for further insights into, and opportunities to address, disparities in underserved populations the National Academies of Sciences, Engineering, and Medicine held a workshop in October 2014. The workshop focused on (1) how communities are using digital health technologies to improve health outcomes for racial and ethnic minority populations, (2) how community engagement can improve access to high-quality health information for members of these groups, and (3) on models of successful technology-based strategies to reduce health disparities. This report summarizes the presentations and discussions at the workshop.

Organization of Health Services for Minority Populations-Elina Farmanova 2017 Background: Health systems around the world are facing significant shifts in demographic profiles due to increasing ethnic, cultural and linguistic diversity of populations they serve. However, the provision of health care and health services in the language of the minority has been difficult and inconsistent. The concept of the health-literate organization has been developed amid growing recognition that system changes are needed to align health-care delivery with the needs, skills, and abilities of the population. Despite the recent proliferation of research on health literacy, studies of organizational health literacy are still uncommon. Objective: This dissertation addresses the concept and practical application of "organizational health literacy" in the context of an active offer of health services in French in Ontario, Canada. I attempt to answer the question "How can health literacy advance the development of health-care designs that are responsive and accessible to official language minority?" Methods: My research consists of a three-part project that used health services research methodology and has been accomplished in academic partnership with the French Language Health Services Network of Eastern Ontario. I first conducted a review both of the literature on health literacy in linguistic minorities and of the content of organizational health literacy guides. Using a practical example of an active offer of French-language services in Ontario, I applied the organizational health-literacy framework in order to examine the strategies used by health-care organizations to provide for the active offer of health services in French. My analysis focuses on health-literacy dimensions (e.g., access and navigation, communication), quality improvement characteristics (e.g., assessment, improvement actions), and also organizational-level changes (e.g., administrative strategies, direct client services, governance). A focus group of health-care administrators provided a unique insight into the planning and implementation of the active offer and organizational health literacy and associated challenges. Results: Overall, my results show that, although organizational changes may be implemented with the purpose of improving the quality of care by providing linguistically appropriate services, these changes are largely insufficient to achieve this goal. Conclusions: The concept of organizational health literacy has not yet received the attention it deserves, but its relevance is clear: Health-care organizations must be health-literate to be able to address healthcare needs of their diverse patients. There is a significant gap between where health services are and where they ought

to be to satisfy the designation criteria for the active offer of services in French. The concept and the novel theoretical framework of organizational health literacy offers the potential of improving and strengthening the process of designation and planning of an active offer of health services in French.

A Critical Examination and Revisioning of Minority Health Frameworks, Research Methodologies, and Intervention Models Addressing South Asian American Health Disparities-Arnab Mukherjea 2010 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 all 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 public 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 positive 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 of 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 surveillance 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 and 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 knowledge, at-risk behavior, and preservation of normative structures associated with disproportionate indices of poor health. Situational identity and a reluctance to associate 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 this rapidly-growing minority population. Moreover, public health frameworks focusing on minority populations don't often account for these unique considerations as they pertain 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 behavior. They also highlight the complexities of designing and implementing strategies--in the absence of prescriptive approaches--which target cultural norms as a primary determinant. By understanding and incorporating these considerations in research and practice, public health endeavors may achieve more success in its worthy goal of eliminating racial and ethnic disparities. Furthermore, these studies may also highlight conceptual and practical attributes which have considerable overlap with other 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.
Cancer Prevention in Minority Populations-Marilyn Frank-Stromborg 1993
A Perspective Into Healthcare Disparities-Ayesha M. Allen 2006 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.