



## Racial/Ethnic Differences in Disease

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- Clinical trials have demonstrated racial & ethnic differences in the pharmacokinetics of certain drugs
- These differences can also determine the biologic course of certain diseases in the face of active treatment programs
- These are underestimated contributors to differences in outcomes

*Johnson JA. Influence of race or ethnicity on pharmacokinetics of certain drugs. J Pharm Sci. 1997;86:1328-33*

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# Racial And Ethnic Differences In Disease

**Keith C. Ferdinand, Annemarie Armani**



## **Racial And Ethnic Differences In Disease:**

*Racial and Ethnic Differences in Disease* Anthony P. Polednak, 1989 This book presents a comprehensive account of differences in the frequencies of various diseases among a wide range of racial and ethnic groups throughout the world today. It provides epidemiologists, physicians, sociologists, and anthropologists with a methodological framework for understanding the concepts of race and ethnic group, the use of these concepts in epidemiology, and the interpretation of epidemiologic studies of disease. The volume includes information on the physical anthropology of major racial ethnic groups as well as chapters on genetic diseases, infectious and parasitic diseases, cardiovascular diseases, cancers, and many other chronic disorders. Each chapter provides descriptive information on the relative frequencies of diseases and the methods used in studies, as well as a systematic discussion of the interpretation of the racial and ethnic differences described, which may arise from such factors as errors in measurement or socioeconomic differences between groups. Genetic and biological factors are also considered, and many individual studies are summarized and critically appraised. The text is ideal for graduates and undergraduates alike, while the authors' non-technical approach is easily accessible to general readers with an interest in the subject.

*Racial and Ethnic Differences in the Health of Older Americans* National Research Council, Division of Behavioral and Social Sciences and Education, Commission on Behavioral and Social Sciences and Education, Committee on Population, 1997-09-23 Older Americans, even the oldest, can now expect to live years longer than those who reached the same ages even a few decades ago. Although survival has improved for all racial and ethnic groups, strong differences persist both in life expectancy and in the causes of disability and death at older ages. This book examines trends in mortality rates and selected causes of disability, cardiovascular disease, dementia, for older people of different racial and ethnic groups. The determinants of these trends and differences are also investigated, including differences in access to health care and experiences in early life, diet, health behaviors, genetic background, social class, wealth, and income. Groups often neglected in analyses of national data, such as the elderly Hispanic and Asian Americans of different origin and immigrant generations, are compared. The volume provides understanding of research bearing on the health status and survival of the fastest growing segment of the American population.

**Critical Perspectives on Racial and Ethnic Differences in Health in Late Life** National Research Council, Division of Behavioral and Social Sciences and Education, Committee on Population, Panel on Race, Ethnicity, and Health in Later Life, 2004-10-16 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

**Understanding Racial and Ethnic Differences in Health in Late Life** National Research Council, Division of Behavioral and Social Sciences and Education, Committee on Population, Panel on Race, Ethnicity, and Health in Later Life, 2004-10-08 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

**Understanding Racial and Ethnic Differences in Health in Late Life** National Research Council, Division of Behavioral and Social Sciences and Education, Committee on Population, Panel on Race, Ethnicity, and Health in Later Life, 2004-09-08 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

**Unequal Treatment** Institute of Medicine, Board on Health Sciences Policy, Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, 2009-02-06 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

**Racial and Ethnic Disparities in Health and Health Care** Elene V. Metroso, 2006 It is generally conceded that there are significant disparities in health and health care based on a person's racial and ethnic background Infant mortality rates for black babies remain nearly two and one half times higher than for whites The life expectancy for black men and women remains at nearly one decade fewer years of life compared with their white counterparts Rates of death attributable to heart disease stroke prostate and breast cancer remain much higher in black populations Diabetes disease rates are more than 30 percent higher among Native Americans and Hispanics than among whites Minorities remain grossly under represented in the health professions workforce relative to their proportions in the population In addition despite a large and growing body of scientific evidence many patients and providers remain unaware that racial and ethnic health care disparities are a problem and perceptions about health care inequalities vary between minorities and whites closing the disparity gap This book presents new research focusing on these disparities

**Cardiovascular Disease in Racial and Ethnic Minority Populations** Keith C. Ferdinand, Herman A. Taylor, Jr., Carlos J. Rodriguez, 2021-09-29 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 Cardiovascular

Disease in Racial and Ethnic Minorities Keith C. Ferdinand, Annemarie Armani, 2010-07-07 Cardiovascular heart disease mortality in African Americans is the highest of all major racial ethnic subpopulations in the United States Examining race and ethnicity Cardiovascular Disease in Racial and Ethnic Minorities will reveal that there are unacceptable healthcare disparities in risk factor prevalence disease states and cardiovascular outcomes in the United States Written by a team of experts Cardiovascular Disease in Racial and Ethnic Minorities examines to what degree biomedical and scientific literature can clarify the impact of genetic variation versus environment as related to cardiovascular disease Chapters illustrate the magnitude of cardiovascular and metabolic disparities and the effect of environment on diseases *Childhood Obesity* Michael I. Goran, 2016-10-14 Childhood obesity has reached epidemic proportions in the United States and continues to increase in prevalence in almost all countries in which it has been studied including developed and developing countries around the globe The causes of obesity are complex and multi factorial Childhood obesity becomes a life long problem in most cases and is associated with long term chronic disease risk for a variety of diseases including type 2 diabetes cardiovascular disease non alcoholic fatty liver disease as well as psychosocial issues and obesity seems to affect almost every organ system in the body In recent years there has been tremendous progress in the understanding of this problem and in strategies for prevention and treatment in the pediatric years Childhood Obesity Causes Consequences and Intervention Approaches presents current reviews on the complex problem of obesity from the multi level causes throughout early life before adulthood and the implications for this for long term disease risk It reviews numerous types of strategies that have been used to address this issue from conventional clinical management to global policy strategies attempting to modify the global landscape of food nutrition and physical activity Each chapter is written by a global authority in his or her respective field with a focus on reviewing the current status and recent developments The book features information on contributing factors to obesity including developmental origins social family birth cohort studies influence of ethnicity and global perspectives It takes a life course approach to the subject matter and includes exhaustive treatment of contributing factors to childhood obesity such as assessment environmental factors nutrition and dietary factors host factors interventions and treatment consequences and further action for future prevention This broad range of topics relevant to the rapidly changing field of childhood obesity is suitable for students health care professionals physicians and researchers **Chronic Kidney Disease in Disadvantaged Populations** Guillermo Garcia-Garcia, Lawrence Agodoa, Keith C. Norris, 2017-07-08 Chronic Kidney Disease in Disadvantaged Populations investigates the increased incidence and prevalence of kidney disease in vulnerable populations world wide The volume explores the complex interactions of genetic biologic cultural and socioeconomic factors such as the environment and specific health behaviors that seem to be responsible for a significant proportion of the health disparities in these communities Each chapter is written by leading experts in the field and analyzes the prevalence and incidence of pre dialysis kidney disease in disadvantaged populations across both developed and

developing countries In addition each contribution analyzes differentiated risk factors and compares the disparities in access to screening prevention strategies treatment protocols and renal replacement therapies Chronic Kidney Disease in Disadvantaged Populations is essential reading for residents fellows clinicians and biomedical researchers working in nephrology internal medicine and epidemiology especially those working in areas with high concentrations of disadvantaged populations Presents a comprehensive account of both traditional and non traditional risk factors for kidney disease Explores the mechanisms by which poverty increases the burden of kidney disease in these populations barriers to access to renal health care including renal replacement therapies organ donation and organ commercialization Offers the latest perspectives on outcomes in renal replacement therapies as well as prevention strategies      *Pathology - E-Book* Catherine Cavallaro Kellogg, Kenda S. Fuller, 2008-11-04 Full color interior design photos and illustrations Chapter on Behavioral Social and Environmental Factors Contributing to Disease and Dysfunction includes clinical models of health variations in client populations and lifestyle factors that are important to consider when treating a patient A Therapist's Thoughts offers personal and clinical insights from experienced therapists specializing in cystic fibrosis lymphedema and psychological problems Now covers the World Health Organization's International Classification of Functioning Disability and Health ICF a model that includes the level of participation in desired activities as a criterion for establishing status and goals UPDATED Evidence based content with over 6 000 references EXPANDED chapter on the lymphatic system features additional sections on lymphatic diseases plus exercise guidelines education and a home program for patients with a compromised lymphatic system UPDATED chapter on lab values features new information on potassium levels and exercise albumin levels related to nutrition and wound healing and coagulation studies in relation to exercise EXPANDED chapter on Psychosocial Spiritual Impact on Health Care offers new information on fear avoidance behaviors substance abuse malingering personality disorders abuse eating disorders and the impact of nonphysical trauma to health and disease as well as combat trauma torture and the effects of war Appendix B Guidelines for Activity and Exercise includes updated information on aquatic physical therapy from leaders in the field emphasizing precautions and contraindications for this modality      **Tobacco Use Among United States Racial/ethnic Minority Groups** United States. Department of Health and Human Services, 1998 This Surgeon General's report on tobacco use summarizes current information on risk factors and patterns related to tobacco use among members of four major racial and ethnic minority groups in the United States African Americans American Indians and Alaska Natives Asian Americans and Pacific Islanders and Hispanics In addition this report presents information on national and regional efforts to curtail consumption of tobacco products among members of these four groups Previous Surgeon General's reports on smoking and health have briefly summarized findings related to one or more of the racial ethnic groups covered in this report but this is the first Surgeon General's report to concentrate specifically on the four major racial ethnic groups in the United States Several factors prompted the development of this report First the information

in this report has never before been compiled in one source Consequently policymakers community leaders researchers and public health workers have had difficulty determining the extent of the problem identifying gaps in information regarding tobacco use among members of the four groups or being aware of existing tobacco control programs that have demonstrated effectiveness Thus incorporating such information into the design and implementation of culturally appropriate services has been difficult Second the four racial ethnic groups currently constitute about one fourth of the population of this country and the Bureau of the Census projects that by 2050 the non Hispanic white population in the United States will total only 53 percent Day 1996 Preventing health problems related to tobacco use among the individuals in racial and ethnic groups will be integral to achieving U S public health objectives such as those proposed in Healthy People 2000 National Health Promotion and Disease Prevention Objectives U S Department of Health and Human Services USDHHS 1991 1995 National Center for Health Statistics NCHS 1994 This report contributes essential knowledge that must be incorporated into efforts to accomplish the Healthy People 2000 objectives

*Health disparities in rheumatic diseases: Part II, An Issue of Rheumatic Disease Clinics of North America, E-Book* Candace H Feldman,2020-11-20 This issue of Rheumatic Disease Clinics guest edited by Dr Candace Feldman is Part II of a two part issue covering Health Disparities in Rheumatic Diseases This issue is one of four selected each year by series Consulting Editor Dr Michael Weisman Topics discussed in this issue include but are not limited to Disparities in Lupus Care and Outcomes among U S Medicaid Beneficiaries Understanding Risk Factors for Poor Outcomes in a Multiethnic Longitudinal Cohort Impact of Psychosocial Factors on RA and Lupus Health Disparities Racial ethnic and geographic disparities in knee and hip osteoarthritis Racial ethnic Disparities in Osteoarthritis Management Challenges and Strategies to Achieve Equitable Rheumatologic Care Across the World Strategies to Reduce Disparities Understanding and Addressing the Provider Biases and the Lack of Diversity in Lupus Clinical Trials Community engaged Research Lupus Conversations Leveraging Telemedicine as an Approach to Address Rheumatic Disease Health Disparities and Understanding the Role and Challenges of Patient Preferences in Disparities in Rheumatic Disease Care

*Community Nutrition* Nweze Nnakwe,2012-02-29 Thoroughly revised and updated Community Nutrition Planning Health Promotion and Disease Prevention Second Edition uses real world examples to reinforce core nutrition concepts and explores the current and emerging nutrition issues faced by today s diverse communities It presents the skills cultural concepts and background knowledge that are essential for promoting health and preventing disease

**Encyclopedia of Race, Ethnicity, and Society** Richard T. Schaefer,2008-03-20 This encyclopedia offers a comprehensive look at the roles race and ethnicity play in society and in our daily lives Over 100 racial and ethnic groups are described with additional thematic essays offering insight into broad topics that cut across group boundaries and which impact on society

**Tobacco Use**

**Among U. S. Racial/Ethnic Minority Groups** David Satcher,1999-04

**The Nation's Health** Leiyu Shi,Douglas A. Singh,2011-06-24 The Nation s Health Eighth Edition provides students with a comprehensive examination of the health of



the U S population and the complex factors that contribute to it

### **Issues in Ethnicity and Health Research: 2011**

**Edition** ,2012-01-09 Issues in Ethnicity and Health Research 2011 Edition is a ScholarlyEditions eBook that delivers timely authoritative and comprehensive information about Ethnicity and Health Research The editors have built Issues in Ethnicity and Health Research 2011 Edition on the vast information databases of ScholarlyNews You can expect the information about Ethnicity and Health Research in this eBook to be deeper than what you can access anywhere else as well as consistently reliable authoritative informed and relevant The content of Issues in Ethnicity and Health Research 2011 Edition has been produced by the world s leading scientists engineers analysts research institutions and companies All of the content is from peer reviewed sources and all of it is written assembled and edited by the editors at ScholarlyEditions and available exclusively from us You now have a source you can cite with authority confidence and credibility More information is available at <http://www.ScholarlyEditions.com>

**Examining the Health Disparities Research Plan of the National Institutes of Health** Institute of Medicine,Board on Health Sciences Policy,Committee on the Review and Assessment of the NIH's Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities,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

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