Current Resources


Aims: “Hospital discharge data from 7 states in the United States were analyzed to determine the extent to which previously reported differences in severe sepsis incidence were due to a higher infection rate or a higher risk of acute organ dysfunction.

Sample: Hospital discharge databases from 7 U.S. states, including Arizona, Florida, Massachusetts, Maryland, New Jersey, New York, and Texas. This was estimated to reflect about 25% of the U.S. population.

Methodology: Retrospective, population based cohort analysis

Case definitions: Hospitalizations for or complicated by bacterial or fungal infections

Results: There were higher rates of severe sepsis and death in black patients as compared to white patients. For organ dysfunction controlling for age, sex, co-morbid conditions, poverty, and hospital factors reduced the disparity by about 50%.

Discussion: The study had a very large sample size. The authors point out the need to target prevention in high-risk groups, particularly aggressive use of the pneumococcal vaccine.


This book provides chapters on a series of topics regarding culture and mental health. This includes information about the effects living in an urban area, migration, stigma, social support, religiosity, gender, family structure and type, socioeconomic status, genetics and substance abuse framed in an exploration of the interaction between culture and mental health and wellness. Each chapter has an extensive bibliography of current and classic references for those interested in more detailed information about a topic.

Classic Resources


This article presents a novel approach to modifying the traditional genogram to elicit information about a patient’s cultural history. A cultural history extends beyond the traditional family history or social history. Genograms provide a more graphic and standardized strategy to collect family history and the same can be applied to cultural history. Cultural history collects information about health beliefs, traditional health practices, decision-making authority and culturally driven lifestyle and environmental factors that may affect wellness and health. The article further describes how the cultural genogram can be utilized in medical education and clinical care.


“Multicultural Medicine and Health Disparities” provides a broad overview of the field including examining health disparities in different age groups, genders, and races. It focuses in on specific types of disparities including diabetes, transplantation and organ donation, obesity and nutrition, dentistry and oral health, and more. Health policy issues like trust and medical care, participation in research, disparities in patient safety and faith-based initiatives. Most chapters provide not only useful background information and statistics but information that can be applied to health promotion/disease prevention and clinical care.

If you would like to contribute an annotated reference contact: Timothy P. Hickman, MD, MEd, MPH or Fariha Shafi, MD