Current and Classic Resources, April - June 2012

Current Resources

Borell LN, Lancet EA. Race/ethnicity and all-cause mortality in US adults: revisiting the Hispanic Paradox. Public Health. 2012;102(5):914–921.

Aims: "…to examine the association between race/ethnicity and all-cause mortality risk for US adults aged 25 years and older and whether this association differs by nativity status."
Sample: Data for the NHIS file for the years 1997-2004 and the NHIS-NDI-linked mortality files..
Methodology: Retrospective Cohort; Cox proportional hazards regression to estimated hazard rations for all-cause mortality by self-reported ethnicity.
Results: "Mortality rates for Hispanic men were not different from those for non-Hispanic White men, regardless of subgroup and age group." "However, for Hispanic women, Mexican Americans (HR=0.13; 95% CI=0.05, 0.35) and Central and South Americans (HR=0.36; 95% CI=0.14, 0.93) aged 25 to 44 years were less likely to die than were non-Hispanic White women."
Discussion: The Hispanic Paradox is lower mortality and disease rates in Hispanics despite lower SES, Education and health insurance coverage. This study found that the Hispanic Paradox occurred in Hispanic women for all-cause mortality but not for Hispanic men.

Peek ME, Wilson SC, Bussey-Jones J, Lypson M, Cordasco K, Jacobs EA, Bright C, Brown AF. A study of national physician organizations' efforts to reduce racial and ethnic health disparities in the United States. Acad Med. 2012;87(6):1–7.

Aims: "To better characterize the role of physician organizations, a subcommittee of the Society of General Internal Medicine's Disparities Task Force conducted a large, cross-sectional study with the primary goal of characterizing the magnitude, frequency, and scope of national physician organizations' efforts to reduce health disparities, and to identify organizational characteristics associated with such efforts."
Sample: One hundred sixty seven physician organizations identified using lists from the American Medical Association, the Council of Academic Societies and MedlinePlus.
Methodology: Cross-sectional
Results: The number of activities to address health disparities within a single organization ranged from 0 to 22. Approximately one-third (n = 53; 32%) of physician organizations had no such activities, 35 organizations (21%) had 1 activity, 42 (25%) had 2 to 5 activities, and 37 (22%) had more than 5 organizational activities to address health disparities (17 [10%] had 6–9 activities; 20 [12%] had 10–22 activities).
Discussion: Only one half of national physician organizations have substantial programs or efforts to reduce racial and health disparities.

Singh TP, Almond CS, Taylor DO, Milliren CE, Graham DA. Racial and ethnic differences in wait-list outcomes in patients listed for heart transplantation in the United States. Circulation. 2012;125:3022-3030.

Aims: "we sought to compare the risk of wait-list and early posttransplant mortality among major racial/ethnic groups in the United States in the current era."
Sample: "All subjects greater or equal to 18 years of age who were listed for their first HT in the United States between July 12, 2006 and September 30, 2010 were identified in the Organ Procurement and Transplantation Network (OPTN) database."
Methodology: Retrospective cohort
Results: "In univariate analysis, Hispanic patients (hazard ratio [HR] 1.51, 95% CI 1.23, 1.85) were at a higher risk of death on the wait-list or becoming too sick for a transplant in comparison with white patients. There was also a trend toward a higher risk in black patients (HR 1.13, 95% CI 0.98, 1.30)."
Discussion: There continues to be racial and ethnic disparities in wait-list mortality for heart transplant.

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