

Current and Classic Resources, March-April 2011

Current Resources

Gerber Y, Koton S, Goldbourt U, et al, for the Israel Study Group on First Acute Myocardial Infarction. Poor neighborhood socioeconomic status and risk of ischemic stroke after myocardial infarction. *Epidemiology*. 2011;22: 162–169.

Aims: “In the present study, we examined long-term ischemic stroke incidence according to neighborhood SES in a geographically defined cohort of patients aged 65 years or less hospitalized with incident MI in central Israel.”

Sample: “Patients aged 65 years or less who were admitted to one of the 8 medical centers in this area with first acute MI between 15 February 1992 and 15 February 1993, were followed up through 31 December 2005, for the Israel Study of First Acute Myocardial Infarction” “Complete data on neighborhood SES were available for 1410 participants (93% of the baseline sample); these comprised the current study”

Methodology: Prospective cohort study with initial post discharge interview and subsequent interviews at 3-6 months, 1-2 years, 5 years, and 10-13 years post MI.

Results: With a median follow up of 13 years, patients residing in disadvantaged neighborhoods had higher rates of ischemic stroke (“cumulative survival estimates: 81%, 88%, and 89% in increasing tertiles of neighborhood SES”)

Discussion: As with many studies examining health disparities, SES is associated with worse outcomes but does not explain the entire difference in outcome.

Hosking JE, Ameratunga SN, Bramely DM, Crengle SM. Reducing ethnic disparities in the quality of trauma care. *Ann Surg* 2011;253:233–237

Aims: “identifying interventions for reducing ethnic disparities in the quality of trauma care”

Methodology: It was initiated as a systematic review of literature obtained from a search of MEDLINE. No articles met the inclusion criteria so the authors examined literature that reported on intervention strategies in other institutions and health care settings.

Results: From a review of intervention strategies in health care institutions and relevant literature from other health care settings, they conclude that there are three promising strategies:

- “(1) improving cultural competency of service providers,
- (2) addressing the effects of health literacy on the quality of trauma care, and
- (3) quality improvement strategies that recognize equity as a key dimension of quality.”

They expand on those strategies and provide some suggestions for implementation.

Discussion: While the authors propose three types of strategies that could serve as interventions, they conclude that “Despite an increasing body of evidence demonstrating ethnic disparities in trauma care, research on interventions that could reduce these disparities is scant.”

Izumi BT, Zenk SN, Schulz AJ, Mentz GB, Wilson C. Association between neighborhood availability and individual consumption of dark-green and orange vegetables among ethnically diverse adults in Detroit. *J Am Diet Assoc*. 2011;111:274-279.

Aims: “to examine the relationship between observed neighborhood availability and individual consumption of dark-green and orange vegetables among low- to moderate income and ethnically diverse adults in Detroit, MI.”

Sample: Two sources of information:

1. A community survey conducted in 2002-2003 of a stratified sample of 919 African-American, Latino and non-Hispanic white adults ≥ 25 years old living in eastside, southwest, or northwest Detroit.
2. A 2002, in-person audit of 80 fresh foods and vegetables at 304 food stores in the same communities.

Methodology: Cross sectional design using two data sources

Results: Survey respondents ate an average of 0.61 daily servings of dark-green and orange vegetables a day. There were 102 neighborhoods where no store carried five or more varieties of dark-green and orange vegetables, 25 neighborhoods where only one store carried five or more dark-green and orange vegetables and 18 neighborhoods where two stores carried five or more varieties of dark-green and orange vegetables. There was a small but statistically significant decrease in consumption of dark-green and orange vegetables in participants living in neighborhoods where no store carried five or more varieties of dark-green and orange vegetables.

Discussion: This is an important study because it uses an actual audit of stores selling groceries instead of using store type (convenience, liquor, grocery) as a proxy and an actual survey of residents to determine and calculate average vegetable intake. Although still preliminary, it adds to the growing evidence to suggest inequity in the availability of fresh fruit and vegetables is a barrier to adequate consumption.

Classic Resources

Nunez AE. Transforming cultural competence into cross-cultural efficacy in Women’s Health Education. *Acad. Med*. 2000;75:1071–1080.

The author defines culture and cultural competency but advocates for the term “cross-cultural efficacy”. “I prefer the term cross-cultural efficacy because it implies that the caregiver is effective in interactions that involve individuals of different cultures and that neither the caregiver’s nor the patient’s culture is the preferred or more accurate view. In almost any medical encounter, there is a tricultural interaction: the culture of the physician, the culture of the patient (which is rarely exactly the same as that of the physician), and the medical culture that surrounds them.”

Addressing cross-cultural education and women’s health education requires an interdisciplinary approach and an awareness of the challenges in addressing this content. It includes resistance to addressing high risk or hot button topics. At the time of this publication, there was also concern

due to the lack of available resources and teaching materials, which has improved over the last decade. There still is a lack of knowledgeable and skill facilitators in most health science schools. The author provides objectives (including knowledge, skills and attitudes), student assessment strategies and evaluation information for cross-cultural efficacy in Women's Health Education.

Ed. Note: Dr Nunez is the director of the Women's Health Education Program and Associate Professor of Medicine at Drexel University College of Medicine. More information can be found at: <http://www.drexelmed.edu/Home/OtherPrograms/WomensHealthEducationProgram.aspx>

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