

Current and Classic Resources, October-December 2012

Current Resources

O'Connor A, Wellenius G. Rural-urban disparities in the prevalence of diabetes and coronary heart disease. *Public Health*. 2012;126:813-820.

Aims: "differences in the prevalence of diabetes and coronary heart disease in rural and urban populations in the USA were examined using data from the US Centers for Disease Control and Prevention's (CDC's) Behavioral Risk Factor Surveillance System (BRFSS)."

Sample: 2008 data from over 4000,000 persons in the U.S.

Methodology: Cross-sectional

Results: "the crude (unadjusted) prevalence of diabetes and coronary heart disease in rural locations is significantly greater than in urban environments. Specifically, the crude prevalence of diabetes was 8.6% higher (9.7% vs 9.0%; $P < 0.001$) among respondents living in rural areas compared with those living in urban areas. Similarly, the crude prevalence of coronary heart disease was 38.8% higher (5.5% vs 4.0%; $P < 0.001$) among respondents living in rural areas compared with those living in urban areas. The increased prevalence of these diseases in rural areas is observed even when rates are standardized for variations in age, sex and race ($P < 0.001$ in both cases)."

Discussion: The authors note that the shortage of primary care providers in rural areas likely contributes differences in disease prevalence.

Stimpson JP, Pagán JA, Chen L. Reducing racial and ethnic disparities in colorectal cancer screening is likely to require more access to care. *Health Affairs*. 2012;31(12):2747-2754.

Aims: "This study examined whether policy-modifiable, contextual factors such as the supply of gastroenterologists and the proportion of the local population without health insurance coverage were related to the likelihood of having a colorectal endoscopy. It also examined whether racial and ethnic differences in colorectal endoscopy could be explained by these factors."

Sample: National Health Interview Survey 2000 and 2005 linked to the Area Resource File. Analysis was restricted to age fifty or older with no history of cancer and people age forty years or older with a family history of colorectal cancer.

Methodology: Cohort analysis using linked datasets with the main outcome of self-reported history of a colonoscopy.

Results: "People living in areas with a high supply of gastroenterologists, defined here as three or more per 100,000, were more likely to report a colorectal endoscopy exam (odds ratio: 1.15) than people living in areas with a lower concentration of gastroenterologists. "African American, Hispanic, and other racial and ethnic groups were less likely than whites ever to have undergone a colorectal endoscopy." The disparity for African Americans and Whites disappeared after controlling for socioeconomic status.

Discussion: This study confirmed disparities in screening for colorectal cancer by colonoscopy. It suggests that access to gastroenterologists may influence rates of screening colonoscopies but did not fully explain disparities.

Classic Resources

Donohoe MT, ed. *Public Health and Social Justice*. San Francisco, CA: Jossey-Bass; 2013.

While just published, this is bound to become a classic resource for those interested in a social justice perspective on public health. "The somber reality suggests that our fundamental attention in public health policy and prevention should not be directed towards the search for new technology, but rather toward breaking existing ethical and political barriers to minimizing death and disability." The book begins with the United Nations "Universal Declaration of Justice" in the first section on Human Rights, Social Justice, Economics, Poverty and Health Care. Subsequent sections include:

- Special Populations
- Women's Health
- Obesity, Tobacco, Suicide by Firearms: The Modern Epidemics
- Food: Safety, Security, and Disease
- Environmental Health
- War and Violence
- Corporations and Public Health
- Achieving Social Justice in Health Care Through Education and Activism

Each section includes a series of thought provoking writings and articles describing the link between social justice and public health. It is a reminder that the most dramatic improvements in the population health throughout history have been the application of basic principles like safe and available food, clean water, housing, and sanitation. Yet there continues to be substantial national and world disparities in access to these basic resources.

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