CONTENTS

Preface xi
Eddie L. Greene and Charles R. Thomas

Health-Related Disparities: Influence of Environmental Factors 721
Kenneth Olden and Sandra L. White

There is substantial evidence showing differences in frequency in various environmental response genes, which play a role in susceptibility for disease or adverse health outcomes from exposure to drugs or environmental xenobiotics. The prediction is that disparities in health in the United States grow because of two converging phenomena: growth of minority populations and expansion of the ranks of poverty. Tinkering with genes either to cure a disease or to correct predispositions will likely be less successful and more costly than primary prevention efforts that emphasize environmental protection and remediation.

Epidemiology of Stroke in African Americans and Hispanic Americans 739
Dilip K. Pandey and Philip B. Gorelick

Many minorities continue to experience disparities in the level of their personal health and overall health care in the United States. This article explores disparities in stroke as they relate to two minority populations: African Americans and Hispanic Americans. These two groups have been chosen for review and discussion because the available epidemiologic databases are relatively broad, and the authors have personal experience in the conduct of research studies in these populations.

Racial and Ethnic Disparities in Breast Cancer: A Multilevel Perspective 753
Christopher M. Masi and Olufunmilayo I. Olopade

Important racial and ethnic differences exist in breast cancer incidence and mortality in the United States. Although breast cancer
incidence is higher among white women overall, early onset breast cancer is more common among African-American women and overall mortality is higher among African-American women compared with white women. The causes of these disparities are multifactorial and exist at societal, individual, and cellular levels. A model is proposed that accounts for interactions at multiple levels. Reducing racial and ethnic disparities in breast cancer likely requires strategies that consider cell biology in the context of diverse individual and social experiences.

Colorectal Cancer and Race: Understanding the Differences in Outcomes Between African Americans and Whites 771
Blase N. Polite, James J. Dignam, and Olufunmilayo I. Olopade

African Americans are more likely to be diagnosed with and are more likely to die from colorectal cancer than whites. Through an extensive search of the literature, this article defines these differences and explores what is known about the factors that may contribute to both delayed diagnosis and reduced survival once African Americans are diagnosed with colorectal cancer. Attention is focused on what is known about differences in tumor biology and on differences in the receipt of and response to appropriate therapy. Finally, areas of future research to help narrow the outcomes disparities are discussed throughout.

Ophthalmologic Disorders in Minority Populations 795
M. Roy Wilson and Deborah R. Eezzudemhoi

The prevalence and clinical manifestation of a number of ophthalmologic diseases differ by race and ethnicity. It is difficult to separate the overwhelming influences of underlying socioeconomic differences from the genetic and cultural differences that exist between racial and ethnic groups. A combination of these factors likely contributes to the observed ophthalmologic pathophenotypes. Understanding these differences contributes to better care of racial and ethnic minority populations.

Minority Issues in Prostate Disease 805
Dan B. French and LeRoy A. Jones

With the ability to detect prostate cancer before it has otherwise manifest itself has come a barrage of research, controversy, new data, and new frontiers. One of these frontiers is the nature of the disease in African American men. African Americans have the greatest incidence of prostate cancer in the United States and also have the highest mortality rates. At the same time, they are underrepresented in large clinical trials. The exploration of these topics is the focus of this article.
Sarcoidosis
Christopher E. Cox, Angela Davis-Allen, and Marc A. Judson

Sarcoidosis is a multisystemic disease associated with potentially chronic disability that occurs worldwide. This disease has varying manifestations and presentations among different racial and ethnic populations that may be related to genetic, social, cultural, and other factors. This article explores sarcoidosis with special attention to race- and ethnicity-based health disparities.

Rheumatic Diseases in Minority Populations
Gail S. Kerr, J. Steuart Richards, and E. Nigel Harris

Rheumatic diseases are expressed in all ethnic populations, but differ in prevalence, genetic associations, clinical features, and responses to interventions. Most data describing these differences do so in reference to and comparisons with white populations. There are sparse data that evaluate differences within minority populations where there is more homogeneity of external factors, such as social, cultural, and behavioral attitudes. This article reviews the features that are unique to various rheumatic diseases within minority populations.

Correctable Sources of Disparities in Cancer Among Minority Elders
Toni P. Miles

This article explores the hypothesis that medical policies and procedures represent immediately correctible causes of disparity in minority elders. Evidence of policies and procedures that have the unintended consequence of creating disparity is presented. The text is focused on one site, prostate, as a sample tumor to present a strategy for correcting sources of disparities in cancer morbidity and mortality. Specific prostate cancer issues with unintended effects include the prostate cancer screening controversy, access to diagnostic facilities in minority communities, and special needs of older adult cancer survivors. A summary of all recommendations and their implications across cancer sites is provided.

HIV/AIDS: A Minority Health Issue
Victoria A. Cargill and Valerie E. Stone

HIV infection disproportionately affects racial and ethnic minority populations in the United States. The reasons for this disproportionate impact are complex, and intertwined with many confounding issues that also disproportionately affect racial and ethnic minorities. Superimposed on these factors are the unique cultural beliefs and contexts that influence behavior, health beliefs in general, and HIV infection in particular. As the epidemic continues
in these communities, presentations of HIV infection are com-
plicated by the presence of other chronic diseases that are dispro-
portionate in these communities. Failure to achieve successful
broad-based prevention interventions for racial and ethnic minori-
ties virtually ensures that HIV transmission will continue unabated
in communities already severely affected.