A

Aboriginal social pathology theory, 240

Accidents (unintentional injuries): AIANs (American Indians/Alaska Natives) and, 237–238; alcohol and motor vehicle, 239; labor law violations and, 272

Acculturation: APIs (Asian/Pacific Islanders) health status and, 258; Hispanics/Latinos health status and, 274–275. See also Cultural differences

Acculturation/immigration theory of health disparities, 147–149

Acute condition, 72b, 210b

AD (Alzheimer’s disease), 96

ADHD (attention-deficit/hyperactivity disorder), 93–95

ADLs (activities of daily living): comparative morbidity and, 78–80; defining, 79b

Advisory Committee on Immunization Practices (CDC), 196

Affective functioning, 84b

African American culture: John Henryism hypothesis and, 124, 144–147b; male-to-male sex taboo of, 216

African Americans: alcohol consumption among, 192–203; Black medical schools and, 3, 4; changing status (1619–2004) of, 2; death rates/causes of death among, 206–211; health care access/utilization by, 211–213; living near toxic waste sites, 140–141; low birth weight by mother’s age, 144–147; low SES as major health risk of, 213–222; preventing health care discrimination by, 117, 118; preventive service utilization by, 196–197; slavery and, 153, 154–155; smoking behavior by, 221–222; Tuskegee Syphilis Study and, 3, 4; utilization of mental health services by, 105–106; wealth among total U.S. population and, 169–170

Age adjustment (age-standardization), 57b


AIAN (American Indian/Alaska Native). See Alaska Natives; American Indians
Alaska Natives: accidents (unintentional injuries) and, 237–238/fig; age-specific death rates of, 226–227, 238/fig, 246; alcohol consumption among, 192/fig, 196t; alcohol use/abuse by, 238–240; described, 10; health care access and utilization by, 231–233b; health insurance status of, 232; health status of, 224, 226–230; illicit drug use among, 194–195/fig, 196t; language and cultural barriers to care, 235–237/fig; largest tribes of, 224, 225/fig; leading causes of death among, 227–228t, 229t–230t; major health risks of, 233–236; OMB Directive 15 definition of, 224. See also American Indians

Alcohol use/abuse: among AINs (American Indians/Alaska Natives), 238–240; among APIs (Asian/Pacific Islanders), 255, 256/fig; defined terminology related to, 239b; liver cirrhosis related to, 193/fig, 239, 240; motor vehicle death related to, 239t; racial/ethnic differences and, 190–194, 196t

Allocentrism, 257b

Alternative medicine, 253

American Indians: accidents (unintentional injuries) and, 237–238/fig; age-specific death rates of, 226–227, 238/fig, 246; alcohol consumption among, 192/fig, 193, 196t; alcohol use/abuse by, 238–240; as defined by OMB Directive 15, 224; health care access and utilization by, 231–233b; health insurance status of, 232; health status of, 224, 226–230; history of, 3–4; IHS (Indian Health Service) and, 231–232, 233b, 240–241, 287; illicit drug use among, 194–195/fig, 196t; language and cultural barriers to care, 235–237/fig; largest tribes of, 224, 225/fig; leading causes of death among, 227–228t, 229t–230t; per capital income (1995) among, 235/fig; poverty and low SES of, 234/fig–235; rates of obesity and overweight among, 186–187; terminology referring to, 10. See also Alaska Natives

Anorexia nervosa, 93

Anxiety disorders, 91–93

APA (American Psychiatric Association), 85, 100

APIs (Asian/Pacific Islanders): age-specific death rates for, 245–246t; alcohol consumption among, 194; allocentrism cultural characteristic of, 257b; use of alternative and Western medicine by, 233; ATOD (alcohol, tobacco, and other drugs) and, 255, 256/fig; cancer among, 249–250; cardiovascular disease/stroke among, 248–249; culturally related health beliefs/values, 255–258t; culture-bound syndromes among, 251b; data availability on, 244b; diabetes among, 250; diversity among, 243/fig–245; health and acculturation of, 258; health care access and utilization by, 232–234; health status of, 245–252/fig; leading causes of death among, 246–252/fig; life expectancies for, 245; major health issues among, 255–258; mental health among, 250–252/fig as “model minority,” 242; OMB Directive 15 categories on, 26; suicide rates among, 251, 252/fig; terminology referring to, 10. See also Native Hawaiians

Asian Americans: alcohol consumption among, 194; Chinese, 98–99t, 255, 256/fig; Japanese, 248–249, 255, 256/fig; preventive service utilization by, 196–197/fig; rates of stroke among, 248–249; stigma against mental illness and, 105; survey on hospitalization of foreign-born vs., 150/fig

Ataque de nervios, 101

ATOD (alcohol, tobacco, and other drugs), 255, 256/fig. See also Substance abuse

Autistic disorder, 95–96

B

Behavioral functioning, 84b

Bernzeval’s model of health disparities, 285, 287–288

BIA (Bureau of Indian Affairs), 3, 231

Biogenetic-environmental interactions, 154

Biogenetic/physiological health disparities theories: biogenetic-environmental interactions, 154; biological/genetic differences among racial and ethnic groups, 154; slavery hypertension hypothesis, 153, 154–155

Biophysical factors, 134, 135/fig, 153, 284/fig

Bipolar disorder ( manic-depressive illness), 88–89b

Birth certificates: Brazilian policy for assigning race status on, 19t; Japanese policy for assigning racial status on, 18t; U.S. policy for assigning racial status on, 18t

Birth rates, 266b

Black church, 216

Black medical schools, 3, 4b

Blumenbach’s classification system, 16–17

BMI (body mass index), 185, 186b

Brazil: racial system used in, 18–17

Bulimia nervosa, 93

C

Campbell’s Psychiatric Dictionary (Campbell), 21–22

Cancer: API population and, 249–250; Chinese and Japanese Americans and risk of, 255

CAPES (Chinese American Psychiatric Epidemiological Study), 98
Subject Index

Duncan SEI Index, 168
Dysthymic disorder, 88

E

Eating disorders, 93
Education: high school graduates by race/Hispanic origin, 165; relationship between health, death rates, and, 172; relationship between income and, 166
EITC (Earned Income Tax Credit), 287
Emancipation Proclamation (1863), 1, 3
Enabling factors: availability of health services as, 114–115; described, 112; health insurance as, 113–114
English-language proficiency, 235–237
Epidemiological transition, 232
Epidemiology: comparative mortality, 54–66; defining, 54; key terms used in, 55. See also Mortality rates
Erasmus University study (Netherlands), 173–174
Ethnicity: biological or genetic differences and, 154; relationships between race, nationality, and, 19–20. See also Race; Race/ethnicity differences

F

Family formation demographics: children under age 18 living with parents/mother only, 45; marital status of persons 18 or older by race/ethnicity, 44; race/ethnicity patterns of, 43–46
Featherman and Hauser scale, 168
Fertility rates: birth rate vs., 266; Hispanic/Latino high, 266, 268; racial/ethnic demographics on, 39–40; U.S. demographics on, 38–39. See also Teen childbearing demographics
Fifteenth Amendment, 2b

5 A Day program, 183–184
Food stamp program, 287
Fourteenth Amendment, 2b
Fresno study on mental disorders, 98
Fundamental causes, 134, 136

G

GAD (generalized anxiety disorder), 92–93
Gender differences: life expectancy, 245; life expectancy by race and, 68; obesity prevalence by race/ethnicity and, 219; in physical activities, 183; smoking and, 189; suicide and, 89–90. See also Men; Women
Group identity categories, 7–9

H

Harvard University, 87
Health: conceptual model of race/ethnicity and, 27–28; determinants of, 134–135; income inequality and, 175, 176; income, race/ethnicity and reports of fair or poor, 177; occupational, 272; relationship between SES and, 170–175; research on SES (socioeconomic status) and, 157–158; studies on skin complexion and, 151, 153. See also Health disparities; Health status; Minority health
Health behavior: defining types of, 180; illness, 180, 181–182; prevention, 180, 181, 182; risk, 180, 181, 182–195
Health care: access to and use of, 111–112; APIs and mixture of alternative and traditional, 253; availability of, 114–115; CLAS standards on, 293, 294; cultural appropriateness of, 121–124; definition of, 108–109; mistrust of, 117, 200–202; perceived discrimination/racism during, 117, 118; 200–202; percentage of persons with 12 months of no, 112; persons 18–64 years with no usual source of, 115; provider attitudes toward patients by patient’s race, 119–120; racial differences in trust in, 118; satisfaction with, 116; usual source of, 270. See also Health care services
Health care disparities: addressing, 288–297; defining, 108; distinguishing between dissimilarities and, 111; health disparities vs., 54, 286; impact on health status disparities by, 124; IOM report on, 110–111; model of, 109–111, 110; quality of care and, 120–121; relationship between health status and, 283, 285
Health care disparities interventions: addressing barriers, 288–289; CBPR (community-based participatory research), 295–296; CLAS standards as, 293, 294; community health workers, 296–297; cultural tailoring, 296; five principles for, 290; increasing cultural competency, 292–293; increasing use of services, 290–291; use of mediators, 291; strategies and points of, 297; three levels of, 292
Health care quality: Commonwealth Fund study on patient perception of, 254; defining, 120; disparities and, 127–128; racial differences in, 120–121
Health care services: addressing barriers to, 290–291; African Americans and access/utilization of, 211–213; APIs (American Indians/Alaska Natives) access and utilization of, 231–233; APIs (Asian/Pacific Islanders) access and utilization of, 252–254; behavioral model of, 112–120, 113; Hispanic/Latino access and utilization of, 269–271; IHS (Indian Health Service), 231–232, 233, 240–241, 287; language and cultural barriers to, 235–237; 253–254; 293,
Health status of AIANs (American Indians/Alaska Natives) and, 224–230; as enabling factors, 113–114; racial/ethnic distribution among uninsured, 291; types of, 113b

Health services behavioral model: components of, 112–113; on enabling factors, 112, 113–115; on predisposing, 112, 115–120

Health status: of AIANs (American Indians/Alaska Natives), 224, 226–230; of APIs (Asian/Pacific Islanders), 245–252; biophysiological factors of, 134, 135; 153, 284; determinants of, 284; psychosocial (or behavior) factors of, 134, 135; relationship between health care disparities and, 283, 285; socioenvironmental factors of, 135, 156, 284. See also Health


Healthy migrant hypothesis, 276b, 277–278

Heart disease: APIs and rates of stroke and, 248–249; race/ethnic differences in medical management of, 212; race/ethnic differences in reaction to, 198–199; relationship between income and death from, 171

Hispanic epidemiological paradox, 153, 275–278

Hispanic/Latino groups: alcohol consumption among, 192; comparisons of mental disorders/national comorbidity survey, 98; defining population of, 261; elevated blood lead among men in, 178; fair or poor health among adult, 177; health care access and utilization by, 269–271; HIV/AIDS and, 273; infant mortality rates of, 268–269; link between ethnicity and race in, 20, 21; living near toxic waste sites, 140–141; major health issues of, 271–278; median household income by race/Hispanic origin, 161; mortality rates/leading causes of death among, 262–269; 277; by nationality (2000), 262; 263; occupational health, 272; OMB Directive 15 category changes for, 27; percentage of high school graduates by race/Hispanic origin, 165; poverty and low SES, 272; preventive services utilized by, 196–197; racial and ethnic populations included in, 76; terminology used for, 10; U.S. Census on growth of, 205, 260–261; wealth among total U.S. population and, 169. See also Mexican Americans

HIV/AIDS: African American deaths due to, 210, 211; attitudes toward patients with, 201; cumulative cases by race/ethnicity, 214; Hispanics/Latinos and, 273; low SES as risk of, 214–216; social stigma of, 200

Homicide: African Americans and death due to, 216–218; Hispanics/Latinos and death due to, 266; from legal intervention, 218

Homosexuality taboo, 216

Hospitalization: race/ethnic differences in attitudes toward, 202; survey on foreign-born vs. U.S.-born Asians and, 150

Hypertension: John Henryism hypothesis on, 145, 146; Native Hawaiians and rate of, 248; prevalence rates by race/ethnicity, 78; slavery hypertension hypothesis on, 153, 154–155

I

ICD-10 (International Classification of Disease), 85, 87

Idioms of distress, 100–101

IHS (Indian Health Service), 231–232, 233, 240–241, 287

Illicit drug use, 194–195

Illness behavior: defining, 180, 181–182, 197; race/ethnic differences in, 198–202. See also Diseases

Immigration/acculturation theory of health disparities, 147–149

Immunizations, 195–197

Income: American Indians and per capita (1995), 235; defining, 161; by race and Hispanic origin, 161; relationship between education and, 166; relationship between heart disease death rates and, 171; as SES (socioeconomic status) measure, 160–161. See also Wealth

Income inequality: all-cause age-adjusted mortality (1999) and, 176; relationship between health and, 175

Indian Removal Act (1830), 3

Infant mortality: Hispanic/Latino rates of, 268–269; international comparison of, 63–64; low birth weight/very low birth weight by race/ethnicity, 64–65; low SES and African American, 220–221; neonatal and postneonatal by race/ethnicity, 60–62; as population health marker, 59–60; by race/ethnicity (1985–2000),
Infant mortality (continued)
61/fig by race/ethnicity (2000), 63/fig, survivorship by race (2000), 60/fig for U.S.-born women and foreign-born counterparts, 148/fig-149. See also Mortality rates; Pregnancy-related mortality rates
Injection drug use, 273
Insurance. See Health insurance The International Dictionary of Medicine and Biology (Becker and Landav), 21
IOD (index of dissimilarity), 137, 138-139t
IOM (Institute of Medicine), 109, 120

J
Japan: comparing racial status assignment in U.S. vs., 19; international comparison of infant mortality and, 63-64/fig policy for assigning race status on birth certificates, 18t; racial classification scheme used in, 18
Japanese Americans: alcohol, tobacco, other drug use by, 256/fig; cancer risks of, 255; stroke rate of, 248-249
“Jim Crow” period, 3
John Henryism hypothesis: adjusted prevalence of hypertension and, 145, 146/fig, 147; on coping with stressors, 124; measuring, 146-147; origins of, 144-146; Type A personality vs., 147b

Journal of the American Medical Association, 151

K
King’s Fund report (1995) [England], 285

L
Labor law violations, 272
Language/cultural barriers: AIANs (American Indians/Alaska Natives) and, 235-237/fig; APIs (Asian/Pacific Islanders) and, 253-254/fig; CLAS standards addressing health care and, 293, 294b-295b; Hispanics/Latinos and, 271
Latinos. See Hispanic/Latino groups
Leading causes of death: among African Americans, 206-211t, 216-218; among AIANs (American Indians/Alaska Natives), 227-228t, 229t-230t; among API (Asian/Pacific Islanders), 246-252/fig; among Hispanics/Latinos, 262-269/fig; described, 72; by race/ethnicity, 72-73t. See also Mortality rates
Life expectancy: for APIs (Asian/Pacific Islanders), 245; gender differences in, 245; historical trends in, 67; international comparisons of, 68, 69/fig, 70/fig; mortality crossover and, 68-72; as population health indicator, 67; race/ethnic comparisons in, 68/fig-72; three broad categories contributing to, 70-72; U.S. by race and gender, 68/fig
Liver cirrhosis deaths, 195/fig, 239t, 240
Low birth weight rates: definition of, 65b; as health status markers for populations, 64; by race/ethnicity, 64-65/fig for U.S.-born vs. African-born women in U.S., 149/fig; the weathering hypothesis on, 143-144/fig

M
Mammography, 196-197, 198/fig
Manic-depressive illness (bipolar disorder), 88-89b
Man’s Dangerous Myth: The Fallacy of Race (Montagu), 16
Maquiladora industries, 272
Maternal mortality rates, 65-66/fig, 220a-221, 266, 268t
MDD (major depressive disorder), 88
Mediators, 291
Medicaid, 113b, 287b
Medicare, 113b, 196
Men: leading causes of death for African Americans compared to other, 207-208t, 210; leading causes of death for APIs (Asian/Pacific Islanders), 247t, 249; leading causes of death for Hispanic/Latino, 264-265t, 266; smoking among, 189/fig, 190/fig. See also Gender differences; Women
Mental disorders: anxiety disorders, 91-93; childhood, 93, 95-96; cognitive disorders: Alzheimer’s disease (AD), 96; eating disorders, 93; mood disorders, 88-90; most prevalent in the U.S., 87-96; psychotic disorders: schizophrenia, 90-91; racial/ethnic differences in prevalence of, 96-99t; risk and protective factors for, 102-103
Mental Health: A Report of the Surgeon General (DHHS), 84
Mental Health: Culture, Race, and Ethnicity (DHHS), 84
Mental health: API population and, 250-252/fig; continuum of, 84/fig; defining, 85b; idioms of distress/culture-bound syndromes and, 100-101, 251t; terminology associated with, 84b, 85b
Mental health problems: affecting physical health, 86/fig, defining, 85b; risk and protective factors for, 102-103; stress and, 85, 86/fig
Mental health services: lack of insurance as barrier to, 104; race/ethnicity and utilization of, 103-106; social stigma as barrier to, 104-105
Mental illness: defining, 85b, 87; difficulty of diagnosing, 99-100; effects of, 87
Mexican Americans: elevated blood lead among men, 178/fig as group most likely to not have medical visits, 112; rates of obesity and overweight among, 186. See also Hispanic/Latino groups
Migration patterns: country of birth of foreign born population
Subject Index

by race/ethnicity, 49/fg; percentage of foreign-born individuals by race/ethnicity, 48/fg; U.S. history of, 47–48

Minority communities: adequacy of opioid supplies/racial composition of, 143/fg; density of supermarkets/full-service restaurants in, 141–142/fg; living near toxic waste sites, 140–141; resource deprivation theory on, 141–142

Minority health: conceptual model of, 27–28/fg; health disparities of, 54; historical background of, 1, 3–5; importance of studying, 5–6. See also Health

Minority Health Survey (Commonwealth Fund), 116

Mixed race category, 18

Mood disorders, 88–90

Morbidity rates: comparative, 76–81; defining, 76; Hispanic epidemiological paradox of, 153, 275–278

Mortality crossover, 68–72

Mortality rates: age-adjusted by race/ethnicity (1999), 47/fg; age-adjusted from alcohol-related liver cirrhosis, 193/fg; alcohol related liver cirrhosis, 193/fg; 239t, 240; among African Americans, 206–211; comparative by race/ethnicity, 54–66/fg; crude, 46h; crude and age-specific, 46h; Hispanic epidemiological paradox of, 153, 275–278; Hispanic/Latino, 262–269/fg, 277/fg; historical trends in age-related, 55–57/fg; income inequality vs. all-cause age-adjusted (1999), 176/fg; leading causes of death, 72b–73t; life expectancy and, 67–72; mortality crossover and, 68–72; relationship between education and, 172/fg; relationship between income and heart disease, 171/fg; years of potential life lost, 73–75t. See also Age adjustment mortality rates; Epidemiology; Infant mortality; Leading causes of death

Mothers: infant mortality rates for U.S.-born vs. foreign-born, 148/fg–149; low birth weight rates for U.S.-born vs. foreign-born, 149/fg; low SES impact on health of child and, 220–221; nonmarital childbearing demographics on, 42–43/fg. See also Pregnancy-related mortality rates

Motor vehicle deaths, 239t

N

National Advisory Commission on Civil Disorders, 136

National Center for Complementary and Alternative Medicine, 253

National Institute of Mental Health, 87

National Institutes of Health, 54, 108

National Research Council study (1991), 140

National Survey of America’s Families, 232

Nationality: Hispanic population (2000) by, 262t; 263/fg; relationships between race, ethnicity, and, 19–20/fg

Native Americans. See American Indians

Native Hawaiians: cancer comparative study on American Samoan and, 249–250; diversity of, 243–244/fg; high rate of hypertension/cardiovascular disease among, 248. See also APIs (Asian/Pacific Islanders)

NCHS (U.S. National Center for Health Statistics), 17, 18, 76

NCS (National Comorbidity Survey), 97, 98, 103, 105

Neonatal mortality, 60–62/fg

Net worth, 1606

“`A New Division of the Earth, According to the Different Species or Races of Man Who Inhabit It”' (Bernier), 16

NHIS (National Health Interview Survey), 76, 112

NHSDA (National Household Survey on Drug Abuse), 194

NIAAA (National Institute on Alcohol Abuse and Alcoholism), 238, 239t, 240, 266

NIH’s Women of Color Health Data Book, 245

Nonmarital childbearing demographics, 42–43/fg

Nutrition preventive/risk behaviors, 183–184

O

Obesity status: African Americans and, 218–219; age-adjusted prevalence by race/ethnicity/sex, 219/fg; as both prevention and risk behavior, 184–188/fg

Occupation: as SES measurement, 168–169; SES measurement and prestige of, 167–168t

Occupational health, 272

Occupational prestige, 167–168t

OCD (obsessive-compulsive disorder), 91

OECD (Organization for Economic Cooperation and Development), 269

OMB (Office of Management and Budget): Directive 15 of, 8, 19, 22, 23b, 25–27, 55h, 224; racial/ethnic categories determined by, 7

OMH (Office of Minority Health) [DHHS], 293

“One-drop rule,” 18

Overweight status, 184–188/fg

P

Panic disorder, 91

Pap smear, 196–197, 199/fg

Patients: Commonwealth

Survey on concordance of physicians and, 122t; language barriers of, 235–237/fg, 253–254/fg, 271; physician ratings of patients by race of, 119–120; racial differences in interaction between physicians and, 212–213
Phobias: social (social anxiety disorder), 92; specific, 92
Prevention behavior: alcohol use
Primary prevention, 181, 182b
Prevention medical services, 195–197
Private health insurance, 113b
Prevalence rates: comparative morbidity, 76–81; leading causes of death, 72b–75t;
Provider. See Physicians
Psychological (behavior) factors, 134, 135fg, 284fg
Psychosocial/behavioral theories of health disparities: Hispanic epidemiological paradox, 153, 275–278; immigration and acculturation, 147–149; John Henryism hypothesis, 144–147; racism biopsychosocial model, 149–153; the weathering hypothesis, 142–144
Psychotic disorders: schizophrenia, 90–91
PTSD (posttraumatic stress disorder), 91–92
Quality of care. See Health care treatment
Race: attempting to define, 21–23; biological or genetic differences and, 154; Census on people reporting on only one race group, 32; U.S. population reporting on only one, 33; of each Race/ethnic group, 47–50; population by region, 219; migration patterns, 235–237; average, 236; in the large, 237; origin, 238; changes, 239; population by region, 43–46; fertility rates, 46–47; year of potential life, 54–66; YPLL-75 (years of potential life lost by 75), 73–75t
Race/ethnic populations: age-adjusted mortality rates of, 57fg; conceptual model of health and, 27–28; included in Hispanic/Latino population, 7k; mixed race category for, 18; U.S. policy assigning race on birth certificates (prior to 1989), 18t
Race/ethnic segregation: health disparities due to, 137, 140; IOD (index of dissimilarity) and, 137, 138–139; in the largest U.S. cities (2000), 138–139t
Race/ethnic terminology: placing humans in categories, 7–9; preferred, 11t; U.S. Bureau of the Census study on, 9–10; usage rules of, 10, 12
Race/ethnicity concepts: Blumenfeld’s classification system, 16–17; classification scheme used in Brazil, 18; classification scheme used in Japan, 18; origins of race concept, 16–17; problems with, 17–25; used in public health and science studies, 15–16
Race/ethnicity conceptual problems: attempting to define race, 21–23; changing measurement of race in U.S. Census, 23–25t; confounding of race, ethnicity, and nationality, 19–20fg; inconsistency of race conceptualizations, 17–19
Race/ethnicity differences: alcohol consumption and, 190–194, 196t; availability of health care resources, 212; conceptual model on health and, 27–28fg; cumulative HIV cases and, 214fg; illicit drug use and, 194–195fg; 196t; illness behavior, 198–202; leading causes of death and, 227–228; 229t; 230t; in nutrition/consumption of fruit and vegetables, 183–184t;
S

overweight and obesity status and, 184–188fg, 218–219fg; in perceived discrimination/racism in health care, 117, 118t, 200–202; in physical activity, 183t; physicians’ rating of patients by, 119t–120; preventive care utilization, 195–197fg, 198fg, 199fg; preventive service utilization, 195–197fg, 198fg; quality of care and, 120–121; in smoking behavior, 189t–190fg, 191fg, 221–222fg; in trust in health care, 118t; in utilization of crack due to availability, 141. See also Ethnicity; Race

Racism: challenges of measuring, 151; perceived during health care, 117, 118t, 200–202; as stressor, 150–151. See also Discrimination

Racism biopsychosocial model, 149–153

Radioactive iodine exposures, 233–234

Reconstruction era, 3

Resource deprivation theory, 141–142fg

Reverse causation (downward drift), 160

Risk behavior: of AIANs (American Indians/Alaska Natives), 233–
256; alcohol use and abuse, 190–194, 196t; defining, 180, 181; illicit drug use, 194–195fg; nutrition, 183–184t; overweight and obesity status, 184–188fg; physical inactivity, 182–183t; smoking, 189t–190fg, 191fg

Risk exposure theory, 140–141

Risk factors hypothesis, 276b, 278

S

Salmon bias hypothesis, 276b, 277

Schizophrenia, 90–91

Secondary prevention, 181, 182b

Section 8 housing vouchers, 287fg

Segregation. See Race/ethnic segregation

SES (socioeconomic status): African Americans and health risk of low, 213–222fg; American Indians and low, 234fg–235; defining, 158; as “dose-response,” 170b; examples of addressing health disparities and, 285, 287b; Hispanics/Latino and low, 272; income inequality and health relationship, 175; measures of, 159–170; origins of term, 158–159; poverty and low, 214; public health research on health and, 157–158; racial/ethnic disparities in health manifestations of, 176–178fg; relationship between health and, 170–175; relationship between obesity and, 188

SES (socioeconomic status) and health relationship: dose-response element of, 170b; gradient of, 170–171; illustration of, 174fg; social causation and social selection theories on, 171–173b, 174fg; socioeconomic context of, 173–175

SES (socioeconomic status) measures: described, 159; education, 165t–166fg; income, 160–161b; occupation, 166–167t, 168t; poverty, 161–165; wealth, 168–170

Skin color-health studies, 151, 153

Slavery hypertension hypothesis, 153, 154–155

Smoking, 189t–190fg, 191fg, 221–222fg, 255

Social causation theory, 171–172, 173b, 174fg

Social class, 159

Social context-health relationship, 172t

Social phobia (social anxiety disorder), 92

Social selection theory, 172–173b, 174fg

Social stigma: as barrier to mental health services, 104–105; of HIV/AIDS, 200; as illness behavior factor, 200

Socioenvironmental factors, 135fg, 136, 284fg

Socioenvironmental theories of health disparities: described, 136–137; racial/ethnic segregation theory, 137–140; resource deprivation theory, 141–142fg; risk exposure theory, 140–141

Somatization, 101b

Stress: John Henryism predisposition to cope with, 124, 145–146; PTSD (posttraumatic stress disorder), 91–92

Stressors: mental health problems and, 85–86; racism as, 150–151; risk for common cold and chronic, 86fg

Stroke/cardiovascular disease, 248–249

Substance abuse: alcohol use/abuse, 190–194, 196t; APIs (Asians/Pacific Islanders) and, 255, 256fg; illicit drug use, 194–195fg, 196t

Suicide: among APIs (Asian/Pacific Islanders), 251, 252fg; race, gender, and, 90fg; risk factors associated with, 89–90, 240

Superfund Program, 140

Survival curve: described, 59; infant mortality and survivorship by race (2000), 60fg

Sweatshops, 272

T

Tackling Inequalities in Health: An Agenda for Action (King’s Fund report), 285

Teen childbearing demographics, 41–42fg. See also Fertility rates

Tertiary prevention, 181, 182b

Thirteenth Amendment, 2b, 3

Tobacco use, 189t–190fg, 191fg, 221–222fg, 255

Toxic exposure, 233–234

Toxic waste sites, 140–141

Trail of Tears, 3

Tuskegee Syphilis Study (1932–1972), 3, 4b

Type A personality, 147b

U

Unequal Treatment: Confronting Racial and Ethnic Disparities of Healthcare (IOM), 109, 110–111
Uninsured racial/ethnic distribution, 291t
Unintentional injuries (accidents), 237–238fg, 239t, 272
United Church of Christ’s Commission for Racial Justice, 140, 141
United States: assigning race on birth certificates (prior to 1989), 18t; comparing international life expectancy and, 68, 69fg, 70fg; comparing racial status assignment in Japan vs., 19; demographic transitions of, 6; international comparison of infant mortality and, 63–64fg; most prevalent mental disorders in the, 87–96; projected percentage of race/ethnic populations in, 6fg
U.S. Bureau of the Census: changing measurement of race in, 23–25b; on Hispanic/Latino population growth, 205, 260–261; “majority-minority” projections by, 5; poverty threshold according to, 161–162; projections on elderly population, 31fg; question on race in 2000, 8b; race categories (1790-2000), 24b–25b; reporting on racial/ethnic composition of U.S., 32–34; terminology study by, 9–10
U.S. Constitution: 14th and 15th Amendments, 2b, 4; 13th Amendment, 2b, 3
U.S. National Center for Health Statistics (NCHS), 17, 18
U.S. surgeon general: on health risk of smoking, 189; reports on mental health issued by, 84, 85
Usual source of care, 270b
Vaccinations, 195–197fg
Very low birth weight rates: definition of, 65b; as health status markers for populations, 64; by race/ethnicity, 64–65fg
Vietnamese acculturation survey (1995), 258
Vietnamese “coining” practice, 27–258b
Voting Rights Act (1965), 3, 5b
Waist-to-hip ratio, 187b
Wealth, 168–169b. See also Income
The weathering hypothesis, 142–144
White population: alcohol consumption among, 192fg; low birth weight by mother’s age, 144fg; mortality crossover and,
WHO International Classification of Disease, 101
WHO (World Health Organization), 87, 101
Women: leading causes of death for African Americans compared to other, 209t; leading causes of death for APIs (Asian/Pacific Islanders), 248t, 249t; leading causes of death for Hispanic/Latino, 266–267t; pregnancy-related mortality rates, 65–66fg, 220b–221, 266, 268t; smoking among, 189t, 191fg. See also Gender differences; Men
Women of Color Health Data Book (NIH), 245
World Bank, 87
YPLL-75 (years of potential life lost by 75): AIAN populations and, 237; computing, 74b; defining, 73, 218; by race/ethnicity, 74t–75; by race/ethnicity for selected causes of death, 75t