Cancer

Racial Differences in Mortality from Obesity-Related Chronic Diseases in US Women Diagnosed with Breast Cancer
Anthony P. Polednak, PhD

As women with breast cancer experience longer survival, it becomes even more important to address mortality from co-existing chronic diseases. Recognizing the national increase in obesity, Dr. Polednak found the relative risk of death from obesity-related causes (diabetes mellitus, hypertension, coronary heart disease or CHD, and cerebrovascular disease) was greater for African Americans than Whites and, among Asian Americans greater for diabetes-related deaths than found in Whites. Aggressively addressing these obesity-related causes of death in women (particularly high-risk minorities) diagnosed with breast cancer may improve further outcomes in this high-risk population.

“I Will Miss the Study, God Bless You All”: Participation in a Nutritional Chemoprevention Trial
Geraldine Moreno-Black, PhD, CNS; Gail Shor-Posner PhD, CNS; Maria-Jose Miguez, MD, PhD; Ximena Burbano, MD; Sandra O'Mellan, P. Yovanoff, PhD

Moreno-Black and co-workers describe the results of a trial participants’ perception for continuing in a randomized HIV clinical trial. The three major themes that guided participation were increased health awareness, personal enhancement, and sociability. Their findings indicate that clinical trial participation and retention were related to how participants interpreted the study, perceived the benefits they derived from participating, and connected its relevance to their own perceptions of health and well being.

Cardiovascular Disease

Serum Total Homocysteine Concentration Determinants in Non-Hispanic White, Non-Hispanic Black, and Mexican-American Populations of the United States
Vijay Ganji, PhD, RD; Mohammmad R. Kafai, PhD

Serum total homocysteine (tHcy) concentration is increasingly recognized as a cardiovascular risk factor. Ganji and Kafai studied the relationship between serum tHcy and demographic, socioeconomic, health and lifestyle factors, and blood vitamins in more than 5,500 participants from the third National Health and Nutrition Examination Survey. Serum tHcy was significantly higher in non-Hispanic Whites and non-Hispanic Blacks than in Mexican Americans. Regardless of race-ethnicity they found that age, serum creatinine, folate, and cobalamin, and RBC folate were the major determinants of serum tHcy.

Left Ventricular Structure and Systolic Function in African Americans: The Atherosclerosis Risk in Communities (ARIC) Study
Vuyisile T. Nkomo, MD; Donna K. Arnett, PhD; Emelia J. Benjamin, MD, ScM; Philip R. Liebson, MD; Richard G. Hutchinson, MD; Thomas N. Skelton, MD

An analysis of more than 1,500 African Americans without clinically apparent cardiovascular disease who participated in the Atherosclerosis Risk in Communities study found that left ventricular (LV) hypertrophy by echocardiogram was highly prevalent: 33% of men and 38% of women. LV hypertrophy was associated with poorer LV systolic function. LV hypertrophy should be considered in African Americans without clinically apparent cardiovascular disease and may predict poor LV systolic function.

Does Socioeconomic Position Moderate the Effects of Race on Cardiovascular Disease Mortality?
Rhonda Jones-Webb, DrPH; Xinhua Yu, MD, PhD; Jennifer O’Brien, BA; Peter Hannan, MStat; Melanie Wall, PhD; John Oswald, PhD

Using both individual and neighborhood level measures of socioeconomic position, Jones-Webb et al examined the effects of race on CVD mortality among 443 Black and 21,182 White men, and 415 Black and 24,929 White women, 45 years and older, who died of CVD from 1992–1998. Older Black men who lived in more impoverished neighborhoods had significantly higher CVD mortality rates than did older White men living in more impoverished neighborhoods. This effect did not persist among older men living in less impoverished neighborhoods. Race was independently related to CVD
mortality among younger Black men and women who had significantly higher CVD mortality rates than younger White men and women. These data support the need to consider socioeconomic factors in assessing racial/ethnic variations in health outcomes.

**Knowledge and Practice: The Risk of Cardiovascular Disease Among Asian Indians. Results from Focus Groups Conducted in Asian Indian Communities in Northern California**

Preety Kalra, MS; Shobha Srinivasan, PhD; Susan Ivey, MD, MHSA; Kurt Greenlund, PhD

To better understand perceptions of cardiovascular risk within 3 Asian Indian communities in Northern California, Kalra and colleagues conducted a series of focus groups that yielded six key themes. Knowledge of cardiovascular disease, health and cultural concerns regarding diet, physical activity levels, stress as a factor for cardiovascular disease, acculturation concerns, and cardiovascular prevention ideas emerged. Importantly, potentially modifiable factors, psychosocial and cultural factors, especially cultural issues concerning stress and acculturation, surfaced.

**Association of a Culturally Defined Syndrome (Nervios) with Chest Pain and DSM-IV Affective Disorders in Hispanic Patients Referred for Cardiac Stress Testing**

Valory N. Pavlik, PhD; David J. Hyman, MD; Juliet A. Wendt, MD; Claudia Orengo, MD, PhD

Hispanics have a high prevalence of cardiovascular risk factors, most notably type 2 diabetes. However, in a large public hospital in Houston, Texas, Hispanic patients referred for cardiac stress testing, were significantly more likely to have normal test results than were Whites or non-Hispanic Blacks. Pavlik et al undertook an exploratory study to determine if nervios, a culturally based syndrome among Hispanics who share similarities with both panic disorder and anginal symptoms, was related to a high probability of a normal cardiac stress testing. Half of the 114 participants reported a history of chronic nervios. Chronic nervios, but not a validated angina questionnaire, was significantly associated with a normal cardiac test. Understanding how nervios symptoms differ from chest pain will assist in the role of cardiac workup in Hispanics.

**Coronary Artery Disease and Risk Factors in Black South Africans—A Comparative Study**

M. R. Nethononda, MD; M. R. Essop, MD; A. D. Mbewu, MD; J. S. Galpin, PhD

Nethononda and colleagues examined demographics, presenting diagnoses, and coronary risk factors among 85 Africans and 121 non-Africans with significant coronary artery disease (CAD). Africans were characterized by more hypertension and a higher prevalence of women. Importantly, serum total and low-density lipoprotein cholesterol were significantly lower in African patients, suggesting the need to re-examine the relationship between cholesterol and CAD and the role of cholesterol lowering in developing populations.

**Designing Multi-Ethnic Stroke Studies: The Brain Attack Surveillance in Corpus Christi (Basic) Project**

Melinda A. Smith, MPH; Jan M. H. Risser, PhD; Lemuel A. Moyé, MD, PhD; Nelda Garcia; Olubumi Akiwumi; Ken Uchino, MD; Lewis B. Morgenstern, MD

Smith et al report on the study design and process evaluation for The Brain Attack Surveillance in Corpus Christi (BASIC) project. This population-based stroke study comparing Mexican Americans and non-Hispanic Whites screened more than 11,000 subjects during the first 28 months of the project. Availability of neuroimaging, confidence in the validated diagnosis of stroke, nor the participation rate in the interview differed by ethnicity. These findings support multi-ethnic stroke comparison studies as a feasible mechanism utilizing epidemiologic principles to design and recruit participants.

**Overweight and Obesity**

**Dietary Behavior Among African Americans: Assessing Cultural Identity and Health Consciousness**

Shawn M. Bediako, PhD; Naa Oyo A. Kwate, PhD; Reggie Rucker, MS

Thompson and colleagues present preliminary findings related to the African self-consciousness construct as an index of African-American cultural identity may explain components of African-American health consciousness and dietary behavior. In addition, their study helps to lay a path for future research on the complex roles played by culture and cultural identity in African-American dietary behavior.
“Does Skinny Mean Healthy?” Perceived Ideal, Current, and Healthy Body Sizes Among African-American Girls and Their Female Caregivers
Mira L. Katz, PhD, MPH; Penny Gordon-Larsen, PhD; Margaret E. Bentley, PhD; Kristine Kelsey, PhD; Kenitra Shields, BA; Alice Ammerman, DrPH

Cultural perceptions of body size may contribute to the high rates of overweight and obesity among African-American women. Semi-structured interviews were conducted among African-American girls and their female caregivers in an obesity prevention pilot program. Even though 37% of the girls and 77% of the caregivers were overweight or obese, the interviews suggested that most of the participants were not satisfied with their current body size and desired a smaller body, and that they felt caregivers were important role models. Positive role modeling within the family and addressing the association of body size with health risk may be helpful for designing effective obesity prevention programs for African-American girls.

Overweight and Obesity Among Urban Sahraoui Women of South Morocco
Mohamed Rguibi, MSC; Regia Belahsen, PhD

Rguibi and Belahsen evaluated demographic and behavioral factors among 249 urban Moroccan Sahraoui women. Although the rates of overweight/obesity (49%) and the prevalence of abdominal obesity (>67%) were high, few expressed a desire to lose weight. The authors also examined the influence of age, calorie intake, physical activity, marital status, and education level on obesity. The high risk of obesity-related morbidity and mortality highlights the need for effective health education messages and prevention/treatment strategies for urban Sahraoui women.

A Randomized Pilot Trial of Exercise Promotion in Sedentary African-American Adults
Robert L. Newton Jr, PhD; Michael G. Perri, PhD

Newton and Perri compared the effects of 3 home-based exercise promotion programs on cardiorespiratory fitness and physical activity for 60 sedentary African-American adults over a 6-month period. Each group reported significant increases in walking, but significant improvements in fitness were observed only in the standard behavioral counseling and culturally sensitive counseling groups, and not the physician advice comparison. The culturally sensitive counseling group reported higher levels of exercise social support compared to the other 2 groups. These findings show that home-based exercise counseling programs are effective for improving fitness, but additional studies are needed to assess the long-term impact of the reported higher levels of exercise social support in the culturally sensitive counseling group in comparison to standard behavioral counseling.

Health Disparities

Racial and Ethnic Differences in Osteoarthritis: Prevalence, Outcomes, and Medical Care
Kelli L. Dominick, PhD; Tamara A. Baker, PhD

Osteoarthritis (OA) is a leading cause of disability among older adults. Dominick and Baker report that, compared to Caucasian Americans, African Americans and Hispanics appear to be at greater risk for key OA-related clinical outcomes (eg, pain and disability), and are less likely to undergo OA-related procedures, such as arthroplasty. Improving OA-related outcomes will necessitate a better understanding of the biological, psychosocial, and lifestyle factors that may contribute to these racial/ethnic differences.

Physician-Patient Interaction and Depression Among African-American Women: A National Study
Isabel C. Scarinci, PhD; Bettina M. Beech, DrPH; Jennifer M. Watson, PhD

Using a cross-sectional design, Scarinci et al evaluated results from psychological well-being surveys mailed to 1,411 African-American women. Depressive symptomatology was associated with poor physician-patient interactions, ranging from difficulty in talking to physicians to the likelihood of changing physicians due to dissatisfaction. Depressive symptomatology may be an important modifier of African-American women’s interaction with physicians.

Diabetes Care Among Older Urban American Indians and Alaska Natives
Dorothy A. Rhoades, MD, MPH; Yvette Roubideaux, MD, MPH; Dedra Buchwald, MD

Rhoades et al report a high prevalence of diabetes and a
variable rate of performing quality healthcare indicators among older, urban American Indians and Alaska Natives who were treated at a primary care clinic in Seattle, Washington. Further studies are needed to ascertain the contributions of cultural health beliefs and provider practice patterns to improve health outcomes in this population.

Racial and Ethnic Variation in Response to Mailed and Telephone Surveys Among Women in a Managed Care Population
Karin M. Nelson, MD, MSHS; Ann M. Geiger, PhD; Carol M. Mangione, MD, MSPH

To ascertain potential racial/ethnic variation in response to mailed and telephone surveys, Nelson and colleagues conducted a mailed survey, in both Spanish and English, among women with abnormal Pap smears in a managed care population. Latinas were more likely to participate in a telephone survey that offered an incentive than a mailed survey and, overall, telephone respondents were less satisfied with their health care. Planning for future health surveys should consider these findings in studies of similar populations, particularly those with significant numbers of Latinas.

A Community Study of Language Concordance in Russian Patients with Diabetes
Philip S. Mehler, MD; Rita A. Lundgren, MS; Irina Pines, MD; Katherine Doll, RN

Mehler et al measured several objective parameters of care among 55 Russian immigrant patients with type 2 diabetes before and after the addition of a bilingual Russian provider. They noted significant improvements in glycemic, lipid, and blood pressure control. These findings support the role of concordant linguistic and cultural care in facilitating the health care of ethnically diverse populations.

Explaining the Relationship Between Race/Ethnicity and Pharmacy Purchased Syringes Among Injection Drug Users in New York City
Crystal M. Fuller, PhD; Sandro Galea, MD, DrPH; Shannon Blaney, BA; Danielle C. Ompad, PhD; Sherry Deren, PhD; Don Des Jarlais, PhD; David Vlahov, PhD

Despite the legalization of pharmacy syringe sales without a prescription in New York State in 2001, there appeared to be significantly lower rates of pharmacy use among Black and Hispanic injection drug users (IDUs) compared to Whites. Fuller and co-workers examined social and behavioral factors associated with nonprescription syringe use through the Expanded Syringe Access Demonstration Program (ESAP) over a 6-month period. IDUs who reported pharmacy use were less likely to be Black or Hispanic, and reported higher rates of recent discrimination by police compared to non-pharmacy users. Indeed, after adjusting for factors such as ESAP knowledge and discrimination (by police or due to race), race/ethnicity no longer remained a significant predictor of pharmacy use in this cohort. These findings suggest there are perceived barriers to ESAP that could potentially be overcome by education.