

*Minority Populations and Health: An Introduction to Health Disparities in the United States* by Thomas LaViest, Ph.D. describes the key issues and suggests theoretical frameworks that could be used to develop a policy to address and rectify health disparities among racial and ethnic groups in the United States. The text is divided into 14 chapters with two appendices. An introductory chapter describes how war, disease, and forced displacement led to future health disparities for both African Americans and American Indians.

The text opens with a discussion on the conceptual issues with describing race. Dr. LaViest expresses his concern and lack of comfort with labeling races and ethnic groups. This difficulty with defining the term "race" makes studying health disparities even more challenging. LaVeist carefully described his study methods and the efforts he made to precisely define and categorize the racial and ethnic groups he would be discussing in the text. The historical facts and references he used in the discussion provide a solid platform for understanding the issues. Subsequently, he introduced the concept of demography and the tools that are used to study epidemiology. This text was written for undergraduates, but is so complete and written in such a compelling manner that it would behoove anyone in the healthcare industry to read it.

In the second section of the textbook, Dr. LaVeist compares and contrasts each of the racial/ethnic groups studied in the US in terms of both morbidity and mortality rates. He compares morbidity/mortality indices to comparative international groups providing readers with a complete epidemiological profile of each racial/ethnic group. He demonstrates, using studies and statistics, that racial/ethnic minorities have significant disparities in health outcomes compared to non-minorities and that the disease profile of minorities compared to non-minorities differs both in-group and between-group. Some of the factors contributing to this may be reduced access to care, lack of insurance, access to lower-quality care, and psychosocial and behavioral stresses.

Dr. LaVeist presented and explained several theories that have been put forth to explain health disparities. Socioenvironmental theories, including racial/ethnic segregation, risk exposure theory, and resource deprivation theory, show the relationship between segregation, food deserts, socioeconomic status, and health disparities. Psychosocial theories include weathering hypothesis, John Henryism, and racial discrimination discuss how chronic stress, hypertension, and disease factors are intertwined. Biopsychosocial theories such as a true genetic difference between races and the slave hypertension theory were discussed. Dr. LaVeist provided ample evidence to show that genetic differences between races are not significant and cannot be the sole explanatory factor for disease. He then explores whether it is socioeconomic status that is the primary factor contributing to health disparities. He concludes that though there are differences in socioeconomic status between different race/ethnic groups, health disparities are not a direct consequence of social-economic status alone.

In the final chapter, Dr. LaViest describes the barriers to access and use of services, mediators, and cultural competencies that are needed to address disparities in healthcare. In addition, he says that

community-based participatory research, cultural tailoring, and community health workers are necessary keys to success. Several models for addressing health disparities in the United States are presented and discussed. The book concludes with case studies for discussion and a robust list of resources for further reading.

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