

Racial Articles

Becker, G., Gates, R. J., & Newsom, E. (2004). Self-care among chronically ill african americans: Culture, health disparities, and health insurance status. *American Journal of Public Health, 94*(12), 2066-2066-2073.

This article discusses the results from a qualitative interview study of African Americans with chronic illness. This article found that self-care activities were culturally based. Those who had some form of health insurance much more frequently reported the influence of physicians and health education programs on self-care regimens than did those who were uninsured.

Becker, G., & Newsom, E. (2005). Resilience in the face of serious illness among chronically ill african americans in later life. *Journals of Gerontology, 60*(4), S214-S214-223.

The purpose of this study was to examine older African Americans' philosophies about their chronic illnesses and how those philosophies have affected chronic illness management. In dept interviews were conducted over the course of several years with 38 respondents. This research attests to the importance of examining racism in the analysis of how older ethnic minorities live with chronic illness.

Chan, S., Siu, A., Poon, P., & Chan, C. (2005). Chronic disease self-management program for chinese patients: A preliminary multi-baseline study. *International Journal of Rehabilitation Research, 28*(4), 351-351-354.

This study reports the preliminary findings on the effects of the Chronic Disease Self-management Program on a group of Chinese participants who suffered from chronic diseases. A total of 23 participants were recruited in a multi-baseline study protocol. Their self-management behaviors, self-efficacy and health status were captured over three baseline assessments and one post-test assessment. The results indicated significant increases in the performance of stretching exercises, the management of cognitive symptoms and communication with physicians. Their self-efficacy in terms of these aspects was found to be significantly increased. However, changes in other aspects of self-management which required more special skills and coordination with outside agencies were not significant. The changes in the physical and mental statuses of the participants were also not significant. It was observed that the positive effects of the program could be attributed to traditional Chinese beliefs of 'self-discipline' and a welcoming response towards self-efficacy strategies. Further studies should adhere to standards of a randomized clinical trial and further examine the mechanisms underpinning the changes in self-management behaviors among Chinese people with chronic diseases.

Fiscella, K., & Holt, K. (2007). Impact of primary care patient visits on racial and ethnic disparities in preventive care in the united states. *Journal of the American Board of Family Medicine : JABFM, 20*(6), 587-597. doi:10.3122/jabfm.2007.06.070053

BACKGROUND: The causes of racial and ethnic disparities in preventive care are not fully understood. We examined the hypothesis that fewer primary care visits by minority patients contribute to these disparities. METHODS: We analyzed claims for Medicare beneficiaries 65 and older who participated in the Medicare Current Beneficiary Survey, 1998 to 2002. Five preventive services were included: colorectal cancer testing, influenza vaccination, lipid screening, mammography, and Papanicolaou smear screening. In separate multivariate analyses, we examined the effect of minority status (self-report of African American race or Hispanic ethnicity) on having a claim in the past 12 months for each preventive service after successive control for number of primary care visits and other patient characteristics. RESULTS: The final sample included 15,962 subjects. In age-adjusted analyses, minorities had statistically lower rates of claims for each of the 5 procedures. After controlling for number of primary care visits, the effect of minority status was slightly attenuated but remained statistically significant for receipt of each procedure. After adding low income, low educational level and supplementary insurance, health status, and year, minority status was significantly associated only with colorectal cancer screening (odds ratio [OR] 0.79; 95% confidence interval [CI] 0.67 to 0.94) and influenza vaccinations (OR 0.56; 95% CI 0.49 to 0.64). CONCLUSIONS: The frequency of primary care visits seems to contribute minimally to racial and

ethnic disparities in preventive services. Other patient characteristics, particularly those associated with poverty, explain much of these disparities.

- Fu, D., Ding, Y., McGowan, P., & Fu, H. (2006). Qualitative evaluation of chronic disease self-management program (CDSMP) in shanghai. *Patient Education and Counseling*, 61, 389-389-396. This study sought to explore the impact of a chronic disease self-management program on participants' perceptions of their behavior, health status, quality of life, and how the program achieves its benefits. In addition, the study explored how to collect suggestions for future improvement and dissemination of results. CDSMP was perceived to be effective to participants mainly through behavior change and self-efficacy development, though it had a few deficiencies.
- Klessner, M., McFadden, J., & Bellard, J. C. (2006). An interdisciplinary view of medical pluralism among mexican-americans. *Journal of Interprofessional Care*, 20(3), 223-223-234. This article highlights the relationship between traditional, complementary, and alternative medicine (TCAM) and biomedicine, and the challenges this relationship poses to patients. Medical professionals tend to represent these systems dualistically - as mutually exclusive and in competition with one another. Patients, on the other hand, tend to make truly pluralistic health care decisions - moving freely between TCAM and biomedicine based on what they can access, what they can relate to, and what they believe works. Using their experience with Mexican immigrant and Mexican-American populations in Southwestern United States, the authors discuss strengths and weaknesses in both healthcare systems, and how medical dualism can be a significant barrier to effective healthcare. Recent literature on medical pluralism is discussed from the public health (i.e., community) and medical (i.e., provider) perspectives. These two disciplines are brought together in an attempt to deconstruct the notion that TCAM and biomedicine are diametrically opposed healthcare systems. Biomedically trained health care providers must understand, appreciate, and integrate into their practice how their patients make use of *other* healing practices and beliefs. Such integration is particularly essential when serving immigrant or minority populations as these groups are more likely to use a pluralistic approach in meeting their health needs.
- Lorig, K., Ritter, P. L., & Gonzalez, V. M. (2003). Hispanic chronic disease self-management. *Nursing Research*, 52(6), 361-361-369. This study aimed to evaluate the health and utilization outcomes of a 6-week community-based program for Spanish speakers with heart disease, lung disease or type 2 diabetes. At 4 months, the participants as compared with the usual-care control subjects, demonstrated improved health status, health behavior, and self-efficacy, as well as fewer emergency room visits. At one year, the improvements were maintained and remained significantly different from baseline condition.
- Lorig, K., Ritter, P. L., & Jacquez, A. (2005). Outcomes of border health Spanish/English chronic disease self-management programs. *The Diabetes Educator*, 31(3), 401-401-409. The purpose of this study was to evaluate the community based Chronic Disease Self-Management Program (CDSMP) and the Spanish-language version (Tomando control de su salud) programs as delivered in settings along the Texas/New Mexico border. The programs had proven effective in randomized trials, and the authors wished to determine if they would be as effective when administered by others to different populations. Participants showed improvements in health behaviors, health status, and self-efficacy at both four month and one year. Baseline self-efficacy and 4 month change in self-efficacy were significantly associated with improved one year outcomes.
- Sequist, T. D., Adams, A., Zhang, F., Ross-Degnan, D., & Ayanian, J. Z. (2006). Effect of quality improvement on racial disparities in diabetes care. *Archives of Internal Medicine*, 166(6), 675-675-681. It is well documented that racial disparities in health care are prevalent and solutions to this problem are not well documented. This study sought to determine whether generic quality improvement efforts were associated with changes in racial disparities in diabetes care. At the conclusion of the study, racial disparities were diminished in some aspects of diabetes care, however, reducing disparities may require a focus on minority health.

The Henry J. Kaiser Family Foundation. (2007). *Key facts: Race, ethnicity & medical care*

Thompson, T. L., Emrich, K., & Moore, G. (2003). The effect of curriculum on the attitudes of nursing students toward disability. *Rehabilitation Nursing : The Official Journal of the Association of Rehabilitation Nurses*, 28(1), 27-30.

Societal attitudes toward people with differing abilities are often based on a lack of understanding, fear of the unknown, and stereotypes learned from others. Nursing students enter their educational programs with similar attitudes and experiences. Attitudes of nurses are key to how they respond toward individuals with disabilities and chronic illnesses. The nurses' attitudes affect the individual client's understanding of the disability and his or her self-concept as he or she adjusts to major life changes. The purpose of this descriptive study was to identify whether a change in curriculum and experience had an effect on nursing student attitudes. Using the Attitudes Toward Disabled Persons (ATDP) Scale, a pre-post study of 42 nursing students' attitudes toward individuals with disabilities was conducted. Tests were administered as the students entered their senior year and took the chronic illness course, and again at the completion of the senior year. The students' attitudes were significantly more positive at the completion of their senior year. The findings suggest that education about, and experience with, individuals with disabilities positively affect the attitudes of nursing students toward individuals with disabilities.