

<1>

**Unique Identifier:** 37887169

**Title:** Interrogating Anti-Blackness in US Healthcare: Contextual Factors and Policy Implications.

**Source:** Healthcarespapers. 21(3):43-48, 2023 07.

**Authors:** Poteat TC; Maragh-Bass AC

**Abstract:** Racial inequities exacerbated by the COVID-19 pandemic highlight how systemic anti-Black racism negatively impacts health. Anti-Black racism pervades the healthcare system, ranging from race-based corrections embedded in clinical algorithms to bias among healthcare providers. Systemic racism takes a physiological toll, causing illness and early mortality among Black people in the US and sending ripple effects across Black communities. The erasure of Black history is a common tool of racism that serves to impede progress toward racial justice. Structural changes, such as policies and laws that centre the lived experiences of Black people and directly address anti-Blackness racism, are essential for achieving health equity.

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**Publication Type:** Journal Article.

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<2>

**Unique Identifier:** 37104063

**Title:** Trusted Sources of Information and COVID-19 Vaccine Uptake in a Sample of Latinx Sexual and Gender Minorities in South Florida.

**Source:** Journal of Public Health Management & Practice. 29(5):729-734, 2023 Sep-Oct 01.

**Authors:** Metheny N; Scott D; Buch J; Fallon S; Chavez J

**Abstract:**

**OBJECTIVE:** To examine factors associated with COVID-19 vaccine uptake in a sample of Latino/a/x sexual and/or gender minority (SGM) individuals in South Florida.

**DESIGN:** Data were collected via an online survey from March 2021 to August 2022, as part of the Community Engagement Alliance Against COVID-19 Disparities. A multivariate regression analysis was fit using completion of a COVID-19 vaccine regimen as the outcome. Key covariates included trusted sources of information (eg, doctor, media), COVID-19-related challenges (eg, accessing medication, transportation), and dominant wave of SARS-CoV-2 at the time of data collection.

**SETTING:** Miami-Dade and Broward counties, Florida.

**RESULTS:** White Latino/a/x, bachelor's educated respondents, and those with high levels of trust in community organizations had significantly greater odds of vaccination.

**CONCLUSION:** Community organizations may be key to improving vaccine uptake among marginalized Latino/a/x SGM for COVID-19 and other emerging communicable diseases, such as meningitis and Mpox (monkeypox). The results of this study suggest that tailored public health

messaging and additional funding for vaccine distribution are needed to better equip community organizations with the resources they need to serve this population.

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**Publication Type:** Journal Article.

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<3>

**Unique Identifier:** 37751254

**Title:** The effect of psychosocial stress on prenatal care among Hispanic immigrant women.

**Source:** JAAPA. 36(10):29-32, 2023 Oct 01.

**Authors:** Cantor A; Radix A

**Abstract:**

**ABSTRACT:** This article explores the effect of psychosocial stress on Hispanic immigrant women, including access to and use of prenatal care and birth outcomes. In addition to highlighting the health effects for this growing population, the article outlines strategies for clinicians to improve access to adequate prenatal care and to cultivate a supportive environment to promote use of prenatal services.

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**Publication Type:** Journal Article.

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<4>

**Unique Identifier:** 37691521

**Title:** Mammography screening beliefs and barriers through the lens of Black women during the COVID-19 pandemic.

**Source:** Cancer. 129(S19):3102-3113, 2023 09.

**Authors:** Bea VJ; An A; Gordon AM; Antoine FS; Wiggins PY; Hyman D; Robles-Rodriguez E

**Abstract:**

**BACKGROUND:** Mammography is an effective screening tool that leads to decreased breast cancer mortality, yet minority women continue to experience barriers. The coronavirus disease 2019 (COVID-19) pandemic has been proven to have negatively affected minority communities, yet its effect on mammography screening habits in Black women is uncertain. The purpose of this study was to evaluate breast cancer mammography screening habits and barriers for Black women in two northeast communities amid the COVID-19 pandemic.

**METHODS:** The study participants were Black women aged 40 years or older who were recruited from community outreach initiatives. Study coordinators conducted telephone surveys to determine mammography screening behaviors, perceptions, and psychosocial factors.

**RESULTS:** Two hundred seventy-seven surveys were completed. Two hundred fifty-six patients who reported ever having a mammogram became the study population of interest. One hundred seventy-four of these patients (68%) reported having a mammogram within the past year (nondelayed), and 82 (32%) had a mammogram more than a year ago (delayed). Only thirty-one of the delayed participants (37.8%) had private insurance. There was a significant difference in the mean score for mammography screening perceived barriers for nondelayed participants (mean = 9.9, standard deviation [SD] = 3.6) versus delayed participants (mean = 11.2, SD = 4.3,  $p = .03$ ). There was also a significant difference in the mean score when they were asked, "How likely is it that 'other health problems would keep you from having a mammogram'?" ( $p = .002$ ).

**CONCLUSIONS:** Barriers to mammography screening for Black women during the COVID-19 era include insurance, competing health issues, and perceptions of screening. Community outreach efforts should concentrate on building trust and collaborating with organizations to improve screening despite the COVID-19 pandemic.

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**Publication Type:** Journal Article. Multicenter Study. Research Support, Non-U.S. Gov't.

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<5>

**Unique Identifier:** 37535956

**Title:** Geographic Disparities in Potential Accessibility to Gynecologic Oncologists in the United States From 2001 to 2020.

**Source:** Obstetrics & Gynecology. 142(3):688-697, 2023 09 01.

**Authors:** Desjardins MR; Desravines N; Fader AN; Wethington SL; Curriero FC

**Abstract:**

**OBJECTIVE:** To use a spatial modeling approach to capture potential disparities of gynecologic oncologist accessibility in the United States at the county level between 2001 and 2020.

**METHODS:** Physician registries identified the 2001-2020 gynecologic oncology workforce and were aggregated to each county. The at-risk cohort (women aged 18 years or older) was stratified by race and ethnicity and rurality demographics. We computed the distance from at-risk women to physicians. Relative access scores were computed by a spatial model for each contiguous county. Access scores were compared across urban or rural status and racial and ethnic groups.

**RESULTS:** Between 2001 and 2020, the gynecologic oncologist workforce increased. By 2020, there were 1,178 active physicians and 98.3% practiced in urban areas (37.3% of all counties). Geographic disparities were identified, with 1.09 physicians per 100,000 women in urban areas compared with 0.1 physicians per 100,000 women in rural areas. In total, 2,862 counties (57.4 million at-risk women) lacked an active physician. Additionally, there was no increase in rural physicians, with only 1.7% practicing in rural areas in 2016-2020 relative to 2.2% in 2001-2005 ( $P = .35$ ). Women in racial and ethnic minority populations, such as American Indian or Alaska Native and Hispanic women, exhibited the lowest level of access to physicians across all time periods. For example, 23.7% of American Indian or Alaska Native women did not have access to a physician within 100 miles between 2016 and 2020, which did not improve over time. Non-Hispanic Black women experienced an increase in relative accessibility, with a 26.2% increase by 2016-2020. However, Asian or Pacific Islander women exhibited significantly better access than

non-Hispanic White, non-Hispanic Black, Hispanic, and American Indian or Alaska Native women across all time periods.

**CONCLUSION:** Although the U.S. gynecologic oncologist workforce increased steadily over 20 years, this has not translated into evidence of improved access for many women from rural and underrepresented areas. However, health care utilization and cancer outcomes may not be influenced only by distance and availability. Policies and pipeline programs are needed to address these inequities in gynecologic cancer care.

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**Publication Type:** Comparative Study. Journal Article.

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<6>

**Unique Identifier:** 37079541

**Title:** Medical Mistrust Among Food Insecure Individuals in Appalachia.

**Source:** Family & Community Health. 46(3):192-202, 2023 Jul-Sep 01.

**Authors:** Thomas MK; Amstutz C; Orr-Roderick D; Horter J; Holben DH

**Abstract:** This study focused on the relationship between food insecurity and medical mistrust within Appalachia. Food insecurity has negative consequences on health, while medical mistrust can lead to a decrease in health care use, creating additive consequences to already vulnerable populations. Medical mistrust has been defined in various ways, with measures addressing health care organizations and individual health care providers. To determine whether food insecurity has an additive impact on medical mistrust, a cross-sectional survey was completed by 248 residents in Appalachia Ohio while attending community or mobile clinics, food banks, or the county health department. More than one-quarter of the respondents had high levels of mistrust toward health care organizations. Those with high food insecurity levels were more likely to have higher levels of medical mistrust than those with lower levels of food insecurity. Individuals with higher self-identified health issues and older participants had higher medical mistrust scores. Screening for food insecurity in primary care can reduce the impact of mistrust on patient adherence and health care access by increasing patient-centered communication. These findings present a unique perspective on how to identify and mitigate medical mistrust within Appalachia and call attention to the need for further research on the root causes among food insecure residents.

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**Publication Type:** Journal Article.

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<7>

**Unique Identifier:** 36939228

**Title:** Beyond "Chilling Effects": Latinx and Asian Immigrants' Experiences With Enforcement and Barriers to Health Care.

**Source:** Medical Care. 61(5):306-313, 2023 05 01.

**Authors:** Young MT; Tafolla S; Saadi A; Sudhinaraset M; Chen L; Pourat N

**Abstract:**

**OBJECTIVES:** Immigration enforcement policies are associated with immigrants' barriers to health care. Current evidence suggests that enforcement creates a "chilling effect" in which immigrants avoid care due to fear of encountering enforcement. Yet, there has been little examination of the impact of immigrants' direct encounters with enforcement on health care access. We examined some of the first population-level data on Asian and Latinx immigrants' encounters with law and immigration enforcement and assessed associations with health care access.

**METHODS:** We analyzed the 2018 and 2019 Research on Immigrant Health and State Policy survey in which Asian and Latinx immigrants in California (n=1681) reported on 7 enforcement experiences (eg, racial profiling and deportation). We examined the associations between measures of individual and cumulative enforcement experiences and the usual sources of care and delay in care.

**RESULTS:** Latinx, compared with Asian respondents, reported the highest levels of enforcement experiences. Almost all individual enforcement experiences were associated with delaying care for both groups. Each additional cumulative experience was associated with a delay in care for both groups (OR=1.30, 95% CI 1.10-1.50). There were no associations with the usual source of care.

**CONCLUSION:** Findings confirm that Latinx immigrants experience high levels of encounters with the enforcement system and highlight new data on Asian immigrants' enforcement encounters. Direct experiences with enforcement have a negative relationship with health care access. Findings have implications for health systems to address the needs of immigrants affected by enforcement and for changes to health and immigration policy to ensure immigrants' access to care.

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**Publication Type:** Comparative Study. Journal Article. Research Support, N.I.H., Extramural.

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<8>

**Unique Identifier:** 37345777

**Title:** Original Research: Can a Palliative Care Lay Health Advisor-Nurse Partnership Improve Health Equity for Latinos with Cancer?.

**Source:** American Journal of Nursing. 123(7):18-27, 2023 07 01.

**Authors:** Larson KL; Mathews HF; Melendez CR; Hupp T; Estrada M; Moye JP; Passwater CC; Muzaffar M

**Abstract:**

**PURPOSE:** A palliative care infrastructure is lacking for Latinos with life-threatening illness, especially in rural regions of the United States. The purpose of this study was to develop and

evaluate a community-based palliative care lay health advisor (LHA) intervention for rural-dwelling Latino adults with cancer.

**METHODS:** An exploratory mixed-methods participatory action research design was carried out by an interprofessional research team that included community and academic members. Fifteen Latino community leaders completed a 10-hour palliative care training program and then served as palliative care LHAs. Although 45 Latinos with cancer initially agreed to participate, four withdrew or died and six were not reachable by the LHAs, for a final total of 35 patient participants. The trained palliative care LHAs delivered information on home symptom management and advance care planning to assigned participants. Palliative care nurses led the training and were available to the LHAs for consultation throughout the study. The LHAs made an average of three telephone calls to each participant. The Edmonton Symptom Assessment System-Revised (ESAS-r) and the four-item Advance Care Planning Engagement Survey (ACPES-4) were administered pre- and postintervention to determine the intervention's effectiveness. Encounter forms were transcribed, coded, and analyzed using case comparison.

**RESULTS:** The major finding was that significant improvements were shown for all four items of the ACPES-4 among both the LHAs (posttraining) and the participants (postintervention). Information on advance care planning was shared with 74.3% of the 35 participants. Participants showed clinical improvement in physical symptom scores and clinical deterioration in emotional symptom scores following the intervention, although these changes did not reach statistical significance. The advisors noted that participants were anxious about how to explain cancer to children, the uncertainty of their prognosis, and medical expenses. This sample was younger than those of other cancer studies; 51.4% were under age 50 and 73.1% had at least one child in the home.

**CONCLUSIONS:** A community-based palliative care LHA-nurse partnership was shown to be a feasible way to engage in conversations and deliver information about advance care planning to rural-dwelling Latino adults with cancer. The positive results led to the regional cancer center's decision to select "cultural care" as its 2022 goal for maintaining its accreditation with the Commission on Cancer.

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**Publication Type:** Journal Article.

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<9>

**Unique Identifier:** 37171848

**Title:** Telehealth Usage Among Low-Income Racial and Ethnic Minority Populations During the COVID-19 Pandemic: Retrospective Observational Study.

**Source:** Journal of Medical Internet Research. 25:e43604, 2023 05 12.

**Authors:** Williams C; Shang D

**Abstract:**

**BACKGROUND:** Despite considerable efforts to encourage telehealth use during the COVID-19 pandemic, we witnessed a potential widening of health inequities that may continue to plague the US health care system unless we mitigate modifiable risk factors.

**OBJECTIVE:** This study aimed to examine the hypothesis that there are systemic differences in telehealth usage among people who live at or below 200% of the federal poverty level. Factors that we consider are age, gender, race, ethnicity, education, employment status, household size, and income.

**METHODS:** A retrospective observational study was performed using the COVID-19 Research Database to analyze factors contributing to telehealth inequities. The study period ranged from March 2020 to April 2021. The Office Ally database provided US claims data from 100 million unique patients and 3.4 billion claims. The Analytics IQ PeopleCore Consumer database is nationally representative of 242.5 million US adults aged 19 years and older. We analyzed medical claims to investigate the influence of demographic and socioeconomic factors on telehealth usage among the low-income racial and ethnic minority populations. We conducted a multiple logistic regression analysis to determine the odds of patients in diverse groups using telehealth during the study period.

**RESULTS:** Among 2,850,831 unique patients, nearly 60% of them were female, 75% of them had a high school education or less, 49% of them were unemployed, and 62% of them identified as non-Hispanic White. Our results suggest that 9.84% of the patients had  $\geq 1$  telehealth claims during the study period. Asian (odds ratio [OR] 1.569, 95% CI 1.528-1.611,  $P < .001$ ) and Hispanic (OR 1.612, 95% CI 1.596-1.628,  $P < .001$ ) patients were more likely to use telehealth than non-Hispanic White and -Black patients. Patients who were employed full-time were 15% (OR 1.148, 95% CI 1.133-1.164,  $P < .001$ ) more likely to use telehealth than unemployed patients. Patients who identified as male were 12% (OR 0.875, 95% CI 0.867-0.883,  $P < .001$ ) less likely to use telehealth than those who identified as female. Patients with high school education or less were 5% (OR 0.953, 95% CI 0.944-0.962,  $P < .001$ ) less likely to use telehealth than those with a bachelor's degree or higher. Patients in the 18-44-year age group were 32% (OR 1.324, 95% CI 1.304-1.345,  $P < .001$ ) more likely to use telehealth than those in the  $\geq 65$ -year age group.

**CONCLUSIONS:** Factors that impact telehealth usage include age, gender, race, education, employment status, and income. While low-income racial and ethnic minority communities are at greater risk for health inequities among this group, Hispanic communities are more likely to use telehealth, and non-Hispanic Black patients continue to demonstrate telehealth inequity. Gender, age, and household income contribute to health inequities across gradients of poverty. Strategies to improve health use should consider characteristics of subgroups, as people do not experience poverty equally.

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**Publication Type:** Observational Study. Journal Article. Research Support, Non-U.S. Gov't.

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<10>

**Unique Identifier:** 37254753

**Title:** Status of Maternal Cardiovascular Health in American Indian and Alaska Native Individuals: A Scientific Statement From the American Heart Association. [Review]

**Source:** Circulation. Cardiovascular Quality & Outcomes. 16(6):e000117, 2023 06.

**Authors:** Sharma G; Kelliher A; Deen J; Parker T; Hagerty T; Choi EE; DeFilippis EM; Harn K; Dempsey RJ; Lloyd-Jones DM

**Abstract:** Cardiovascular disease is the leading cause of pregnancy-related death in the United States. American Indian and Alaska Native individuals have some of the highest maternal death and morbidity rates. Data on the causes of cardiovascular disease-related death in American Indian and Alaska Native individuals are limited, and there are several challenges and opportunities to improve maternal cardiovascular health in this population. This scientific statement provides an overview of the current status of cardiovascular health among American

Indian and Alaska Native birthing individuals and causes of maternal death and morbidity and describes a stepwise multidisciplinary framework for addressing cardiovascular disease and cerebrovascular disease during the preconception, pregnancy, and postpartum time frame. This scientific statement highlights the American Heart Association's factors for cardiovascular health assessment known collectively as Life's Essential 8 as they pertain to American Indian and Alaska Native birthing individuals. It summarizes the impact of substance use, adverse mental health conditions, and lifestyle and cardiovascular disease risk factors, as well as the cascading effects of institutional and structural racism and the historical trauma faced by American Indian and Alaska Native individuals. It recognizes the possible impact of systematic acts of colonization and dominance on their social determinants of health, ultimately translating into worse health care outcomes. It focuses on the underreporting of American Indian and Alaska Native disaggregated data in pregnancy and postpartum outcomes and the importance of engaging key stakeholders, designing culturally appropriate care, building trust among communities and health care professionals, and expanding the American Indian and Alaska Native workforce in biomedical research and health care settings to optimize the cardiovascular health of American Indian and Alaska Native birthing individuals.

**Publication Type:** Journal Article. Review.

Link to the Ovid Full Text or citation:

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<11>

**Unique Identifier:** 36657044

**Title:** Mitigating Misogynoir: Inclusive Professionalism as a Health Equity Strategy.

**Source:** Clinical Obstetrics & Gynecology. 66(1):14-21, 2023 03 01.

**Authors:** Tucker Edmonds B; Sharp S; Walker VP

**Abstract:** As Obstetrics and Gynecology begins to recognize how structural racism drives inequitable health outcomes, it must also acknowledge the effects of structural racism on its workforce and culture. Black physicians comprise ~5% of the United States physician population. Unique adversities affect Black women physicians, particularly during residency training, and contribute to the lack of equitable workforce representation. Eliminating racialized inequities in clinical care requires addressing these concerns. By applying historical context to present-day realities and harms experienced by Black women (ie, misogynoir), Obstetrics and Gynecology can identify interventions, such as equity-focused recruitment and retention strategies, that transform the profession.

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**Publication Type:** Journal Article.

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<12>

**Unique Identifier:** 36735384



**Title:** Addressing the National Crisis Facing Black and Latina Women, Birthing People, and Infants: The Maternal and Child Health Equity Summit.

**Source:** Obstetrics & Gynecology. 141(3):467-472, 2023 03 01.

**Authors:** Krishnamoorthi M; Balbierz A; Laraque-Arena D; Howell EA

**Abstract:** To address the national crisis of maternal and infant health disparities, especially outcomes experienced by Black and Latina women and birthing people, The New York Academy of Medicine, the Icahn School of Medicine at Mount Sinai, the Blavatnik Family Women's Health Research Institute, and the University of Pennsylvania Health System and Perelman School of Medicine hosted the Maternal and Child Health Equity Summit. The primary purpose of the summit was to disseminate findings to a national audience of two National Institutes of Health-funded mixed-methods studies that investigated the contribution of hospital quality to disparities in maternal and infant Health in New York City (R01MD007651 and R01HD078565). In addition, the summit showcased factors in maternal and infant health inequity from leading diverse experts in both fields and identified outstanding challenges to reducing maternal and infant morbidity and mortality disparities and strategies to address them. Summit presenters and participants identified five primary areas of focus in proposed clinical actions and approaches for maternal and neonatal health care based on discussions during the summit: 1) quality and standardization of care; 2) adjustment of care strategy based on patient-reported experience; 3) health care professional and institutional accountability to patients; 4) commitment to building trust; and 5) anti-racism practices in education, training, and hiring. Recommendations from this conference should inform hospital care and public policy changes and frame a national agenda to address perinatal health disparities for Black, Indigenous, and other women and birthing people of color.

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**Publication Type:** Journal Article.

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<13>

**Unique Identifier:** 35690942

**Title:** Improving Gender-Affirming Surgery Terminology: A Multicenter Patient Survey.

**Source:** Annals of Plastic Surgery. 88(5 Suppl 5):S478-S480, 2022 06 01.

**Authors:** Makhoul AT; Morrison SD; Mundra LS; Kaoutzanis C; Satterwhite T; Winocour JS; Al Kassis S; Drolet BC

**Abstract:**

**BACKGROUND:** To promote patient safety and build trust, plastic surgeons must use patient-centered language when discussing gender-affirming surgery. However, the existing terminology has not been evaluated from a patient perspective. This study sought to understand how gender-affirming surgery patients from 3 US geographic regions perceive common terminology.

**METHODS:** An anonymous, 24-item electronic survey was distributed to gender-affirming surgery patients seen in Tennessee, Colorado, and California. After institutional review board exemption, the survey instrument was pretested and piloted with gender-affirming surgery patients. Internal consistency was assessed by computation of Cronbach alpha (0.87).

**RESULTS:** A total of 306 participants completed the survey: 68 from a Tennessee academic center (response rate, 56%), 131 from a California private practice (response rate, 8%), and 107 from a Colorado academic center (response rate, 53%). A greater proportion of respondents felt the terms "top surgery" and "bottom surgery" were appropriate (83% and 82%, respectively) relative to "chest surgery" and "genital surgery" (41% and 30%, respectively). More respondents favored the phrase "gender-affirming surgery" than "gender-confirming surgery" (86% vs 67%). Nearly half (43%) perceived the phrase "sex reassignment surgery" as inappropriate. Most respondents (80%) preferred their surgeon ask for their pronouns.

**CONCLUSIONS:** Optimizing communication is an actionable way for plastic surgeons to improve the healthcare experiences of gender-affirming surgery patients. "Top surgery" and "bottom surgery" are favored terms, and "gender-affirming surgery" is the preferred name for this discipline. Language preferences should be openly discussed with each patient to ensure professional communication.

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**Publication Type:** Journal Article. Multicenter Study.

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<14>

**Unique Identifier:** 35763732

**Title:** Intersectional Stigma and Prevention Among Gay, Bisexual, and Same Gender-Loving Men in New York City, 2020: System Dynamics Models.

**Source:** American Journal of Public Health. 112(S4):S444-S451, 2022 06.

**Authors:** Lutete P; Matthews DW; Sabounchi NS; Paige MQ; Lounsbury DW; Rodriguez N; Echevarria N; Usher D; Walker JJ; Dickerson A; Hillesheim J; Frye V

**Abstract:** Objectives. To create causal loop diagrams that characterize intersectional stigma experiences among Black, gay, bisexual, same gender-loving, and other men who have sex with men and to identify intervention targets to reduce stigma and increase testing and prevention access. Methods. Between January and July 2020, we conducted focus groups and in-depth interviews with 80 expert informants in New York City, which were transcribed, coded, and analyzed. These qualitative insights were developed iteratively, visualized, and validated in a causal loop diagram (CLD) using Vensim software. Results. The CLD revealed 3 key feedback loops-medical mistrust and HIV transmission, serosorting and marginalization of Black and gay individuals, and family support and internalized homophobia-that contribute to intersectional HIV and related stigmas, homophobia, and systemic racism. On the basis of these results, we designed 2 novel intervention components to integrate into an existing community-level anti-HIV stigma and homophobia intervention. Conclusions. HIV stigma, systemic racism, and homophobia work via feedback loops to reduce access to and uptake of HIV testing, prevention, and treatment. Public Health Implications. The CLD method yielded unique insights into reciprocal feedback structures that, if broken, could interrupt stigmatization and discrimination cycles that impede testing and prevention uptake. (Am J Public Health. 2022;112(S4):S444-S451. <https://doi.org/10.2105/AJPH.2022.306725>).

**Publication Type:** Journal Article. Research Support, N.I.H., Extramural.

Link to the Ovid Full Text or citation:

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<15>

**Unique Identifier:** 35441965

**Title:** Mental Health among African American and Latinx Men who have sex with men after the COVID-19 Lockdown in Los Angeles - Findings from the HOPE cohort.

**Source:** Community Mental Health Journal. 58(8):1554-1562, 2022 11.

**Authors:** Wang Y; Kinsler J; Cumberland WG; Young SD

**Abstract:** This study aimed to examine the depression and anxiety among men of color (primarily African American and Latinx) who have sex with men after the lockdown due to the COVID-19 pandemic. Outcomes included 21-item Beck Depression Inventory (BDI), 7-item Generalized Anxiety Disorder (GAD), and a 10-item COVID-related anxiety measure using a modified H1N1-related anxiety question. Independent variables were food insecurity and belief in government efficiency. Data were analyzed by Regression models with random cluster effects. Food insecurity experiences were significantly associated with higher depression ( $p < 0.001$ ), higher anxiety ( $p < 0.001$ ), and higher pandemic-related anxiety ( $p < 0.001$ ). Higher levels of belief in government efficiency were significantly associated with lower depression ( $p < 0.05$ ), less anxiety ( $p < 0.05$ ), and less pandemic-related anxiety ( $p\text{-value} < 0.001$ ). These findings emphasize the importance of establishing trust between government and at-risk communities when issuing public health policies, especially during unforeseen circumstances, as well as to ensure basic human rights, such as food security.

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**Publication Type:** Journal Article. Research Support, N.I.H., Extramural.

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<16>

**Unique Identifier:** 35948907

**Title:** Medical students' knowledge of race-related history reveals areas for improvement in achieving health equity.

**Source:** BMC Medical Education. 22(1):612, 2022 Aug 10.

**Authors:** Sanky C; Bai H; He C; Appel JM

**Abstract:**

**BACKGROUND:** Medical schools have increasingly integrated social justice, anti-racism, and health equity training into their curricula. Yet, no research examines whether medical students understand the complex history of racial injustice. We sought to investigate the relationship between medical students' historical knowledge and their perceptions regarding health equity.

**METHODS:** Medical students at one large urban medical school self-rated their familiarity and importance of various racially-significant historical events and persons, as well as their agreement with statements regarding health equity, education, and preparedness to act. Descriptive and multivariate analyses were conducted in R.

**RESULTS:** Of 166 (RR=31.3%) participants, 96% agreed that understanding historical context is necessary in medicine; yet 65% of students could not describe the historical significance of racial events or persons. Only 57% felt that they understood this context, and the same percentage felt other medical students did not. A minority of students felt empowered (40%) or prepared (31%) to take action when they witness racial injustice in healthcare. Multiracial identity was significantly associated with increased knowledge of African American history ( $p<0.01$ ), and a humanities background was significantly associated with increased knowledge of Latin American history ( $p=0.017$ ). There was a positive, significant relationship between advocacy statements, such as "I have taken action" ( $p<0.001$ ) and "I know the roots of racism" ( $p<0.001$ ) with mean familiarity of historical events.

**CONCLUSIONS:** This study demonstrates that while students agree that racism has no place in healthcare, there remains a paucity of knowledge regarding many events and figures in the history of American race relations and civil rights, with implications for future physicians' patient care and health equity efforts.

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**Publication Type:** Journal Article.

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<17>

**Unique Identifier:** 35879487

**Title:** Promoting Inclusive Recruitment: a Qualitative Study of Black Adults' Decision to Participate in Genetic Research.

**Source:** Journal of Urban Health. 99(5):803-812, 2022 10.

**Authors:** Connor J; Kyalwazi A; Turkson-Ocran RA; Olveczky D

**Abstract:** Underrepresentation of Black individuals in genetic research is a longstanding issue. There are well-documented strategies to improve the enrollment of Black participants; however, few studies explore these strategies-as well as the barriers and facilitators for participation-by sampling Black people who have previously participated in genetic research. This study explores the decision-making process of Black adults who have participated in genetic research to identify best practices in the recruitment of Black subjects in genetic research. We conducted 18 semi-structured interviews with Black adults with prior research participation in genetic studies housed at an urban academic medical center in the United States of America (USA). An online survey was conducted with the participants to gather demographic data and information on prior research participation. Trust in research was ascertained with the Corbie-Smith Distrust in Clinical Research Index. Two participants scored high levels of distrust using the validated index. Using thematic content analysis, 4 themes emerged from the interviews: (1) Participants are active players in health system, (2) information is power, and transparency is key, (3) therapeutic alliances and study characteristics facilitate participation, and (4) race pervades the research process. The decision to participate in genetic research for the participants in our study was prompted by participants' internal motivations and facilitated by trust in their doctor, trust in the institution, and ease of participation. Most participants viewed their enrollment in genetic research in the context of their own racial identity and the history of medical racism in the USA.

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**Publication Type:** Journal Article.

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<18>

**Unique Identifier:** 35851551

**Title:** Black Patients Matter in Neurology: Race, Racism, and Race-Based Neurodisparities. [Review]

**Source:** Neurology. 99(3):106-114, 2022 07 19.

**Authors:** Robbins NM; Charleston L 4th; Saadi A; Thayer Z; Codrington WU 3rd; Landry A; Bernat JL; Hamilton R

**Abstract:** Black people living in the United States suffer disproportionate morbidity and mortality across a wide range of neurologic conditions. Despite common conceptions to the contrary, "race" is a socially defined construct with little genetic validity. Therefore, racial health inequities in neurology ("neurodisparities") are not a consequence of biologic differences between races. Instead, racism and associated social determinants of health are the root of neurodisparities. To date, many neurologists have neglected racism as a root cause of neurologic disease, further perpetuating the problem. Structural racism, largely ignored in current neurologic practice and policy, drives neurodisparities through mediators such as excessive poverty, inferior health insurance, and poorer access to neurologic and preventative care. Interpersonal racism (implicit or explicit) and associated discriminatory practices in neurologic research, workforce advancement, and medical education also exacerbate neurodisparities. Neurologists cannot fulfill their professional and ethical responsibility to care for Black patients without understanding how racism, not biologic race, drives neurodisparities. In our review of race, racism, and race-based disparities in neurology, we highlight the current literature on neurodisparities across a wide range of neurologic conditions and focus on racism as the root cause. We discuss why all neurologists are ethically and professionally obligated to actively promote measures to counteract racism. We conclude with a call for actions that should be implemented by individual neurologists and professional neurologic organizations to mitigate racism and work towards health equity in neurology.

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**Publication Type:** Journal Article. Review. Research Support, Non-U.S. Gov't.

Link to the Ovid Full Text or citation:  
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<19>

**Unique Identifier:** 35687808

**Title:** Accessibility of Level III trauma centers for underserved populations: A cross-sectional study.

**Source:** The Journal of Trauma and Acute Care Surgery. 93(5):664-671, 2022 11 01.

**Authors:** Jarman MP; Dalton MK; Askari R; Sonderman K; Salim A; Inaba K

**Abstract:**

**BACKGROUND:** By providing definitive care for many, and rapid assessment, resuscitation, stabilization, and transfer to Level I/II centers when needed, Level III trauma centers can augment capacity in high resource regions and extend the geographic reach to lower resource regions. We sought to (1) characterize populations served principally by Level III trauma centers, (2) estimate differences in time to care by trauma center level, and (3) update national estimates of trauma center access.

**METHODS:** In a cross-sectional study (United States, 2019), we estimated travel time from census block groups to the nearest Level I/II trauma center and nearest Level III trauma center. Block groups were categorized based on the level of care accessible within 60 minutes, then distributions of population characteristics and differences in time to care were estimated.

**RESULTS:** An estimated 22.8% of the US population (N = 76,119,228) lacked access to any level of trauma center care within 60 minutes, and 8.8% (N = 29,422,523) were principally served by Level III centers. Black and American Indian/Alaska Native (AIAN) populations were disproportionately represented among those principally served by Level III centers (39.1% and 12.2%, respectively). White and AIAN populations were disproportionately represented among those without access to any trauma center care (26.2% and 40.8%, respectively). Time to Level III care was shorter than Level I/II for 27.9% of the population, with a mean reduction in time to care of 28.9 minutes (SD = 31.4).

**CONCLUSION:** Level III trauma centers are a potential source of trauma care for underserved populations. While Black and AIAN disproportionately rely on Level III centers for care, most with access to Level III centers also have access to Level I/II centers. The proportion of the US population with timely access to trauma care has not improved since 2010.

**LEVEL OF EVIDENCE:** Prognostic/Epidemiological; Level IV.

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**Publication Type:** Journal Article.

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<20>

**Unique Identifier:** 35658873

**Title:** The group-based law enforcement mistrust scale: psychometric properties of an adapted scale and implications for public health and harm reduction research.

**Source:** Harm Reduction Journal. 19(1):60, 2022 06 03.

**Authors:** Johnson LM; Devereux PG; Wagner KD

**Abstract:**

**BACKGROUND:** Negative encounters with law enforcement-direct and vicarious-fuel mistrust. When considered as part of the 'risk environment' in public health and harm reduction research, law enforcement mistrust may have broad implications. For example, fearing arrest may prevent someone from calling 911 when witnessing an overdose or lead to syringe-sharing and community spread of HIV. For people in the US who identify as Black or African American, these effects may compound, given the ways in which communities of color have been overpoliced. The purpose of this study is to investigate the psychometrics of an adapted scale of law enforcement mistrust-the Group-Based Law Enforcement Mistrust Scale (GBLEMS)-and evaluate its associations with racial and ethnic identity and experiences with law enforcement.

**METHODS:** This cross-sectional survey took place in a small city in the Western United States where only 3% of the population is Black or African American. The sample included Black or

African American and Hispanic and Latina women at risk of HIV, and members of their social networks, yielding a diverse sample across racial, ethnic, and gender identities (N = 219). The GBLEMS is a 12-item scale adapted from the Group-Based Medical Mistrust Scale (GBMMS; Thompson et al. 2004). The current analysis evaluated the psychometric properties of the GBLEMS (reliability, exploratory factor analysis) and its associations with demographics, other race-based constructs, and experiences with law enforcement.

**RESULTS:** The GBLEMS demonstrated strong reliability (Cronbach's alpha = 0.92) and exploratory factor analysis indicated that items loaded onto two factors-mistrust and disparities in treatment. There was also support for the scale's construct validity. As hypothesized, GBLEMS scores were higher among respondents who identify as Black or African American, and among those who reported other experiences of racial discrimination, medical mistrust, and negative encounters with law enforcement.

**CONCLUSIONS:** This study yielded support for the reliability and validity of the GBLEMS as a multi-item, two-factor scale measuring group-based law enforcement mistrust. When framing public health and harm reduction research in terms of the risk environment, law enforcement mistrust may be important to measure as part of a comprehensive approach that addresses persistent racial disparities.

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**Publication Type:** Journal Article. Research Support, N.I.H., Extramural.

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<21>

**Unique Identifier:** 35196050

**Title:** Mistrust, Empowerment, and Structural Change: Lessons We Should Be Learning From COVID-19.

**Source:** American Journal of Public Health. 112(3):401-404, 2022 03.

**Authors:** Ojikutu BO; Bogart LM; Dong L

**Publication Type:** Editorial. Research Support, N.I.H., Extramural.

Link to the Ovid Full Text or citation:

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<22>

**Unique Identifier:** 35320122

**Title:** Prioritizing Asian Americans, Native Hawaiians, and Pacific Islanders in the U.S. Health Equity Agenda.

**Source:** Academic Medicine. 97(6):786-789, 2022 06 01.

**Authors:** Kim KE; Humphrey HJ; Koh HK

**Abstract:** Asian American, Native Hawaiian, and Pacific Islander (AANHPI) populations are growing rapidly in the United States, yet AANHPIs remain understudied, overlooked, and

misunderstood. During the COVID-19 pandemic, themes from the tragic history of anti-Asian bias and marginalization have resurfaced in a surge of renewed bigotry and xenophobic violence against AANHPIs. In this commentary, the authors discuss the role of medical schools in combating anti-Asian sentiment as an important step toward achieving health equity. Based on their collective expertise in health disparities research, medical education, and policy, they offer suggestions about how to disrupt the pattern of invisibility and exclusion faced by AANHPI populations. They consider ways that representative data, leadership in medical education, research funding, national policies, and broad partnerships can help address AANHPI health disparities.

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**Publication Type:** Journal Article. Research Support, N.I.H., Extramural. Research Support, Non-U.S. Gov't. Research Support, U.S. Gov't, P.H.S.. Comment.

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<23>

**Unique Identifier:** 35104253

**Title:** The Unmet Need for Orthopaedic Services Among American Indian and Alaska Native Communities in the United States.

**Source:** Journal of Bone & Joint Surgery - American Volume. 104(11):e47, 2022 06 01.

**Authors:** Ottesen TD; Amick M; Kapadia A; Ziatyk EQ; Joe JR; Sequist TD; Agarwal-Harding KJ

**Abstract:**

**ABSTRACT:** Historic and present-day marginalization has resulted in a high burden of disease and worse health outcomes for American Indian and Alaska Native (AI/AN) communities in the United States. Musculoskeletal disease is the leading cause of disability for the general population in the U.S. today. However, few have examined musculoskeletal disease burden and access to orthopaedic surgical care in the AI/AN communities. A high prevalence of hip dysplasia, arthritis, back pain, and diabetes, and a high incidence of trauma and road traffic-related mortality, suggest a disproportionately high burden of musculoskeletal pathology among the AI/AN communities and a substantial need for orthopaedic surgical services. Unfortunately, AI/AN patients face many barriers to receiving specialty care, including long travel distances and limited transportation to health facilities, inadequate staff and resources at Indian Health Service (IHS)-funded facilities, insufficient funding for referral to specialists outside of the IHS network, and sociocultural barriers that complicate health-system navigation and erode trust between patients and providers. For those who manage to access orthopaedic surgery, AI/AN patients face worse outcomes and more complications than White patients. There is an urgent need for orthopaedic surgeons to participate in improving the availability of quality orthopaedic services for AI/AN patients through training and support of local providers, volunteerism, advocating for a greater investment in the IHS Purchased/Referred Care program, expanding telemedicine capabilities, and supporting community-based participatory research activities.

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**Publication Type:** Journal Article.

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<24>

**Unique Identifier:** 33249920

**Title:** Psychosocial determinants of colorectal Cancer screening uptake among African-American men: understanding the role of masculine role norms, medical mistrust, and normative support.

**Source:** Ethnicity & Health. 27(5):1103-1122, 2022 07.

**Authors:** Rogers CR; Rogers TN; Matthews P; Le Duc N; Zickmund S; Powell W; Thorpe RJ Jr; McKoy A; Davis FA; Okuyemi K; Paskett ED; Griffith DM

**Abstract:**

**OBJECTIVES:** Despite having the highest colorectal cancer (CRC) incidence and mortality across all major racial/ethnic groups, African-American men consistently have poor CRC screening rates. Gendered and racialized beliefs and norms have been associated with African-American men's lower medical assistance-seeking rates, but how these notions influence African-American men's CRC screening practices merits further investigation. The purpose of this study was to examine the influence of psychosocial determinants of men's health on CRC screening uptake among African-American men in three states.

**DESIGN:** Participants were recruited via CuttingCRC.com and through culturally-tailored flyers, newspaper ads, and snowball sampling, among other methods. From April 2019-August 2019, 11 focus groups were conducted with English-speaking Black/African-American men who (a) were between ages 45-75, (b) were born in the United States, (c) had a working telephone, and (d) lived in Minnesota, Ohio, or Utah. Multiple-cycle coding, Hatch's 9-step approach, and constant comparative data analysis was employed for de-identified transcript data.

**RESULTS:** Eighty-four African-American men met inclusion criteria and participated. Their mean age was 59.34 +/- 7.43. In regards to CRC screening status, Ohio had the most previously screened participants (85%), followed by Minnesota (84%) and Utah (76%). Two major CRC screening barriers (masculine role norms and medical mistrust) - both encompassed 3-5 subthemes, and one major facilitator (normative support from family members or social networks) emerged.

**CONCLUSIONS:** Despite CRC screening's life-saving potential, African-American men have had the lowest 5-year relative survival for more than 40 years. When developing interventions and health promotion programs aiming to eliminate the racial disparity in CRC outcomes, addressing both masculine role norms and medical mistrust barriers to CRC screening completion among African-American men is warranted.

**Publication Type:** Journal Article. Research Support, N.I.H., Extramural.

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<25>

**Unique Identifier:** 32649378

**Title:** Equity in Genomics: A Brief Report on Cardiovascular Health Disparities in African American Adults.

**Source:** Journal of Cardiovascular Nursing. 37(1):58-63, 2022 Jan-Feb 01.

**Authors:** Scott J; Cousin L; Woo J; Gonzalez-Guarda R; Simmons LA

**Abstract:**

**BACKGROUND:** African Americans are more likely to die from cardiovascular disease (CVD) than all other populations in the United States. Although technological advances have supported rapid growth in applying genetics/genomics to address CVD, most research has been conducted among European Americans. The lack of African American representation in genomic samples has limited progress in equitably applying precision medicine tools, which will widen CVD disparities if not remedied.

**PURPOSE:** This report summarizes the genetic/genomic advances that inform precision health and the implications for cardiovascular disparities in African American adults. We provide nurse scientists recommendations for becoming leaders in developing precision health tools that promote population health equity.

**CONCLUSIONS:** Genomics will continue to drive advances in CVD prevention and management, and equitable progress is imperative. Nursing should leverage the public's trust and its widespread presence in clinical and community settings to prevent the worsening of CVD disparities among African Americans.

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**Publication Type:** Journal Article. Research Support, N.I.H., Extramural. Research Support, Non-U.S. Gov't.

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<26>

**Unique Identifier:** 34647832

**Title:** Medical mistrust among women with intersecting marginalized identities: a scoping review. [Review]

**Source:** Ethnicity & Health. 27(8):1733-1751, 2022 11.

**Authors:** Ho IK; Sheldon TA; Botelho E

**Abstract:** The purpose of this scoping review is to synthesize knowledge about medical mistrust and health among women who occupy other marginalized identities; namely women who also belong to one or more of the following social groups: people of color, people of low socioeconomic status, people with disabilities, lesbian and bisexual women, and/or women who have sex with women. This scoping review is based on the methodological framework by Arksey and O'Malley (2005. "Scoping Studies: Towards a Methodological Framework." International Journal of Social Research Methodology 8: 19-32. doi:10.1080/1364557032000119616). Specific search terms were entered into selected databases. Based on a set of inclusion criteria, articles were screened and assessed for eligibility. Data from the selected articles were extracted and summarized. Forty studies were included. Thirty-one studies used quantitative methodology, of which more than half used the Group-Based Medical Mistrust Scale. The majority of studies (84%) investigated the intersection of gender with race and ethnicity. Breast cancer and HIV combined accounted for more than half of the included studies. Of those studies that examined the relationship between medical mistrust and a health outcome or health behavior, almost all reported that medical mistrust had a deleterious impact. Medical mistrust among women with intersecting marginalized identities is worthy of further study, and there is still a dearth of knowledge in the role of medical mistrust among a wide range of subgroups of women and health domains.

**Publication Type:** Journal Article. Review.

Link to the Ovid Full Text or citation:

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<27>

**Unique Identifier:** 35382803

**Title:** Factors associated with COVID-19 vaccine intent among Latino SNAP participants in Southern California.

**Source:** BMC Public Health. 22(1):653, 2022 04 05.

**Authors:** Scott VP; Hiller-Venegas S; Edra K; Prickitt J; Esquivel Y; Melendrez B; Rhee KE

**Abstract:**

**BACKGROUND:** COVID-19 is significantly impacting the health and well-being of the country, particularly for ethnic minority populations and low-income groups. Our goal was to determine COVID-19 vaccination intent in a low-income, Latino population receiving aid from the Supplemental Nutrition Assistance Program (SNAP) in Southern California, and identify contributing factors and concerns.

**METHODS:** A cross-sectional, mixed-methods survey was conducted among participants in the Southern California Nutrition Incentives Program (Mas Fresco! More Fresh). Only Latino respondents were included in this analysis. Primary outcome was vaccine intent trichotomized into: "definitely/likely yes", "not sure/don't know", and "definitely/likely not."

**RESULTS:** The majority of participants (n = 486) were female (93%), Spanish speaking (74%), with a median age of 40 years (IQR = 13). Approximately half (48%) reported they would get a COVID-19 vaccine, 39% were unsure, and 13% reported "definitely/likely not". In the multivariable multinomial logistic regression model, participants with a household member with a COVID-19 health risk factor were more likely to be unsure about getting the vaccine. Participants who were primarily English speaking, did not receive the influenza vaccine last season, and reported not reading or talking about COVID-19 were more likely to report not intending to receive the vaccine. Many respondents were concerned about "side effects and ingredients", and did not trust the vaccine development process, particularly with how fast it happened.

**CONCLUSION:** Low-income Latinos in Southern California were generally hesitant to get a COVID-19 vaccine. Culturally sensitive vaccine promotion campaigns need to address the concerns of minority populations who experience increased morbidity and mortality from COVID-19.

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**Publication Type:** Journal Article. Research Support, U.S. Gov't, Non-P.H.S.. Research Support, Non-U.S. Gov't.

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<28>

**Unique Identifier:** 35377331

**Title:** The Efficacy of Health Information Technology in Supporting Health Equity for Black and Hispanic Patients With Chronic Diseases: Systematic Review. [Review]

**Source:** Journal of Medical Internet Research. 24(4):e22124, 2022 04 04.

**Authors:** Senteio C; Murdock PJ

**Abstract:**

**BACKGROUND:** Racial inequity persists for chronic disease outcomes amid the proliferation of health information technology (HIT) designed to support patients in following recommended chronic disease self-management behaviors (ie, medication behavior, physical activity, and dietary behavior and attending follow-up appointments). Numerous interventions that use consumer-oriented HIT to support self-management have been evaluated, and some of the related literature has focused on racial minorities who experience disparate chronic disease outcomes. However, little is known about the efficacy of these interventions.

**OBJECTIVE:** This study aims to conduct a systematic review of the literature that describes the efficacy of consumer-oriented HIT interventions designed to support self-management involving African American and Hispanic patients with chronic diseases.

**METHODS:** We followed an a priori protocol using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)-Equity 2012 Extension guidelines for systematic reviews that focus on health equity. Themes of interest included the inclusion and exclusion criteria. We identified 7 electronic databases, created search strings, and conducted the searches. We initially screened results based on titles and abstracts and then performed full-text screening. We then resolved conflicts and extracted relevant data from the included articles.

**RESULTS:** In total, there were 27 included articles. The mean sample size was 640 (SD 209.5), and 52% (14/27) of the articles focused on African American participants, 15% (4/27) of the articles focused on Hispanic participants, and 33% (9/27) included both. Most articles addressed 3 of the 4 self-management behaviors: medication (17/27, 63%), physical activity (17/27, 63%), and diet (16/27, 59%). Only 15% (4/27) of the studies focused on follow-up appointment attendance. All the articles investigated HIT for use at home, whereas 7% (2/27) included use in the hospital.

**CONCLUSIONS:** This study addresses a key gap in research that has not sufficiently examined what technology designs and capabilities may be effective for underserved populations in promoting health behavior in concordance with recommendations.

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**Publication Type:** Journal Article. Review. Systematic Review.

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<29>

**Unique Identifier:** 35213102

**Title:** Oral Health for All - Realizing the Promise of Science.

**Source:** New England Journal of Medicine. 386(9):809-811, 2022 Mar 03.

**Authors:** D'Souza RN; Collins FS; Murthy VH

**Publication Type:** Journal Article.

Link to the Ovid Full Text or citation:

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<30>

**Unique Identifier:** 35047752

**Title:** Racial Disparities in Access to Prostate Cancer Clinical Trials: A County-Level Analysis.

**Source:** JNCI Cancer Spectrum. 6(1), 2022 02.

**Authors:** Wang WJ; Ramsey SD; Bennette CS; Bansal A

**Abstract:**

**Background:** African American men have a higher burden of prostate cancer compared with other populations. We sought to determine if they experience disparities in access to prostate cancer clinical trials.

**Methods:** We created a database of all US counties by linking prostate cancer clinical trial data with county-level socioeconomic, demographic, and health-care facility data derived from several external data sources. Using this data linkage, we examined 2 potential access barriers. We investigated the relationship between the proportion of African Americans and access to cancer facilities, adjusting for county population size and other characteristics. Additionally, among counties with cancer facilities, we investigated the relationship between the proportion of African Americans and number of available prostate cancer trials per capita per year. We addressed these questions using logistic and negative binomial regression, respectively.

**Results:** Between 2008 and 2015, 613 prostate cancer trial sites were found among 3145 US counties. Counties with a higher proportion of African Americans were less likely to have cancer facilities (adjusted odds ratio = 0.85, 95% confidence interval = 0.78 to 0.92). Among counties with cancer facilities, those with a higher proportion of African Americans had statistically significantly fewer prostate cancer trials per capita per year (rate ratio per 10% increase in African Americans = 0.90, 95% confidence interval = 0.83 to 0.96).

**Conclusions:** Counties with higher proportions of African Americans seem less likely to have access to cancer facilities. Among counties with cancer facilities, those with higher proportions of African Americans appear to have fewer prostate cancer trials available per capita per year. Clinical trials in prostate cancer therapy should ensure adequate availability of enrollment sites in regions with high concentrations of African Americans.

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**Publication Type:** Journal Article.

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<31>

**Unique Identifier:** 34524137

**Title:** Latina Women in the U.S. Physician Workforce: Opportunities in the Pursuit of Health Equity.

**Source:** Academic Medicine. 97(3):398-405, 2022 03 01.

**Authors:** Balderas-Medina Anaya Y; Hsu P; Martinez LE; Hernandez S; Hayes-Bautista DE

**Abstract:**

**PURPOSE:** Some progress has been made in gender diversity in undergraduate medical education and the physician workforce, but much remains to be done to improve workforce disparities for women, particularly women from underrepresented populations, such as Latinas. This study examines the current level of representation and demographic characteristics of Latina physicians, including age, language use, nativity, and citizenship status.

**METHOD:** The authors used data from the 2014-2018 U.S. Census Bureau's American Community Survey (ACS) 5-year estimates for their analyses. During the time period covered by this analysis, ACS response rates ranged from 92.0% to 96.7%. The authors included in this study individuals who self-reported their occupation as physician and who self-identified their race/ethnicity as either non-Hispanic White (NHW) or Hispanic/Latino, regardless of race. The authors used person-level sampling weights provided by the ACS to convert the original 1% sample to a 100% enumeration of the population.

**RESULTS:** According to the ACS 2014-2018 5-year estimates, NHW physicians make up 65.8% (660,031/1,002,527) of physicians in the United States. Women comprise 36.1% (361,442) of the total U.S. physician population; however, Hispanic/Latina women comprise only 2.4% (24,411). The female physician population is younger than the male physician population, and Hispanic female physicians are the youngest. Latina physicians are far more likely to speak Spanish at home than NHW physicians. Immigrants make up 40.1% (9,782/24,411) of the Hispanic female physician population, and 12.3% (3,012/24,411) of Hispanic female physicians are not U.S. citizens.

**CONCLUSIONS:** This study suggests that Latina physicians in the United States are younger, more likely to be bilingual and speak Spanish at home, and very underrepresented, compared with NHW female and male physicians. Increasing their share of the U.S. physician workforce would benefit the pursuit of health equity for an ever more diverse population.

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**Publication Type:** Journal Article.

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<32>

**Unique Identifier:** 34473559

**Title:** State-Level Sexism and Women's Health Care Access in the United States: Differences by Race/Ethnicity, 2014-2019.

**Source:** American Journal of Public Health. 111(10):1796-1805, 2021 10.

**Authors:** Rapp KS; Volpe VV; Neukrug H

**Abstract:** Objectives. To quantify racial/ethnic differences in the relationship between state-level sexism and barriers to health care access among non-Hispanic White, non-Hispanic Black, and Hispanic women in the United States. Methods. We merged a multidimensional state-level sexism index compiled from administrative data with the national Consumer Survey of Health Care Access (2014-2019; n = 10 898) to test associations between exposure to state-level sexism and barriers to access, availability, and affordability of health care. Results. Greater exposure to state-level sexism was associated with more barriers to health care access among non-Hispanic Black and Hispanic women, but not non-Hispanic White women. Affordability barriers (cost of medical bills, health insurance, prescriptions, and tests) appeared to drive these associations. More frequent need for care exacerbated the relationship between state-level sexism and barriers to care for Hispanic women. Conclusions. The relationship between state-level sexism and women's barriers to health care access differs by race/ethnicity and frequency

of needing care. Public Health Implications. State-level policies may be used strategically to promote health care equity at the intersection of gender and race/ethnicity. (Am J Public Health. 2021;111(10):1796-1805. <https://doi.org/10.2105/AJPH.2021.306455>).

**Publication Type:** Journal Article.

Link to the Ovid Full Text or citation:

[Click here for full text options](#)

<33>

**Unique Identifier:** 34183513

**Title:** Liver Transplantation in the Time of a Pandemic: A Widening of the Racial and Socioeconomic Health Care Gap During COVID-19.

**Source:** Annals of Surgery. 274(3):427-433, 2021 09 01.

**Authors:** MacConmara M; Wang B; Patel MS; Hwang CS; DeGregorio L; Shah J; Hanish SI; Desai D; Lynch R; Tanriover B; Zeh H 3rd; Vagefi PA

**Abstract:**

**OBJECTIVE:** During the initial wave of the COVID-19 pandemic, organ transplantation was classified a CMS Tier 3b procedure which should not be postponed. The differential impact of the pandemic on access to liver transplantation was assessed.

**SUMMARY BACKGROUND DATA:** Disparities in organ access and transplant outcomes among vulnerable populations have served as obstacles in liver transplantation.

**METHODS:** Using UNOS STARfile data, adult waitlisted candidates were identified from March 1, 2020 to November 30, 2020 (n = 21,702 pandemic) and March 1, 2019 to November 30, 2019 (n = 22,797 pre-pandemic), and further categorized and analyzed by time periods: March to May (Period 1), June to August (Period 2), and September to November (Period 3). Comparisons between pandemic and pre-pandemic groups included: Minority status, demographics, diagnosis, MELD, insurance type, and transplant center characteristics. Liver transplant centers (n = 113) were divided into tertiles by volume (small, medium, large) for further analyses. Multivariable logistic regression was fitted to assess odds of transplant. Competing risk regression was used to predict probability of removal from the waitlist due to transplantation or death and sickness. Additional temporal analyses were performed to assess changes in outcomes over the course of the pandemic.

**RESULTS:** During Period 1 of the pandemic, Minorities showed greater reduction in both listing (-14% vs -12% Whites), and transplant (-15% vs -7% Whites), despite a higher median MELD at transplant (23 vs 20 Whites, P < 0.001). Of candidates with public insurance, Minorities demonstrated an 18.5% decrease in transplants during Period 1 (vs -8% Whites). Although large programs increased transplants during Period 1, accounting for 61.5% of liver transplants versus 53.4% pre-pandemic (P < 0.001), Minorities constituted significantly fewer transplants at these programs during this time period (27.7% pandemic vs 31.7% pre-pandemic, P = 0.04). Although improvements in disparities in candidate listings, removals, and transplants were observed during Periods 2 and 3, the adjusted odds ratio of transplant for Minorities was 0.89 (95% CI 0.83-0.96, P = 0.001) over the entire pandemic period.

**CONCLUSIONS:** COVID-19's effect on access to liver transplantation has been ubiquitous. However, Minorities, especially those with public insurance, have been disproportionately affected. Importantly, despite the uncertainty and challenges, our systems have remarkable resiliency, as demonstrated by the temporal improvements observed during Periods 2 and 3. As the pandemic persists, and the aftermath ensues, health care systems must consciously strive to identify and equitably serve vulnerable populations.

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**Publication Type:** Journal Article.

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<34>

**Unique Identifier:** 34081680

**Title:** The Affordable Care Act and Health Care Access and Utilization Among White, Asian, and Latino Immigrants in California.

**Source:** Medical Care. 59(9):762-767, 2021 09 01.

**Authors:** Chu J; Ortega AN; Park S; Vargas-Bustamante A; Roby DH

**Abstract:**

**OBJECTIVE:** The objective of this study was to examine changes in health care access and utilization for White, Asian, and Latino immigrants associated with the implementation of the Patient Protection and Affordable Care Act (ACA) in California.

**STUDY DESIGN:** Using the 2011-2013 and 2015-2017 California Health Interview Survey, we examined changes in 2 health care access and 2 utilization measures among 3 immigrant racial/ethnic groups. We estimated the unadjusted and adjusted percentage point changes in the pre-ACA and post-ACA periods. Adjusted estimates were obtained using linear probability models controlling for predisposing, enabling, and need factors.

**RESULTS:** After the ACA was nationally implemented in 2014, rates of insurance increased for non-Latino (NL) White, NL Asian, and Latino immigrant groups in California. Latino immigrants had the largest increase in insurance coverage (14.3 percentage points), followed by NL Asian immigrants (9.9 percentage points) and NL White immigrants (9.2 percentage points). Despite benefitting from the largest increase in insurance coverage, the proportion of insured Latino immigrants was still lower than that of NL White and NL Asian immigrants. Latino immigrants reported a small but significant decrease in the usual source of care (-2.8 percentage points) and an increase in emergency department utilization (2.9 percentage points) after the ACA. No significant changes were found after the ACA in health care access and utilization among NL White and NL Asian immigrants.

**CONCLUSIONS:** Insurance coverage increased significantly for these 3 immigrant groups after the ACA. While Latino immigrants had the largest gain in insurance coverage, the proportion of Latino immigrants with insurance remained the lowest among the 3 immigrant racial/ethnic groups.

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**Publication Type:** Journal Article.

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<35>

**Unique Identifier:** 34261863



**Title:** Differences in Health Care Access and Satisfaction Across Intersections of Race/Ethnicity and Sexual Identity.

**Source:** Academic Medicine. 96(11):1592-1597, 2021 11 01.

**Authors:** Turpin RE; Akre EL; Williams ND; Boekeloo BO; Fish JN

**Abstract:**

**PURPOSE:** Racial/ethnic and sexual minorities experience numerous health disparities compared with their White and heterosexual counterparts, which may be exacerbated when these social identities intersect. The authors tested for differences in health care access and satisfaction across intersections of sexual identity and race/ethnicity.

**METHOD:** A cross-sectional secondary data analysis of the 2012-2018 waves of the Association of American Medical Colleges biannual online Consumer Survey of Health Care Access was conducted. This survey captures a national sample of U.S. adults who reported needing health care in the past 12 months. The analytic sample included 29,628 participants. Sixteen possible combinations of sexual identity and race/ethnicity were examined. Health care access and satisfaction were measured with 10 items and an index created from these items. Cumulative prevalence ratios (PRs) for the index and PRs across sexual identity, both individually and in combination with race/ethnicity, for each health care access and satisfaction item were generated.

**RESULTS:** Compared with White heterosexuals, all other groups had significantly more barriers to care before adjustment. The greatest barriers were observed among non-Hispanic Asian/Pacific Islander/Hawaiian gay/lesbian (unadjusted PR = 3.08; 95% confidence interval [CI]: 2.45, 3.88; adjusted PR = 2.01; 95% CI: 1.59, 2.53), non-Hispanic Black bisexual (unadjusted PR = 2.73; 95% CI: 2.28, 3.27; adjusted PR = 1.83; 95% CI: 1.52, 2.20), non-Hispanic Black other sexual identity (unadjusted PR = 2.27; 95% CI: 1.69, 3.06; adjusted PR = 2.07; 95% CI: 1.53, 2.78), and Hispanic/Latino other sexual identity (unadjusted PR = 2.06; 95% CI: 1.60, 2.65; adjusted PR = 1.39; 95% CI: 1.08, 1.79) participants.

**CONCLUSIONS:** Persons of both racial/ethnic and sexual minority status generally had less health care access and satisfaction than White heterosexuals. An intersectional perspective is critical to achieving equity in quality health care access.

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**Publication Type:** Journal Article. Research Support, N.I.H., Extramural. Research Support, U.S. Gov't, P.H.S..

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<36>

**Unique Identifier:** 33913439

**Title:** The Clarion Call of the COVID-19 Pandemic: How Medical Education Can Mitigate Racial and Ethnic Disparities.

**Source:** Academic Medicine. 96(11):1518-1523, 2021 11 01.

**Authors:** Prince ADP; Green AR; Brown DJ; Thompson DM; Neblett EW Jr; Nathan CA; Carethers JM; Gee RE; Gruppen LD; Mangrulkar RS; Brenner MJ

**Abstract:** Public health crises palpably demonstrate how social determinants of health have led to disparate health outcomes. The staggering mortality rates among African Americans, Native

Americans, and Latinx Americans during the COVID-19 pandemic have revealed how recalcitrant structural inequities can exacerbate disparities and render not just individuals but whole communities acutely vulnerable. While medical curricula that educate students about disparities are vital in rousing awareness, it is experience that is most likely to instill passion for change. The authors first consider the roots of health care disparities in relation to the current pandemic. Then, they examine the importance of salient learning experiences that may inspire a commitment to championing social justice. Experiences in diverse communities can imbue medical students with a desire for lifelong learning and advocacy. The authors introduce a 3-pillar framework that consists of trust building, structural competency, and cultural humility. They discuss how these pillars should underpin educational efforts to improve social determinants of health. Effecting systemic change requires passion and resolve; therefore, perseverance in such efforts is predicated on learners caring about the structural inequities in housing, education, economic stability, and neighborhoods—all of which influence the health of individuals and communities.

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**Publication Type:** Journal Article. Research Support, N.I.H., Extramural. Research Support, Non-U.S. Gov't.

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<37>

**Unique Identifier:** 34380328

**Title:** Association Between Early Trauma and Ideal Cardiovascular Health Among Black Americans: Results From the Morehouse-Emory Cardiovascular (MECA) Center for Health Equity.

**Source:** Circulation. Cardiovascular Quality & Outcomes. 14(9):e007904, 2021 09.

**Authors:** Islam SJ; Hwan Kim J; Joseph E; Topel M; Baltrus P; Liu C; Ko YA; Almuwaqqat Z; Mujahid MS; Sims M; Mubasher M; Ejaz K; Searles C; Dunbar SB; Pemu P; Taylor H; Bremner JD; Vaccarino V; Quyyumi AA; Lewis TT

**Abstract:**

**BACKGROUND:** Early trauma (general, emotional, physical, and sexual abuse before age 18 years) has been associated with both cardiovascular disease risk and lifestyle-related risk factors for cardiovascular disease, including smoking, obesity, and physical inactivity. Despite higher prevalence, the association between early trauma and cardiovascular health (CVH) has been understudied in Black Americans, especially those from low-income backgrounds, who may be doubly vulnerable. Therefore, we investigated the association between early trauma and CVH, particularly among low-income Black Americans.

**METHODS:** We recruited 457 Black adults (age 53+/-10, 38% male) without known cardiovascular disease from the Atlanta, GA, metropolitan area using personalized, community-based recruitment methods. The Early Trauma Inventory was administered to assess overall early traumatic life experiences which include physical, sexual, emotional abuse, and general trauma. Our primary outcome was the American Heart Association Life's Simple 7, which is a set of 7 CVH metrics, including 4 lifestyle-related factors (smoking, body mass index, physical activity, and diet) and three physiologically measured health factors (blood pressure, total blood cholesterol, and blood glucose). We used linear regression models adjusting for age, sex, socioeconomic status, and depression to test the association between early trauma and CVH and tested the early trauma by household income (<\$50 000) interaction.

**RESULTS:** Higher levels of early trauma were associated with lower Life's Simple 7 scores (beta, -0.05 [95% CI, -0.09 to -0.01], P=0.02, per 1 unit increase in the Early Trauma Inventory score) among lower, but not higher, income Black participants (P value for interaction=0.04). Subtypes of early trauma linked to Life's Simple 7 were general trauma, emotional abuse, and sexual abuse. Exploratory analyses demonstrated that early trauma was only associated with the body mass index and smoking components of Life's Simple 7.

**CONCLUSIONS:** Early trauma, including general trauma, emotional abuse, and sexual abuse, may be associated with worse CVH among low-, but not higher-income Black adults.

**Publication Type:** Journal Article. Research Support, N.I.H., Extramural. Research Support, Non-U.S. Gov't.

Link to the Ovid Full Text or citation:

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<38>

**Unique Identifier:** 34011086

**Title:** Racial/ethnic and socioeconomic variations in hospital length of stay: A state-based analysis.

**Source:** Medicine. 100(20):e25976, 2021 May 21.

**Authors:** Ghosh AK; Geisler BP; Ibrahim S

**Abstract:**

**ABSTRACT:** Disparities by race/ethnicity and socioeconomic status (SES) exist in rehospitalization rates and inpatient mortality rates. Few studies have examined how length of stay (LOS, a measure of hospital efficiency/quality) differs by race/ethnicity and SES. This study's objective was to determine whether differences in risk-adjusted LOS exist by race/ethnicity and SES. Using a retrospective cohort of 1,432,683 medical and surgical discharges, we compared risk-adjusted LOS, in days, by race/ethnicity and SES (median household income by patient ZIP code in quartiles), using generalized linear models controlling for demographic and clinical factors, and differences between hospitals and between diagnoses. White patients were on average older than both Black and Hispanic patients, had more chronic conditions, and had a higher inpatient mortality risk. In adjusted analyses, Black patients had a significantly longer LOS than White patients (0.25-day difference when discharged to home and 0.23-day difference when discharged to non-home destinations, both  $P < .001$ ); there was no difference between Hispanic and White patients. Wealthier patients had a shorter LOS than poorer patients (0.16-day difference when discharged to home and 0.06-day difference when discharged to nonhome destinations, both  $P < .001$ ). These differences by race/ethnicity reversed for Medicaid patients. Disparities in LOS exist based on a patient's race/ethnicity and SES. Black and poorer patients, but not Hispanic patients, have longer LOS compared to White and wealthier patients. In aggregate, these differences may be related to trust and implicit bias and have implications for use of LOS as a quality metric. Future research should examine the drivers of these disparities.

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**Publication Type:** Comparative Study. Journal Article.

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<39>

**Unique Identifier:** 35150538

**Title:** Dilemma of health rights of vulnerable citizens: A narrative review. [Review]

**Source:** JPMA - Journal of the Pakistan Medical Association. 71(12):2782-2786, 2021 Dec.

**Authors:** Mumtaz N; Saqulain G; Mumtaz N

**Abstract:** Vulnerable populations have traditionally faced non-availability of health services. Enforcement of constitutional protections to vulnerable citizens is essential to secure the health rights for them. The current narrative review was planned in the perspective of laws related to health rights by reviewing and highlighting such provisions in the constitutions of different countries and the scope of the World Health Organization (WHO), and to compare them with the on-ground situation prevailing in Pakistan. The findings can invoke debate, inspire research and facilitate the recognition of the enabling provisions for healthcare guaranteed in the Constitution. Data was searched related to constitution and health affairs of countries, including Pakistan, United States, United Kingdom, China, Saudi Arabia and India, using search engines, databases and different websites. Of the 170 reports, publications and articles downloaded, 30(17.6%) full-text articles, publications and reports in English language were used for the narrative review.

**Publication Type:** Journal Article. Review.

Link to the Ovid Full Text or citation:

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<40>

**Unique Identifier:** 34874647

**Title:** Inequitable Access to Hospital Care - Protecting Disadvantaged Populations during Public Health Emergencies.

**Source:** New England Journal of Medicine. 385(24):2211-2214, 2021 Dec 09.

**Authors:** White DB; Villarroel L; Hick JL

**Publication Type:** Journal Article.

Link to the Ovid Full Text or citation:

[Click here for full text options](#)

<41>

**Unique Identifier:** 34656739

**Title:** Association of the Affordable Care Act Medicaid Expansion with Trauma Outcomes and Access to Rehabilitation among Young Adults: Findings Overall, by Race and Ethnicity, and Community Income Level.

**Source:** Journal of the American College of Surgeons. 233(6):776-793.e16, 2021 12.

**Authors:** Metzger GA; Asti L; Quinn JP; Chisolm DJ; Xiang H; Deans KJ; Cooper JN

**Abstract:**

**BACKGROUND:** Low-income young adults disproportionately experience traumatic injury and poor trauma outcomes. This study aimed to evaluate the effects of the Affordable Care Act's Medicaid expansion, in its first 4 years, on trauma care and outcomes in young adults, overall and by race, ethnicity, and ZIP code-level median income.

**STUDY DESIGN:** Statewide hospital discharge data from 5 states that did and 5 states that did not implement Medicaid expansion were used to perform difference-in-difference (DD) analyses. Changes in insurance coverage and outcomes from before (2011-2013) to after (2014-2017) Medicaid expansion and open enrollment were examined in trauma patients aged 19 to 44 years.

**RESULTS:** Medicaid expansion was associated with a decrease in the percentage of uninsured patients (DD -16.5 percentage points; 95% CI, -17.1 to -15.9 percentage points). This decrease was larger among Black patients but smaller among Hispanic patients than White patients. It was also larger among patients from lower-income ZIP codes ( $p < 0.05$  for all). Medicaid expansion was associated with an increase in discharge to inpatient rehabilitation (DD 0.6 percentage points; 95% CI, 0.2 to 0.9 percentage points). This increase was larger among patients from the lowest-compared with highest-income ZIP codes ( $p < 0.05$ ). Medicaid expansion was not associated with changes in in-hospital mortality or readmission or return ED visit rates overall, but was associated with decreased in-hospital mortality among Black patients (DD -0.4 percentage points; 95% CI, -0.8 to -0.1 percentage points).

**CONCLUSIONS:** The Affordable Care Act Medicaid expansion, in its first 4 years, increased insurance coverage and access to rehabilitation among young adult trauma patients. It also reduced the socioeconomic disparity in inpatient rehabilitation access and the disparity in in-hospital mortality between Black and White patients.

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**Publication Type:** Journal Article. Research Support, N.I.H., Extramural. Research Support, Non-U.S. Gov't.

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<42>

**Unique Identifier:** 33929979

**Title:** Applying a Nursing Perspective to Address the Challenges Experienced by Cisgender Women in the HIV Status Neutral Care Continuum: A Review of the Literature. [Review]

**Source:** Journal of the Association of Nurses in AIDS Care. 32(3):283-305, 2021 May-Jun 01.

**Authors:** Bond KT; Chandler R; Chapman-Lambert C; Jemmott LS; Lanier Y; Cao J; Nikpour J; Randolph SD

**Abstract:**

**ABSTRACT:** The field of HIV research has grown over the past 40 years, but there remains an urgent need to address challenges that cisgender women living in the United States experience in the HIV neutral status care continuum, particularly among women such as Black women, who continue to be disproportionately burdened by HIV due to multiple levels of systemic oppression. We used a social ecological framework to provide a detailed review of the risk factors that drive the women's HIV epidemic. By presenting examples of effective approaches, best clinical practices, and identifying existing research gaps in three major categories (behavioral, biomedical, and structural), we provide an overview of the current state of research on HIV prevention among women. To illustrate a nursing viewpoint and take into account the diverse life

experiences of women, we provide guidance to strengthen current HIV prevention programs. Future research should examine combined approaches for HIV prevention, and policies should be tailored to ensure that women receive effective services that are evidence-based and which they perceive as important to their lives.

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**Publication Type:** Journal Article. Review.

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<43>

**Unique Identifier:** 33883246

**Title:** Addressing Legislation That Restricts Access to Care for Transgender Youth.

**Source:** Pediatrics. 147(5), 2021 05.

**Authors:** Kremen J; Williams C; Barrera EP; Harris RM; McGregor K; Millington K; Guss C; Pilcher S; Tishelman AC; Baskaran C; Carswell J; Roberts S

**Publication Type:** Journal Article.

Link to the Ovid Full Text or citation:

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<44>

**Unique Identifier:** 33831936

**Title:** Rethinking Bias to Achieve Maternal Health Equity: Changing Organizations, Not Just Individuals.

**Source:** Obstetrics & Gynecology. 137(5):935-940, 2021 05 01.

**Authors:** Green TL; Zapata JY; Brown HW; Hagiwara N

**Abstract:** In this article, we address the limitations of existing implicit bias interventions as a strategy for achieving maternal health equity. We then focus on how institutionally sanctioned racial stereotyping harms Black maternal health and marginalizes a key group in the fight for health equity-Black physicians. Finally, we provide strategies to address racial bias in perinatal health care and structural barriers impeding Black physicians' success.

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**Publication Type:** Journal Article. Research Support, N.I.H., Extramural. Research Support, Non-U.S. Gov't.

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<45>

**Unique Identifier:** 33478438

**Title:** Drivers of differential views of health equity in the U.S.: is the U.S. ready to make progress? Results from the 2018 National Survey of Health Attitudes.

**Source:** BMC Public Health. 21(1):175, 2021 01 21.

**Authors:** Towe VL; May LW; Huang W; Martin LT; Carman K; Miller CE; Chandra A

**Abstract:**

**OBJECTIVES:** The public health sector has long recognized the role of the social determinants of health in health disparities and the importance of achieving health equity. We now appear to be at an inflection point, as we hear increasing demands to dismantle structures that have perpetuated inequalities. Assessing prevailing mindsets about what causes health inequalities and the value of health equity is critical to addressing larger issues of inequity, including racial inequity and other dimensions. Using data from a nationally representative sample of adults in the United States, we examined the factors that Americans think drive health outcomes and their beliefs about the importance of health equity.

**METHODS:** Using data from the 2018 National Survey of Health Attitudes, we conducted factor analyses of 21 survey items and identified three factors from items relating to health drivers-traditional health influencers (THI), social determinants of health (SDoH), and sense of community health (SoC). Health equity beliefs were measured with three questions about opportunities to be healthy. Latent class analysis identified four groups with similar patterns of response. Factor mixture modeling combined factor structure and latent class analysis into one model. We conducted three logistic regressions using latent classes and demographics as predictors and the three equity beliefs as dependent variables.

**RESULTS:** Nearly 90% of respondents comprised one class that was characterized by high endorsement (i.e., rating the driver as having strong effect on health) of THI, but lower endorsement of SDoH and SoC. Logistic regressions showed that respondents endorsing (i.e., rated it as a top priority) all three health equity beliefs tended to be female, older, Black or Hispanic, more educated, and have lower incomes. The class of respondents that endorsed SDoH the most was more likely to endorse all three equity beliefs.

**CONCLUSIONS:** Results suggested that people historically impacted by inequity, e.g., people of color and people with low incomes, had the most comprehensive understanding of the drivers of health and the value of equity. However, dominant beliefs about SDoH and health equity are still generally not aligned with scientific consensus and the prevailing narrative in the public health community.

**Publication Type:** Journal Article. Research Support, Non-U.S. Gov't.

Link to the Ovid Full Text or citation:

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<46>

**Unique Identifier:** 33196555

**Title:** COVID-19 Related Medical Mistrust, Health Impacts, and Potential Vaccine Hesitancy Among Black Americans Living With HIV.

**Source:** Journal of Acquired Immune Deficiency Syndromes: JAIDS. 86(2):200-207, 2021 02 01.

**Authors:** Bogart LM; Ojikutu BO; Tyagi K; Klein DJ; Mutchler MG; Dong L; Lawrence SJ; Thomas DR; Kellman S

**Abstract:**

**BACKGROUND:** Medical mistrust, a result of systemic racism, is prevalent among Black Americans and may play a role in COVID-19 inequities. In a convenience sample of HIV-positive Black Americans, we examined associations of COVID-19-related medical mistrust with COVID-19 vaccine and COVID-19 treatment hesitancy and negative impacts of COVID-19 on antiretroviral therapy (ART) adherence.

**METHODS:** Participants were 101 HIV-positive Black Americans (age: M = 50.3 years; SD = 11.5; 86% cisgender men; 77% sexual minority) enrolled in a randomized controlled trial of a community-based ART adherence intervention in Los Angeles County, CA. From May to July 2020, participants completed telephone interviews on negative COVID-19 impacts, general COVID-19 mistrust (eg, about the government withholding information), COVID-19 vaccine and treatment hesitancy, and trust in COVID-19 information sources. Adherence was monitored electronically with the Medication Event Monitoring System.

**RESULTS:** Nearly all participants (97%) endorsed at least one general COVID-19 mistrust belief, and more than half endorsed at least one COVID-19 vaccine or treatment hesitancy belief. Social service and health care providers were the most trusted sources. Greater COVID-19 mistrust was related to greater vaccine and treatment hesitancy [b (SE) = 0.85 (0.14),  $P < 0.0001$  and b (SE) = 0.88 (0.14),  $P < 0.0001$ , respectively]. Participants experiencing more negative COVID-19 impacts showed lower ART adherence, assessed among a subset of 49 participants [b (SE) = -5.19 (2.08),  $P = 0.02$ ].

**DISCUSSION:** To prevent widening health inequities, health care providers should engage with communities to tailor strategies to overcome mistrust and deliver evidence-based information, to encourage COVID-19 vaccine and treatment uptake.

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**Publication Type:** Journal Article. Randomized Controlled Trial. Research Support, N.I.H., Extramural.

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<47>

**Unique Identifier:** 33782249

**Title:** Inequities in Access to Care and Health Care Spending for Asian Americans With Cancer.

**Source:** Medical Care. 59(6):528-536, 2021 06 01.

**Authors:** Park S; Chen J; Ma GX; Ortega AN

**Abstract:**

**BACKGROUND:** Asian Americans have lower cancer screening rates than non-Latino "Whites," suggesting inequities in cancer prevention among Asian Americans. Little is known about inequities in cancer treatment between Whites and Asian Americans with cancer.

**METHODS:** Using the 2002-2017 Medical Expenditure Panel Survey, we examined inequities in access to care and health care spending between Whites and Asian Americans with and without cancer. Our outcomes included 3 measures of access to care and 3 measures of health care spending. We used multivariable regressions while adjusting for predisposing, enabling, and need factors and estimated the mean adjusted values of the outcomes for each group. We then



examined the differences in these adjusted mean outcomes among Asian Americans relative to Whites.

**RESULTS:** We observed evidence of inequities that Asian Americans without cancer experienced limited access to care due to a lack of a usual source of care. The likelihood of having a usual source of care was lower among Asian Americans without cancer than Whites without cancer. Inequities were not observed among Asian Americans with cancer. Compared with Whites with cancer, Asian Americans with cancer had similar or better levels of access to care. No or marginal differences in health care spending were detected between Whites and Asian Americans with cancer. These findings were consistent in both nonelderly and elderly groups.

**CONCLUSION:** While Asian Americans without cancer have unmet medical needs due to limited access to care, access to care and spending are relatively equitable between Whites and Asian Americans with cancer.

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**Publication Type:** Comparative Study. Journal Article. Research Support, N.I.H., Extramural. Research Support, Non-U.S. Gov't.

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<48>

**Unique Identifier:** 33471971

**Title:** Beyond Tuskegee - Vaccine Distrust and Everyday Racism.

**Source:** New England Journal of Medicine. 384(5):e12, 2021 Feb 04.

**Authors:** Bajaj SS; Stanford FC

**Publication Type:** Journal Article.

Link to the Ovid Full Text or citation:

[Click here for full text options](#)

<49>

**Unique Identifier:** 33769441

**Title:** Bridging the Digital Divide to Avoid Leaving the Most Vulnerable Behind.

**Source:** JAMA Surgery. 156(8):703-704, 2021 08 01.

**Authors:** Eyrich NW; Andino JJ; Fessell DP

**Publication Type:** Journal Article.

Link to the Ovid Full Text or citation:

[Click here for full text options](#)

<50>

**Unique Identifier:** 33326009

**Title:** Development and Assessment of a Systematic Approach for Detecting Disparities in Surgical Access.

**Source:** JAMA Surgery. 156(3):239-245, 2021 03 01.

**Authors:** Wong JH; Irish WD; DeMaria EJ; Vohra NA; Pories WJ; Brownstein MR; Altieri MS; Akram W; Haisch CE; Leaser DB; Tuttle JE

**Abstract:**

**Importance:** Although optimal access is accepted as the key to quality care, an accepted methodology to ascertain potential disparities in surgical access has not been defined.

**Objective:** To develop a systematic approach to detect surgical access disparities.

**Design, Setting, and Participants:** This cross-sectional study used publicly available data from the Health Cost and Utilization Project State Inpatient Database from 2016. Using the surgical rate observed in the 5 highest-ranked counties (HRCs), the expected surgical rate in the 5 lowest-ranked counties (LRCs) in North Carolina were calculated. Patients 18 years and older who underwent an inpatient general surgery procedure and patients who underwent emergency inpatient cholecystectomy, herniorrhaphy, or bariatric surgery in 2016 were included. Data were collected from January to December 2016, and data were analyzed from March to July 2020.

**Exposures:** Health outcome county rank as defined by the Robert Wood Johnson Foundation.

**Main Outcomes and Measures:** The primary outcome was the proportional surgical ratio (PSR), which was the disparity in surgical access defined as the observed number of surgical procedures in the 5 LRCs relative to the expected number of procedures using the 5 HRCs as the standardized reference population.

**Results:** In 2016, approximately 1.9 million adults lived in the 5 HRCs, while approximately 246854 lived in the 5 LRCs. A total of 28924 inpatient general surgical procedures were performed, with 4521 being performed in those living in the 5 LRCs and 24403 in those living in the 5 HRCs. The rate of general surgery in the 5 HRCs was 13.09 procedures per 1000 population. Using the 5 HRCs as the reference, the PSR for the 5 LRCs was 1.40 (95% CI, 1.35-1.44). For emergent/urgent cholecystectomy, the PSR for the 5 LRCs was 2.26 (95% CI, 2.02-2.51), and the PSR for emergent/urgent herniorrhaphy was 1.83 (95% CI, 1.33-2.45). Age-adjusted rate of obesity (body mass index [calculated as weight in kilograms divided by height in meters squared] greater than 30), on average, was 36.6% (SD, 3.4) in the 5 LRCs vs 25.4% (SD, 4.6) in the 5 HRCs (P = .002). The rate of bariatric surgery in the 5 HRCs was 33.07 per 10000 population with obesity. For the 5 LRCs, the PSR was 0.60 (95% CI, 0.51-0.69).

**Conclusions and Relevance:** The PSR is a systematic approach to define potential disparities in surgical access and should be useful for identifying, investigating, and monitoring interventions intended to mitigate disparities in surgical access that effects the health of vulnerable populations.

**Publication Type:** Journal Article.

Link to the Ovid Full Text or citation:

[Click here for full text options](#)

<51>

**Unique Identifier:** 33237319

**Title:** Association of a New Trauma Center With Racial, Ethnic, and Socioeconomic Disparities in Access to Trauma Care.

**Source:** JAMA Surgery. 156(1):97-99, 2021 01 01.

**Authors:** Abbasi AB; Dumanian J; Okum S; Nwaudo D; Lee D; Prakash P; Bendix P

**Publication Type:** Journal Article.

Link to the Ovid Full Text or citation:

[Click here for full text options](#)

<52>

**Unique Identifier:** 33314870

**Title:** Health Coverage and Care for Transgender People - Threats and Opportunities.

**Source:** New England Journal of Medicine. 383(25):2397-2399, 2020 Dec 17.

**Authors:** Stroumsa D; Kirkland AR

**Publication Type:** Journal Article.

Link to the Ovid Full Text or citation:

[Click here for full text options](#)

<53>

**Unique Identifier:** 33177369

**Title:** The Compounding Effect of Race/Ethnicity and Disability Status on Children's Health and Health Care by Geography in the United States.

**Source:** Medical Care. 58(12):1059-1068, 2020 12.

**Authors:** Akobirshoev I; Mitra M; Li FS; Dembo R; Dooley D; Mehta A; Batra N

**Abstract:**

**OBJECTIVE:** The objective of this study was to examine the potential compounding effect of race/ethnicity, and disability status on children's health and health care, stratified by selected geographies.

**METHODS:** We used the 2011/2012 NSCH and the 2012 Boston Survey of Children's Health for our compounded disparity analysis. We used VanderWheel and Knol method to first predict combined risk ratios of race/ethnicity and disability and then compared them with the observed combined risk ratios.

**RESULTS:** We demonstrated that racial/ethnic minority children with disabilities experience additional disparities in health care access outcomes that are greater than the sum of the effects from either characteristic alone. Further, we demonstrate that disparities persist across all selected geographies irrespective of whether children lived in states or metropolitan cities with the best health care systems in the United States.

**CONCLUSIONS:** Despite reform efforts, our study demonstrates that racial/ethnic minority children with disabilities experience a double burden. Given the deleterious compounded disparities, public health and social service programs at all geographical levels should prioritize identifying participants that face this and tailor programs to meet their needs.

**Publication Type:** Journal Article. Research Support, Non-U.S. Gov't.

Link to the Ovid Full Text or citation:

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<54>

**Unique Identifier:** 33104464

**Title:** HEADS-UP: Understanding and Problem-Solving: Seeking Hands-Down Solutions to Major Inequities in Stroke. [Review]

**Source:** Stroke. 51(11):3375-3381, 2020 11.

**Authors:** Ovbiagele B

**Abstract:** There are substantial and longstanding inequities in stroke incidence, prevalence, care, and outcomes. The Health Equity and Actionable Disparities in Stroke: Understanding and Problem-Solving (HEADS-UP) symposium is an annual multidisciplinary scientific and educational forum targeting major inequities in cerebrovascular disease, with the ultimate objective of helping to bridge major inequities in stroke, and promptly translating scientific results into routine clinical practice, for the benefit of vulnerable and underserved populations. HEADS-UP is a collaborative undertaking by the National Institute of Neurological Disorders and Stroke and the American Stroke Association and is held the day before the annual International Stroke Conference. In 2020, the HEADS-UP focused on the topic of racial/ethnic disparities in stroke and comprised invited lectures on determinants of racial/ethnic inequities in stroke as well as emerging interventions or promising strategies designed to overcome these inequities. Competitively selected travel award scholarships were given to 19 early stage investigators who presented posters at professor moderated sessions; engaged in several career development activities aimed imparting grant writing skills, knowledge about climbing the academic ladder, and striving for work-life balance; and participated in networking events. This Health Equity edition of Focused Updates will feature an overview of the HEADS-UP 2020 symposium proceedings and articles covering the key scientific content of the major lectures delivered during the symposium including the presentation by the award-winning plenary speaker. Starting in 2021, HEADS-UP will expand to include 5 major inequities in stroke (racial/ethnic, sex, geographic, socioeconomic, and global) and seeks to be a viable avenue to meet the health equity goals of the American Heart Association/American Stroke Association, National Institutes of Neurological Disorders and Stroke, and World Stroke Organization.

**Publication Type:** Journal Article. Research Support, N.I.H., Extramural. Review.

Link to the Ovid Full Text or citation:

[Click here for full text options](#)

<55>

**Unique Identifier:** 33031653

**Title:** Reparations as a Public Health Priority - A Strategy for Ending Black-White Health Disparities.

**Source:** New England Journal of Medicine. 383(22):2101-2103, 2020 Nov 26.

**Authors:** Bassett MT; Galea S

**Publication Type:** Journal Article.

Link to the Ovid Full Text or citation:  
[Click here for full text options](#)

<56>

**Unique Identifier:** 33023334

**Title:** Individual Psychosocial Resilience, Neighborhood Context, and Cardiovascular Health in Black Adults: A Multilevel Investigation From the Morehouse-Emory Cardiovascular Center for Health Equity Study.

**Source:** Circulation. Cardiovascular Quality & Outcomes. 13(10):e006638, 2020 10.

**Authors:** Kim JH; Islam SJ; Topel ML; Ko YA; Mujahid MS; Vaccarino V; Liu C; Sims M; Mubasher M; Searles CD; Dunbar SB; Pemu P; Taylor HA; Quyyumi AA; Baltrus P; Lewis TT

**Abstract:**

**BACKGROUND:** Despite well-documented cardiovascular disparities between racial groups, within-race determinants of cardiovascular health among Black adults remain understudied. Factors promoting cardiovascular resilience among Black adults in particular warrant further investigation. Our objective was to examine whether individual psychosocial resilience and neighborhood-level cardiovascular resilience were associated with better cardiovascular health in Black adults, measured utilizing Life's Simple 7 (LS7) scores.

**METHODS:** We assessed LS7 scores in 389 Black adults (mean age, 53+/-10 years; 39% men) living in Atlanta, Georgia. A composite score of individual psychosocial resilience was created by assessing environmental mastery, purpose in life, optimism, resilient coping, and depressive symptoms. Neighborhood-level cardiovascular resilience was separately determined by the census tract-level rates of cardiovascular mortality/morbidity events. Generalized linear mixed regression models were used to examine the association between individual psychosocial resilience, neighborhood cardiovascular resilience, and LS7 scores.

**RESULTS:** Higher individual psychosocial resilience was significantly associated with higher LS7 (beta=0.38 [0.16-0.59] per 1 SD) after adjustment for sociodemographic factors. Similarly, higher neighborhood-level cardiovascular resilience was significantly associated with higher LS7 (beta=0.23 [0.02-0.45] per 1 SD). When jointly examined, high individual psychosocial resilience (>median) was independently associated with higher LS7 (beta=0.73 [0.31-1.17]), whereas living in high-resilience neighborhoods (>median) was not. The largest difference in LS7 score was between those with high and low psychosocial resilience living in low-resilience neighborhoods (8.38 [7.90-8.86] versus 7.42 [7.04-7.79]).

**CONCLUSIONS:** Individual psychosocial resilience in Black adults is associated with better cardiovascular health.

**Publication Type:** Journal Article. Research Support, N.I.H., Extramural. Research Support, Non-U.S. Gov't.

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<57>

**Unique Identifier:** 32905670

**Title:** Health Equity - Are We Finally on the Edge of a New Frontier?.

**Source:** New England Journal of Medicine. 383(11):997-999, 2020 Sep 10.

**Authors:** Evans MK

**Publication Type:** Journal Article.

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<58>

**Unique Identifier:** 32894612

**Title:** COVID-19 Death Rates Are Higher in Rural Counties With Larger Shares of Blacks and Hispanics.

**Source:** Journal of Rural Health. 36(4):602-608, 2020 09.

**Authors:** Cheng KJG; Sun Y; Monnat SM

**Abstract:**

**PURPOSE:** This study compared the average daily increase in COVID-19 mortality rates by county racial/ethnic composition (percent non-Hispanic Black and percent Hispanic) among US rural counties.

**METHODS:** COVID-19 daily death counts for 1,976 US nonmetropolitan counties for the period March 2-July 26, 2020, were extracted from USAFacts and merged with county-level American Community Survey and Area Health Resource File data. Covariates included county percent poverty, age composition, adjacency to a metropolitan county, health care supply, and state fixed effects. Mixed-effects negative binomial regression with random intercepts to account for repeated observations within counties were used to predict differences in the average daily increase in the COVID-19 mortality rate across quartiles of percent Black and percent Hispanic.

**FINDINGS:** Since early March, the average daily increase in the COVID-19 mortality rate has been significantly higher in rural counties with the highest percent Black and percent Hispanic populations. Compared to counties in the bottom quartile, counties in the top quartile of percent Black have an average daily increase that is 70% higher (IRR = 1.70, CI: 1.48-1.95, P < .001), and counties in the top quartile of percent Hispanic have an average daily increase that is 50% higher (IRR = 1.50, CI: 1.33-1.69, P < .001), net of covariates.

**CONCLUSION:** COVID-19 mortality risk is not distributed equally across the rural United States, and the COVID-19 race penalty is not restricted to cities. Among rural counties, the average daily increase in COVID-19 mortality rates has been significantly higher in counties with the largest shares of Black and Hispanic residents.

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<59>

**Unique Identifier:** 32880579

**Title:** Understanding the Intention to Use Telehealth Services in Underserved Hispanic Border Communities: Cross-Sectional Study.

**Source:** Journal of Medical Internet Research. 22(9):e21012, 2020 09 03.

**Authors:** Ghaddar S; Vatcheva KP; Alvarado SG; Mykyta L

**Abstract:**

**BACKGROUND:** Despite the United States having one of the leading health care systems in the world, underserved minority communities face significant access challenges. These communities can benefit from telehealth innovations that promise to improve health care access and, consequently, health outcomes. However, little is known about the attitudes toward telehealth in these communities, an essential first step toward effective adoption and use.

**OBJECTIVE:** The purpose of this study is to assess the factors that shape behavioral intention to use telehealth services in underserved Hispanic communities along the Texas-Mexico border and examine the role of electronic health (eHealth) literacy in telehealth use intention.

**METHODS:** We used cross-sectional design to collect data at a community health event along the Texas-Mexico border. The area is characterized by high poverty rates, low educational attainment, and health care access challenges. Trained bilingual students conducted 322 in-person interviews over a 1-week period. The survey instrument assessed sociodemographic information and telehealth-related variables. Attitudes toward telehealth were measured by asking participants to indicate their level of agreement with 9 statements reflecting different aspects of telehealth use. For eHealth literacy, we used the eHealth Literacy Scale (eHEALS), an 8-item scale designed to measure consumer confidence in finding, evaluating, and acting upon eHealth information. To assess the intention to use telehealth, we asked participants about the likelihood that they would use telehealth services if offered by a health care provider. We analyzed data using univariate, multivariate, and mediation statistical models.

**RESULTS:** Participants were primarily Hispanic (310/319, 97.2%) and female (261/322, 81.1%), with an average age of 43 years. Almost three-quarters (219/298) reported annual household incomes below \$20,000. Health-wise, 42.2% (136/322) self-rated their health as fair or poor, and 79.7% (255/320) were uninsured. The overwhelming majority (289/319, 90.6%) had never heard of telehealth. Once we defined the term, participants exhibited positive attitudes toward telehealth, and 78.9% (254/322) reported being somewhat likely or very likely to use telehealth services if offered by a health care provider. Based on multivariate proportional odds regression analysis, a 1-point increase in telehealth attitudes reduced the odds of lower versus higher response in the intention to use telehealth services by 23% (OR 0.77, 95% CI 0.73-0.81). Mediation analysis revealed that telehealth attitudes fully mediated the association between eHealth literacy and intention to use telehealth services. For a 1-point increase in eHEALS, the odds of lower telehealth use decreased by a factor of 0.95 (5%; OR 0.95, 95% CI 0.93-0.98; P<.001) via the increase in the score of telehealth attitudes.

**CONCLUSIONS:** Telehealth promises to address many of the access challenges facing ethnic and racial minorities, rural communities, and low-income populations. Findings underscore the importance of raising awareness of telehealth and promoting eHealth literacy as a key step in fostering positive attitudes toward telehealth and furthering interest in its use.

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<60>

**Unique Identifier:** 32776579

**Title:** Application of the Minority Stress Theory: Understanding the Mental Health of Undocumented Latinx Immigrants.

**Source:** American Journal of Community Psychology. 66(3-4):325-336, 2020 12.

**Authors:** Valentin-Cortes M; Benavides Q; Bryce R; Rabinowitz E; Rion R; Lopez WD; Fleming PJ

**Abstract:** This paper applies the Minority Stress framework to data collected from an ongoing community-based participatory research project with health and social service agencies in Southeast Michigan. We examine the stressors and coping strategies employed by undocumented Latinx immigrants and their families to manage immigration-related stress. We conducted in-depth interviews with 23 immigrant clients at Federally Qualified Health Care Centers (FQHC) in Southeast Michigan and 28 in-depth interviews with staff at two FQHC's and a non-profit agency serving immigrants. Findings suggest that immigrants face heightened anxiety and adverse mental health outcomes because of unique minority identity-related stressors created by a growing anti-immigrant social environment. Chronic stress experienced stems from restrictive immigration policies, anti-immigrant rhetoric in the media and by political leaders, fear of deportation, discriminatory events, concealment, and internalized anti-immigrant sentiment. Though identity can be an important effect modifier in the stress process, social isolation in the immigrant community has heightened the impact of stress and impeded coping strategies. These stressors have resulted in distrust in community resources, uncertainty about future health benefits, delayed medical care, and adverse mental health outcomes. Findings provide a framework for understanding the unique stressors experienced by immigrants and strategies for interventions by social service agencies.

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<61>

**Unique Identifier:** 32744601

**Title:** Assessment of Disparities in Digital Access Among Medicare Beneficiaries and Implications for Telemedicine.

**Source:** JAMA Internal Medicine. 180(10):1386-1389, 2020 10 01.

**Authors:** Roberts ET; Mehrotra A

**Publication Type:** Journal Article. Research Support, N.I.H., Extramural. Research Support, U.S. Gov't, P.H.S..

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<62>



**Unique Identifier:** 32643168

**Title:** Barriers to career advancement in the nursing profession: Perceptions of Black nurses in the United States.

**Source:** Nursing Forum. 55(4):664-677, 2020 Nov.

**Authors:** Iheduru-Anderson K

**Abstract:**

**BACKGROUND:** There is a paucity of Black and minority ethnic group nurse leaders and faculty in the nursing profession, even though the overall number of nurses within this demographic has increased. This study aimed to examine Black nurses' perceptions of the barriers to career advancement in nursing profession in the United States.

**PROCEDURE:** Participants included 30 Black nurses aged 25 to 65 from health care settings across five US states recruited through purposive sampling. The study used a focused ethnographic design with semi-structured interviews to elicit responses about participants perceptions and experiences of seeking leadership and faculty positions.

**RESULTS:** Thematic analysis revealed seven main themes: maintaining white comfort, distrust, no one like me, paving the way, worthy of representation, leadership role not expected of Black nurses, and an advanced degree does not equal advanced opportunities.

**CONCLUSION:** The findings suggest that Black nurses face significant challenges in entering leadership or faculty positions. They face racial discrimination and lack access to mentorship and support which discourages sufficiently qualified and experienced nurses from applying for high-level positions. Ensuring all nurses are afforded equal opportunity for career advancement is essential for the nursing profession's continued growth.

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<63>

**Unique Identifier:** 32641462

**Title:** Health Equity in Aging for Transgender People.

**Source:** North Carolina Medical Journal. 81(4):257-258, 2020 Jul-Aug.

**Authors:** Simmons A

**Abstract:** Our population is rapidly aging and increasingly identifying as transgender or non-binary (TNB). Are our health care and long-term care systems prepared to provide person-centered care to aging TNB people?

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