

Preface

Minority Health and Disparities-Related Issues: Part II



Eddie L. Greene, MD



Charles R. Thomas, Jr., MD

Guest Editors

Our primary aim of this two-part issue of *Medical Clinics of North America* is to provide an evidence-based summary of the multifaceted problem of health care disparities that continue to present a challenge to health care providers and also appear to disproportionately affect identifiable segments of our society, mainly minority and underserved populations. Despite major technologic advances, ever more sophisticated pathophysiologic insights, and an increase in the numbers of health care providers, patients from minority populations and those with limited access to quality health care generally continue to have worse outcomes. For many of the major diseases affecting all Americans at the beginning of the 21st century, the rates of morbidity and mortality in minority populations continue to be excessive. These points are sobering, and moreover are poignantly illustrated in the data for heart disease, many types of cancer, diabetes, renal disease, pain management, and HIV/AIDS treatment. Questions persist about the reasons for health care disparities and are not easily answered. The epidemiologists have extensively provided the quantitative measures indicating how profound the problems are and moreover how they are projected to grow. We would like to suggest that now is the time to move beyond the statistics. Although extensive queries will continue to be important, practical answers may already lie in some of the existing genetic and pathophysiologic insights obtained from basic science and clinical investigations.

Recent advances in elucidating the human genome will help to redefine the limited biologic construct of race or ethnicity as a surrogate for genotype inter- and intra-population patient variation. Additional answers may be gained by evaluating new strategies for health care delivery and extensively evaluating the clinical and cognitive process that affect every day clinical decision-making when clinical investigators, practitioners and health care providers see patients from minority populations. The assembled contributors were charged with addressing the salient issues and providing a concise review of the pathophysiologic mechanisms, new treatment strategies, and new ways to educate our clinician colleagues as well as our patients. Our contributors are some the best and brightest investigators and practitioners in Medicine today. They have cogently contributed what we believe will prove to be outstanding insights. However this is only a beginning.

We hope that these issues inspire many more of our colleagues to seek additional insights and answers to the vexing issues of the health care disparity matrix. Our patients deserve the best we have to offer. A looming question is: What happens next?

We would like to thank all of our contributors for their outstanding efforts in making this a successful endeavor. We would also like to thank Heather Cullen, Rachel Glover, Alexandra Pastor, and others at Elsevier for their generous contributions of time, talent, expertise, and discipline to ensure an outstanding issue of *Medical Clinics of North America*.

Eddie L. Greene, MD

Division of Nephrology

Department of Internal Medicine

Mayo Clinic College of Medicine

200 First Street SW

Rochester, MN 55905, USA

E-mail address: Greene.eddie@mayo.edu

Charles R. Thomas, Jr., MD

Department of Radiation Oncology

San Antonio Cancer Institute

University of Texas Health Science Center at San Antonio

7979 Wurzbach Road

San Antonio, TX 78229, USA

E-mail address: cthomas@ctrc.net