

Health Vulnerability

Vulnerable Populations in the United States, by Leiyu Shi and Gregory D. Stevens, 312 pp, with illus, paper, \$58, ISBN 0-7879-6958-3, San Francisco, Calif, Jossey-Bass, 2005.

THOSE WITH THE GREATEST HEALTH needs often receive the least adequate health care. This truism has been termed “the inverse care law”¹ and the “treatment-risk paradox.”² There are several explanations for it. Market economies tend to allocate resources, including health care, based on means rather than needs. Impoverished children and families with the greatest needs typically access the least resources whether they are related to nutrition, child care, education, employment, or health care. While lower socioeconomic status is powerfully associated with worse health, physicians and hospitals tend to migrate toward more affluent communities and serve better paying, but less needy, patients. National health insurance helps, but the inverse care law persists, even under a national health service.³

Other factors also contribute to this troubling paradox. Information and technology typically diffuse more quickly to more affluent populations owing to differences in social networks, media information sources, and health literacy.⁴ Provider bias and less effective communication with patients of low socioeconomic status and minority patients further undermine health care quality for these patients.⁵

The effects of the inverse care law are greatly amplified because risk factors for needing health care and having poor access to it tend to cluster. Vulnerability factors, such as low income, limited education, unemployment, minority status, lack of health insurance, residence in an underserved community, and chronic physical or mental illness, all tend to converge within individuals, families, and communities, as well as within practices that serve these populations.⁶ The net effect is that

health care providers are often overwhelmed by competing needs, resulting in suboptimal care⁷—particularly for vulnerable populations who have more needs.

In their well-written book *Vulnerable Populations in the United States*, Leiyu Shi and Gregory Stevens, two prominent health services researchers, call attention to inequitable health and health care among vulnerable populations. The book focuses on socioeconomic status, race and ethnicity, and health insurance. It is organized along six, interlocking chapters. Chapter 1 presents a theoretical framework for vulnerability that builds on the work of Aday⁸ and others. Chapter 2 reviews community determinants and mechanisms. Chapter 3 discusses the role of individual risk factors in disparities in health care access, quality, and health status. Chapter 4 addresses the impact of converging risk factors. Using some of their own unpublished data, the authors show how multiple risk factors undermine both health status and health. Chapter 5 discusses current national strategies to serve vulnerable populations. The book summarizes national, state, and privately funded programs for vulnerable populations and critiques their validity, scope, sustainability, and effectiveness. The final chapter discusses strategies to resolve disparities, beginning with a theoretical framework and concluding with policy implications, including a 10-step action plan.

Vulnerable Populations is easy to read. Terms are bolded and definitions included in a glossary. Clinical examples are highlighted that help to humanize the abstract concept of vulnerability. Useful tables and figures summarize key points. Each chapter concludes with a concise summary along with a series of study and essay questions useful for teachers and students. References are current. A Web site containing relevant PowerPoint

slides and examination questions will be available in the future.

An earlier book on vulnerable populations now in its second edition, *At Risk in America*, by Aday,⁸ covers more categories of vulnerability—homelessness, refugee and immigrant status, HIV/AIDS, substance disorders, high-risk mothers and infants, family and other violence, and chronic physical and mental illness—but provides less in-depth analysis. On balance, the two books tend to complement each other although they share many common themes.

I have only a few criticisms. The book cites conflicting figures for the number of uninsured—38 million and 40 million—while the US Census Bureau cites 45 million in 2003.⁹ I also wish the book had more directly assessed the effect of national policy on disparities and vulnerability. For example, it doesn't sufficiently emphasize that despite implementation of various federal and state programs, including the State Children's Health Insurance Program and Family Assistance Programs, the ranks of the uninsured have grown. In general, more data regarding changes in disparities in health and health care over time would help in evaluating our national strategies. The authors give cursory attention to European initiatives to address disparities and reduce vulnerability. I would have liked some discussion of the merits of this broader-based approach, which addresses inequities in income, education, housing, and employment vs the narrower US approach, which focuses primarily on intervening with individual behavioral risk factors. Last, the concentration of risk factors within vulnerable individuals, families, communities, and practices demands adequately funded, innovative, and better

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integrated models of care.¹⁰ The book gives surprisingly short shrift to this topic. For example, it fails to cite the Health Disparities Collaboratives, which have been promoting health care quality in Community Health Centers for more than 5 years.

These few omissions do not detract from my overall enthusiasm for the book. *Vulnerable Populations in the United States* combines thoughtful, coherent theory with a large amount of information available in a single source. It will prove to be a valuable resource for policymakers, researchers, teachers, and students alike for years to come.

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College Mental Health

College of the Overwhelmed: The Campus Mental Health Crisis and What to Do About It, by Richard Kadison and Theresa Foy DiGeronimo, 296 pp, \$24.95, ISBN 0-7879-7467-6, San Francisco, Calif, Jossey-Bass, 2004.

THIS EXCELLENT BOOK IS THOROUGHLY grounded in evidence on the mounting college mental health crisis. It deserves praise for readably and understandably describing the crisis and for offering hope in facing, correcting, and

preventing students' mental health problems.

Authors Richard Kadison, MD, chief of the Mental Health Service at Harvard University Health Services, and Theresa DiGeronimo, MEd, author of several books on education and parenting, bring extensive experience. Their hands-on guide is addressed to parents, administrators, college health services staff, and students. The authors intend their book to open a dialogue and to suggest ways to face facts and do something about them.

The book includes some scary statistics, eg, "since 1988, the likelihood of a college student suffering depression has doubled, suicidal ideation has tripled, and sexual assaults have quadrupled," and, citing a national study, "thirty-one percent of college students met criteria for a diagnosis of alcohol abuse and six percent for a diagnosis of alcohol dependence in the past twelve months." But, more than simply presenting numbers, the book offers insights and includes illustrative observations, anecdotes, personal accounts, tips, and cases. The conversational style makes the text come alive. Listings of additional Web-based and print resources lead the reader to further information on relevant topics.

Part 1, "The Problems: Why Are Some Kids so Unhappy at College?" begins with the chapter "Normal Developmental Issues." The college years, although a time of unbounded intellectual, emotional, and social growth, are fraught with pressures: fitting in, getting along with roommates, exploring sexuality, and myriad issues of the transition from adolescence to adulthood. The next chapter explores the effects of academic pressure (gotta get all As), extracurricular demands, parental expectations, and racial and cultural differences. Students juggle demanding academics, social relationships, and extracurricular activities; with so many balls in the air, collisions are inevitable. Parents expect students to earn top grades, share their goals, communicate closely, and participate in family togetherness. Stu-

dents face discrimination from a culture of anti-intellectualism; absence of role models; and racial, ethnic, and national prejudice—all of which diminish self worth—yet are resistant to help. A third chapter considers "Financial Worries and Social Fears." The last chapter of part 1 offers a well-structured discussion of warning signs and symptoms of such common mental health problems as depression, sleep disorders, substance abuse, anxiety disorders, eating disorders, impulsive disorders, and suicide. The authors point out that we need to become aware of the problems that college students face so that we can be attentive to the warning signs of emotional stress and prevent major breakdowns.

Part 2, "The Solution," offers proactive steps that colleges, parents, and students can take to turn the tide of the college mental health crisis and make the college years positive, growing experiences with good times and cherished memories. The authors stress that mental health services are often underfinanced, understaffed, and generally unequipped to handle the number of students who desperately need help. They discuss what further needs to be done and offer some innovative ideas. "What Can Parents Do?" is a how-to chapter on understanding warning signs and symptoms of students' emotional distress. Most important, say the authors, is to keep the lines of communication open by listening to children without judgment or criticism. They offer quick tips for good communication and discuss how to foster students' problem-solving skills. Checklists of questions for parents address how to choose a college and offer a handy crisis action plan. The next chapter is "For Students Only," with suggestions about sleep, eating, exercise, socializing, and time management; proactive ways to maintain balance; and how and when to seek help if something goes wrong.

The book concludes with four appendixes: "The 2002 American College Health Association Survey Results," "Everything You Need to Know About Medications," including key