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G.L. Daumit, J.A. Hermann, J. Coresh, and N.R. Powe

Differences between ethnic groups in use of cardiovascular procedures narrowed markedly once a serious illness developed and adequate insurance coverage was ensured. The disparity was eliminated in patients with previous Medicare insurance or a stronger indication for a procedure.

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L.L. Leape, L.H. Hilborne, R. Bell, C. Kamberg, and R.H. Brook

Although revascularization procedures are substantially underused, the rate of use did not vary by sex, ethnic group, or payer status among patients treated in hospitals that provide coronary artery bypass graft surgery and percutaneous transluminal coronary angioplasty. However, underuse was significantly greater in hospitals that do not provide these procedures, particularly among uninsured persons.

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In fall 1996, a small cluster of *Escherichia coli* O157:H7 infections was linked to unpasteurized apple juice. This study found that standard procedures at a plant that produces unpasteurized juices were inadequate to eliminate contamination with *E. coli* O157:H7. This outbreak showed that unpasteurized juices must be considered a potentially hazardous food.

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B.L. Herwaldt, M.J. Beach, and the Cyclospora Working Group

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A.N. Dimitrakopoulos, T. Kordossis, A. Hatzakis, and H.M. Moutsopoulos

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R.L. Kravitz

The articles by Daumit and Leape and their colleagues in this issue indicate that health care access, quality, and equity are related. As we continue to strive to reduce ethnicity-based disparities in access to health care, we should not neglect the equally important issue of assuring that those services are delivered in an appropriate, timely, and effective manner.

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