

ADVANCING HEALTH EQUITY: HONORING THE LEGACY OF DR. ELIJAH B. SAUNDERS

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It is a time-honored tradition in medicine and public health to recognize and honor individuals and teams for their original discoveries in basic, clinical, and population science research or for a sustained commitment to patient care and teaching. In following that tradition, *Ethnicity & Disease* pays special tribute to Elijah B. Saunders, MD, FACC, FACP, FAHA, FASH for his life-long commitment to patient care, teaching, community service, and most importantly, for his tireless efforts in taking many first steps to advance health equity for medically underserved communities in the United States and worldwide.^{1,2}

For nearly half a century, Dr. Saunders provided exceptional direct patient care in Baltimore, Maryland. As a professor of medicine at the University of Maryland, Dr. Saunders was an outstanding teacher in the clinic and in the community as well as a mentor for many minority trainees and junior faculty. He was a pioneer and a leading voice on matters of race, ethnicity and health at a time when it was neither common nor convenient to champion such causes. As the first African American cardiologist in the state of Maryland in 1965, he was instrumental in abolishing segregated hospital wards at what is now the University of Maryland Medical Center.¹

He cared deeply about patients and the community within which he

practiced. In medically underserved communities where patients could not or would not access health care services, he ensured that care was made accessible to patients in their own settings.² Recognizing that the majority of African Americans routinely went to a barbershop or beauty salon at least once a month but rarely went to a clinic for routine preventive care, Dr. Saunders championed training barbers and hairstylists to

“Faith is taking the first step when you don’t see the whole staircase.”

Martin Luther King, Jr.

measure blood pressure and refer hypertensive patients into a program of care long before it became popular, as summarized by Kong’s description of the Urban Cardiology Research Center innovations (Baltimore, Maryland), that was founded by Dr. Saunders in 1978.³ He was also an early champion of blood pressure detection and follow-up in churches.^{3,4}

For many practicing clinicians in the field of hypertension today, Dr. Saunders served as an invaluable mentor and role model for the delivery of high-quality health care, espe-

cially for the treatment and control of hypertension in Blacks.⁵ As a founder and the inaugural president of the International Society of Hypertension in Blacks, Dr. Saunders promoted the extension of research advances in hypertension care to developing countries and was instrumental in the development of *Ethnicity & Disease*, which places emphasis on emerging global research from developing countries. Most importantly, Dr. Saunders served as a trailblazer in the quest to advance health equity in the United States and worldwide.

To honor his legacy, *Ethnicity & Disease* is establishing an annual Elijah B. Saunders Memorial Column in the journal. In this memorial column, the journal will publish a full-length original report, critical review, or commentary on the prevention, detection, evaluation, treatment, and control of hypertension and the elimination of health inequities. The journal is especially interested in content that focuses on racial and ethnic minority populations worldwide, in rural and inner-city urban communities, and in people in Africa and the African diaspora.

The Elijah B. Saunders Memorial Column will appear annually, beginning in the 2016 spring issue with a report based on the Inaugural Elijah B. Saunders Memorial Keynote Lecture presented in August 2015. In addition, beginning in the 2016 summer issue of the journal, *Ethnicity & Disease* will publish an issue with a focus on health inequities related to hypertension and other diseases and risk factors. The issue could include original reports, reviews, commentaries and abstracts. For this special is-

sue, *Ethnicity & Disease* encourages all researchers, especially early-stage investigators, to submit their work for consideration. Themes of special interest for the supplement include the following: 1) Biomedical, behavioral, and social science research on the prevention, detection, evaluation, treatment and control of hypertension and related cardiovascular, cerebrovascular, renal, and other target organ damage in the United States and globally; 2) Conceptual and theoretical frameworks with related methods, metrics, and strategies for identifying and disseminating interventions successful at eliminating health inequities; 3) Health services research including comparative effectiveness studies, large simple trials, dissemination research, and late-stage (T4) translation research in health and health care that inform the elimination of health inequities; and 4) Clinical and public health insights gained from hypertension research studies conducted in barbershops, beauty salons, churches, worksites, and other non-traditional settings for health-care delivery that help to advance health equity.

Study populations of interest include women and men of all ages, including children, young adults and the elderly of all racial and ethnic groups. The deadline for receipt of all submissions is April 6, 2016. All authors are encouraged to consult the guidelines for manuscript submissions to *Ethnicity & Disease*.⁶

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DISCLAIMER

The views expressed in this article are those of the authors and do not necessarily represent the views of the National Heart, Lung, and Blood Institute, National Institutes of Health or the U.S. Department of Health and Human Services.

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