EDITORIAL

THE NEED FOR HEALTH PROFESSIONALS AND SCIENTISTS FROM UNDERREPRESENTED MINORITY AND DISADVANTAGED COMMUNITIES

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INTRODUCTION

Despite remarkable advances in biomedical sciences and medical therapeutics in recent decades, the anticipated improvements in patient outcomes have not been realized.[1] This is particularly true for a disproportionately high percentage of women, racial and ethnic minorities, and other high-risk populations in the US healthcare system. In 2000, the US Department of Health and Human Services (DHHS), spearheaded by David Satcher, MD, PhD, the then US Surgeon General, released its 10-year health objectives for the nation, *Healthy People 2010.* The two main objectives of *Healthy People 2010* are to: 1) increase quality and quantity of healthy life; and 2) eliminate health disparities.[2] Although incentives and funding have been established to foster research and quality care that address the disparities in health suffered by women and ethnic minorities, the need remains unmet.[3] Satcher and colleagues recently estimated that in America more than 80,000 African Americans die prematurely each year due to disparities in health-related outcomes.[4] The Institute of Medicine has recognized the need for diversity in both the biomedical sciences and health professions to help address these disparities, the magnitude of which is not commonly appreciated. Increasing the nation's cadre of minority clinicians and researchers is a crucial component to eliminating health disparities. In fact, studies have shown that minority researchers and physicians are more likely to work in minority communities than their non-minority counterparts.[5] In addition, minority investigators are often more committed to disparities research, and minority clinicians are often better able to address the needs of minority populations than their non-minority counterparts. They are more likely to have the cultural understanding and second-language skills necessary to ensure an environment of trust so necessary to encouraging minorities to seek health care and follow evidenced-based recommendations.[6]

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Collectively, the nation's biomedical doctoral programs and medical, nursing, and dental schools have not achieved greater diversity among their students. Likewise, the nation's biomedical and health profession workforce has not attained the level of diversity corresponding to the general US population. The Sullivan Commission on Diversity in the Healthcare Workforce was convened in April 2003 to address the paucity of minorities in health professions, despite America's increasingly diverse population. The Commission reported its findings in the *Missing Persons: Minorities in the Health Professions* report, the nation's blueprint for achieving diversity in the health professions. The report emphasized the need to provide a diversity of opportunities to minority students interested in the health professions.

REDUCING MINORITY HEALTH DISPARITIES

In 1999, the Department of Health and Human Services (DHHS) tasked all Institutes and Centers of the National Institutes of Health to develop a strategic plan to reduce and ultimately eliminate minority health disparities. In response, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) developed a three-part Strategic Plan on Minority Health Disparities, the second part of which includes many programs aimed at increasing underrepresented minority health professionals, especially in biomedical research.

A major component of any strategy to enhance and increase the pool of underrepresented minority health professionals should address the problem early in the pipeline where primary and secondary schools are failing too many students. Racial and ethnic minority students receive a measurably lower quality K–12 education than White students, score lower on standardized tests, and are less likely to complete high school. Given the present academic environment, it is easy to see why Hispanic (11%) and African-American (17%) students are much less likely to graduate from a four-year college than White students (30%; US Census Bureau, 2003). Among the Sullivan Commission's 13 specific recommendations to address the health disparities pipeline, the first included "to provide stu-

dents with classroom and other learning opportunities for academic enrichment in the sciences."

Prior to the NIH-wide efforts to eliminate health disparities in 1995, the director of the NIH Office of Research on Minority Health (ORMH) met with the program director of Minority Health at NIDDK and the director of the Minority Organ and Tissue Transplant Education Program (MOTTEP) to discuss how NIH can initiate a program early in the pipeline. They concluded that the National High School Student Summer Research Program (NHSSSRP) could be one such program to provide academic enrichment in the sciences by linking promising young students with established researchers and supporting them to perform high-quality research. It was also decided that an added incentive for participants in the program would be to invite them to the NIH campus for a workshop in which they would share their accomplishments with each other and network to a limited extent. Funding for the program in the first year was provided in its entirety by ORMH. With the resounding success of the program's first year, subsequent funding was provided by both ORMH and NIDDK. By program year four, NIDDK assumed funding for the entire program.

Charles Drew University assumed coordination of the program in 2000. In 2004, it was decided that yet another incentive was appropriate for both the students and the mentors. It was recognized that the high level of scientific achievement in the program could result in publication of a brief manuscript in a special supplement of a peer-reviewed journal. Therefore, the student and mentors were encouraged to prepare the manuscripts that are contained in this supplement of *Ethnicity & Disease*.

It is our intention to gather these manuscripts immediately at the conclusion of the program in the summer and prepare them for publication soon thereafter. We congratulate the students and mentors who have contributed the manuscripts to this issue and look forward to future issues.

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