

# EDITORIAL: REDUCING HEALTH DISPARITIES TO PROMOTE HEALTH EQUITY THROUGH POLICY RESEARCH

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Health policy research aligns with the vision, mission, and strategic goals of the National Institute on Minority Health and Health Disparities (NIMHD). Understanding the effects of a policy change at a local, state or national level that impacts health requires setting up data collection or accessing existing data to evaluate impact at a population health level. The translational work in this special supplement issue of *Ethnicity & Disease* is a powerful and essential approach in optimizing scientific inquiry that supports increasing awareness and selected strategies for cultivating the lives of vulnerable and underserved individuals, families, and communities.

*Ethn Dis.* 2019;29(Supp 2):321-322;  
doi:10.18865/ed.29.S2.321

**Keywords:** Health Equity; Health Disparities

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## IMPORTANCE OF HEALTH POLICY RESEARCH

Health policy research plays a key role in advancing health equity, defined by the US Department of Health and Human Services as “attainment of the highest level of health for all people”.<sup>1</sup> Achieving health equity requires renewed societal commitment to principles that value everyone equally, coupled with focused efforts to address avoidable inequalities stemming from historical and contemporary injustices.<sup>2</sup> Everyone should have a fair opportunity to attain their full health potential despite societal stratifications that lead to avoidable and unfair differences in health outcomes.<sup>3</sup> Achieving this goal requires multidisciplinary research strategies to understand mechanisms and address causal factors at the population level, both within communities and in clinical care settings. Narrow emphasis on individual-level behavioral risk and protective factors ignores the essential need for broader health promotion strategies addressing community-level and societal structures outside of health care systems, such as housing, transportation, and environmental policy. Indeed, a “health in all poli-

cies” approach<sup>4</sup> is vital to bolstering health outcomes among racial and ethnic minorities and populations who experience health disparities.

## HEALTH IS A HUMAN RIGHT

Recognizing that access to quality health care is a basic a human right,<sup>5</sup> we embrace the reality that health is also determined by additional factors independent of medical care.<sup>6</sup> Health policy research has a unique role in enhancing multidisciplinary and multisectoral stakeholders’ understanding of the undisputable argument for addressing health issues among disparity populations. In the past 10 years, the proportion of uninsured Americans has been decreased by half and almost all of these gains occurred in working poor, African Americans, and Latinos.<sup>7</sup> Access to quality health care also requires having a regular primary care clinician to provide continuity, and comprehensive and coordinated care in collaboration with specialty physicians.<sup>8</sup> There is promising evidence that a population health system with a patient-centered medical home model can address disparities and promote health equity in the

most vulnerable patients.<sup>9</sup> With this approach, researchers and clinicians are empowered to address health care disparities that are susceptible for elimination and use scientific evidence to implement change. Clinical examples include differences in hypertension control, adult and childhood immunizations, early treatment of chronic kidney disease in persons with diabetes, and the spectrum of cancer prevention, screening, efficient diagnosis and treatment.

## IMPROVING HEALTH POLICY INFORMED BY RESEARCH

Health policy research aligns with the vision, mission, and strategic goals of the National Institute on Minority Health and Health Disparities (NIMHD). Understanding the effects of a policy change that impacts health at a local, state or national level requires setting up data collection or accessing existing data to evaluate impact at a population health level. These research designs are often “messy” and need a time-series statistical approach and large sample sizes. In other clinical situations, implementation of best practices when there is robust evidence of benefit will require multi-level components directed at systems, clinicians and patients as well as communities. NIMHD remains a leader in increasing the scientific community’s focus on socioeconomic, demographic, cultural, and environmental factors in relation to health disparities while integrating individual biological and behavioral factors. David Satcher, MD, PhD,

the 16<sup>th</sup> US Surgeon General, former Director of the Centers for Disease Control and Prevention, former Assistant Secretary of the Department of Health and Human Services, has eloquently articulated the urgency of addressing health disparities with the goal of its ultimate elimination and NIMHD maintains

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this same steadfast commitment.

The translational work in this special supplement issue of *Ethnicity & Disease* is a powerful and essential approach in optimizing scientific inquiry that supports increasing awareness and selected strategies for cultivating the lives of vulnerable and underserved individuals, families, and

communities. Collectively, researchers, clinicians, public health professionals, policy-makers, and citizens have a vital responsibility to coalesce in a united process that elevates all individuals to health and well-being.

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