

Health disparities in US still persist, according to report

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According to a special June issue of the [American Journal of Public Health](#) (*AJPH*), released today, significant disparities in the burden of disease and illness experienced by different groups persist. The articles highlight the need for greater understanding of the relationship between social, cultural, biological, behavioral, economic and neighborhood (place) factors when addressing health disparities.

In the three decades since the landmark [Report of the Secretary's Task Force on Black and Minority Health](#) (known as the Heckler Report) was released, advances in the country's state of knowledge of the major factors underlying [health disparities](#) have led to a wealth of data about racial and ethnic minority health and [health inequities](#). This groundbreaking report provided an assessment of the major factors contributing to the health status of Blacks, Hispanics, Asian Americans, Native Hawaiians, and Pacific Islanders, and American Indians and Alaska Natives and elevated minority health to the national stage.

The new issue, which is currently available online, features commentary from the National Institute on Minority Health and Health Disparities (NIMHD) at the National Institutes of Health, and the U.S. Food and Drug Administration (FDA) Office of Minority Health.

An editorial by Irene Dankwa-Mullan, M.D., NIMHD acting deputy director of the Division of Extramural Scientific Programs, and Yvonne T. Maddox, Ph.D., NIMHD acting director, reports that NIMHD will embark on a bold vision that will challenge researchers to employ newer,

innovative strategies and ideas to address and solve health disparities. Planning for this strategic visioning will include an iterative process to deliberate on fundamental issues that are critical to understanding health, such as the role of chronic stress, resilience and health outcomes.

"We need to ask ourselves what is next to deepen our understanding of the biological and non-biological determinants for health disparities," said Dr. Maddox. "It's critical that we find the path forward to greater discovery and then translate this into practice and policy."

The lead article from NIMHD and FDA Office of Minority Health explores the potential of using the new Precision Medicine Initiative, announced in January by President Barack Obama, to apply knowledge about individual differences, including genetic and environmental determinants, to identify and address gaps in [health outcomes](#) among specific populations.

"While there has been progress over the past few decades, there is still much work to do to close the health disparities gap," said Dr. Dankwa-Mullan. "We must look beyond traditional biomedical factors, increase resources for social and environmental science, and ask and answer new questions to determine new ways to prevent, detect and intervene in areas of disparate outcomes."

The authors further point out that the field of [health disparities research](#) is rich with considerable information on how to protect the health of populations by stimulating healthier environments and delivering appropriate interventions that improve community conditions. The importance of ensuring these scientific advances make an impact on improving outcomes for all population groups is paramount.

"Increasingly, new drug approvals are for targeted therapies, we need to examine how to harness these advances to narrow gaps due to health

disparities," said Jonca Bull, M.D., director of the FDA's Office of Minority Health. "This AJPH special issue highlights a few key factors for ensuring that future precision medicine and other large-scale scientific undertakings include diverse populations and do not exclude ethnic minority and socially disadvantaged subgroups."

The contributing articles point out the numerous ways in which interventions that are informed by collaborative and community-based participatory methods can thoughtfully extend efforts to address minority health and health disparities that have been conducted to date. The editorial on intervention science methods provides seven key recommendations that include reframing the discussion about health and health disparities. Another article provides new insights and options for conducting health disparities research in populations that often times may have small datasets that pose research challenges for adequate analysis.

Overall, the messages conveyed throughout the special issue conclude that the opportunities for maturing health disparities research that have been raised within the issue will require all stakeholders—researchers, educators, [public health](#) professionals and community members—to leverage resources and knowledge to reduce and hopefully eliminate health disparities and improve overall population health.

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