Inaugural SOPHE Summit on Eliminating Health Disparity

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It has been 20 years since the *1985 Secretary’s Task Force Report on Black and Minority Health* was released by the U.S. Department of Health and Human Services (1985). That report concluded that there was an excess of 60,000 deaths among Blacks and other minorities that could have been avoided had the playing fields been even. Subsequent publications have indicated that the number of excess deaths among African Americans has increased to 80,000 (Heisler, Rust, Pattillo, & Dubois, 2005). The disparities in diseases and death tell a story of persistent inequity in society. The focus on excess death has resulted in a focus on clinical intervention to prevent death. Although such a focus is warranted, a critical area of inequity that has yet to receive the same level of attention as clinical intervention is the social environment that creates conditions that promote vulnerability to diseases that account for excess deaths. This negligence in not focusing on the social environmental factors contributing to persistent health disparities among racial and ethnic minorities in the United States was the impetus for the SOPHE Inaugural Summit on Health Disparities in August 2005.

Eleven years ago in 1995, SOPHE published its first *Research Agenda in Health Education* (Clark & McLeroy, 1995). The goal of that document was to help the health education profession frame its research priority for the future. The 2005 SOPHE summit marked 20 years after the *Secretary’s Task Force Report on Black and Minority Health* and 10 years after the publication of SOPHE’s first research agenda. These two research documents derived from two historical moments of health education and public health inquiry and converged to guide the profession to reframe an agenda for future research in health education in order to optimize the impact that the field has on reducing health disparities. In 2005, SOPHE invited some 85 researchers and practitioners to its Inaugural Summit to Eliminate Racial and Ethnic Health Disparities. The SOPHE summit represented a historical trajectory for affirming and recommitting ourselves to a research agenda for the profession. Although the summit focused our attention on those disparities relating to racial and ethnic minorities, this agenda actually

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helps us to focus on eliminating all forms of health disparities. Given the overwhelming attention paid to clinical intervention, SOPHE has chosen to present and support a transdisciplinary approach to research and the dissemination of research in the field of health education. The goal of the summit was to develop a transdisciplinary health education research agenda on eliminating health disparities that call attention to the importance of dissemination and implementation of research that focus on social and environmental contexts of health behavior. We began with the premise that if community participation is central to the mission of health education and eliminating health disparity, then we must work to engage the community in the dissemination and implementation of research. Specifically, we need to provide answers to questions such as

- What are the social ecological anchors, policies, cultures, and other contexts essential for program success, and how do they contribute to health behaviors?
- What is the current evidence relating to health education? Which programs have succeeded? And, what are the consistent factors or components contributing to their success?

In preparation for the summit, we identified three major reports on health disparities. The three reports were the National Healthcare Disparities Report (Agency for Healthcare Research and Quality, 2004), the Institute of Medicine (2002) report on Unequal Treatment, and Missing Person’s: Minorities in the Health Professions (Sullivan Commission, 2004). We also identified more than 30 other reports from which speakers could choose to develop their presentations. Speakers were asked to read the three reports as a referent for the framing of the health disparity debate over the years. Although they were to reflect on the reports, their papers, as you will read in this issue, are based on their expertise on eliminating health disparities by advancing concepts and strategies that underscore the need to focus on the social-cultural contexts of disparities while continuing to recognize the continuous importance of clinical intervention. Their presentations, many of which were later developed into articles for this issue, underscore a broader agenda of the central role of population-based strategies. Summit speakers offer key recommendations that lend themselves to disease prevention, individual positive behavior change, and the role of community as well as the role of policy in social transformation—all of which could and should be achieved through research dissemination and implementation. Many authors addressed noted gaps in the three reports, none of which consider the social contexts that produce vulnerability to health disparities.

The summit is a first for SOPHE, as is the process for diffusing the papers and recommendations derived from the summit. For the first time since launching its second journal, Health Promotion Practice, in 2000, SOPHE has concurrent theme issues on the subject of eliminating racial and health disparities in Health Education & Behavior (HEB) and Health Promotion Practice (HPP). To harmonize SOPHE priority of addressing both research and practice in health disparities through dissemination and implementation, the editors of both journals, Marc Zimmerman and Randy Schwartz, agreed to publish for the first time concurrent issues on the same theme. With the diligence and commitment of the two co-guest editors, Sandra Crouse Quinn for HEB and B. Lee Green for HPP, we were able to match each of the papers to one of the two journals. This introduction and the final recommendations led by the 2005/2006 SOPHE president, Stephen Gambescia, will appear in both HEB and HPP. Although the other papers were written and submitted specifically for publication in one or the other journal, the symmetry of the topics covered in both theme issues and our professional principle
grounded in the interdependence of research and practice in eliminating health disparities strongly suggests that both theme issues should be read if one is to fully appreciate the range and depth of issues that contribute to the summit’s final recommendations. Coincidently, a supplement to this HPP theme issue focuses on articles based on the Centers for Disease Control and Prevention (CDC) Racial and Ethnic Approaches to Community Health (REACH) 2010 project.

The success of the summit and of these theme issues owes its credit to so many. We want to take this opportunity to express a profound gratitude to the sponsors of the summit—CDC, the National Cancer Institute, the Office of Minority Health, the Robert Wood Johnson Foundation, the Kaiser Family Foundation, and the W. K. Kellogg Foundation. We also wish to express our gratitude to Elaine Auld (SOPHE executive director) and Carmen Head for helping to make the summit a reality. We want to express our appreciation to members of the editorial boards for both journal theme issues for their contributions in strengthening the quality of the articles for these issues. Finally, we express our appreciation to members of the summit planning committee (see their names below) for their support of SOPHE in planning a successful summit. As a part of SOPHE’s commitment to eliminating not only racial and ethnic health disparities but all forms of health disparities, plans are set to develop a CD-ROM that will be distributed in 2006. Plans are also under way to partner with local SOPHE chapters and other organizations to begin the process of engaging communities and policy makers to implement these recommendations. We welcome your suggestions and comments as SOPHE intensifies its commitment to eliminate health disparities.

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References


