Increasing the Capacity of Health Sciences to Address Health Disparities

Sandra P. Daley, MD; Shelia L. Broyles, PhD, MPH; Lourdes M. Rivera, MA; Vivian M. Reznik, MD, MPH

INTRODUCTION

In order to make improvements in the health status of underrepresented minority (URM) populations in the United States, the Office of Minority Health suggests that, “we need the active engagement and sustained efforts of all stakeholders working together with us and each other to effect the necessary changes at every level and across all sectors over time.” In the 2003 publication Unequal Treatment there are a series of recommendations to address health disparities, including a focus on the role for academic medicine, which is one of the key stakeholders that provides primary care, is responsible for training health care professionals, and is an integral part of the country’s research enterprise. Academic medicine is uniquely positioned to play a leadership role in eliminating health disparities.

In 2002, as part of the national effort to engage academic medicine to address health disparities, the National Institutes of Health’s (NIH) National Center on Minority Health and Health Disparities (NCMHD) launched the Centers of Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training (Project EXPORT). The NCMHD is the focal point for planning and coordinating minority health and other health disparities research within the NIH. “According to Public Law 106-525, the NCMHD was established by Congress to foster, coordinate and assess the progress of all NIH-sponsored research activities involving minority health and other health disparities” by working in collaboration with the NIH’s institutes, centers, and other program offices within the office of the director. In the 2007 grant application cycle, Project EXPORT was renamed Comprehensive NCMHD Research Centers of Excellence. The Centers of Excellence were established to “develop novel programs across America, Puerto Rico, and the US Virgin Islands that would make significant advances in easing the health burden in underserved populations and in reducing and ultimately eliminating health disparities in several priority diseases and conditions.”

In 2002, with funding from Project EXPORT, the University of California San Diego School of Medicine (UCSD SOM) and San Diego State University (SDSU) Graduate School of Public Health, in collaboration with