

EDITOR'S CHOICE



Health Disparities: The Importance of Culture and Health Communication

The root causes of health disparities are numerous and relate to individual behaviors, provider knowledge and attitudes, organization of the health care system, and societal and cultural values. Disparities have been well documented, even in systems that provide unencumbered access to health care, such as the VA Healthcare System, suggesting that factors other than access to care (e.g., culture and health communication) are responsible.

Efforts to eliminate health disparities must be informed by the influence of culture on the attitudes, beliefs, and practices of not only minority populations but also public health policymakers and the health professionals responsible for the delivery of medical services and public health interventions designed to close the health gap. There is credible evidence suggesting that cultural norms within Western societies contribute to lifestyles and behaviors associated with risk factors for chronic diseases (e.g., diabetes and cardiovascular disease). This is the context in which smoking cessation, increased physical activity, and dietary regulation are prime targets for intervention.

We believe that matching the cultural characteristics of minority populations with public health interventions designed to affect individuals within the group may enhance receptivity to, acceptance of, and salience of health information and programs. This approach is consistent with the documented evidence that factors such as belief systems, religious and cultural values, life experiences, and group identity act as powerful filters through which information is received. It is important to consider these factors in the development of health communication campaigns.

Since January 2001, the Center for Minority Health in the Graduate School of Public Health at the University of Pittsburgh, led by Stephen B. Thomas, has hosted the Annual National Minority Health Leadership Summit in partnership with the VA Center for Health Equity Research and Promotion. The annual summit provides a forum for assessing the progress of the national effort to eliminate disparities in health and health care. In 2001, the summit's theme was

"Mapping a Course for Community Action and Research"; in 2002, "The Impact of Discrimination on Health Status"; in 2003, "The Role of Community Based Participatory Research"; and in 2004, "The Role of Health Communication." (The theme of the 2005 summit will be "Race, Genes, and the Environment.")

The articles and editorials featured in this issue of the Journal reflect the content and scope of the scientific and community-based interventions presented during the 2004 summit. Collectively, they describe the continuum of observational, explanatory, and interventional research on racial and ethnic health disparities.

Eliminating racial and ethnic health disparities by 2010 will require a sustained sense of urgency over the next 6 years. Our efforts must address social, cultural, and environmental factors beyond the biomedical model. This approach includes breaking the cycle of poverty, increasing access to quality health care, eliminating environmental hazards in homes and neighborhoods, and implementing effective prevention programs tailored to specific community needs. Making health communication programs work requires both the active participation of affected individuals and communities in the creation of health communication interventions and the consideration of culture in message development. If these requirements are met, health communication campaigns can reflect our unyielding commitment to speak up for racial and socioeconomic equality and to reduce inequalities and enhance life for all Americans. ■

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