The National Advisory Council on Minority Health and Health Disparities Reflection

The National Advisory Council on Minority Health and Health Disparities (NACMHD) consists of researchers, advocates, and leaders on minority health and health disparities who advise the National Minority Health and Health Disparities (NIMHD) director on matters related to NIMHD's mission. Thus, it was with enthusiasm that NACMHD endorsed the apropos initiative to assess the current state of the science and identify gaps, challenges, and opportunities to develop a National Institutes of Health (NIH)–wide strategic vision to advance minority health and health disparities. This *AJPH* special issue represents the fruits from that initiative.

In 2016, the extramural community celebrated the 30th anniversary of the *Report of the Secretary's Task Force on Black and Minority Health,* or as it is commonly referred, the Heckler report. This landmark document described health disparities "as an affront both to our ideals and the ongoing genius of American medicine."[1(p.ix)] The report elevated minority health to the national stage and was a driving force to address the significant disparities found among Blacks, Hispanics, Asians, Native Hawaiians/Pacific Islanders, and Native Americans through monumental changes in infrastructure, research, policies, programs, and legislation advancing health equity at the national, regional, state, and community levels. There are countless modern-day pioneers who have worked with racial/ethnic and gender minorities and disparate populations to understand the factors that exacerbate health disparities and devise strategies for their reduction and elimination. Although much progress has been made, we are at a critical juncture, where we can pivot to what is urgently needed.

The scientific and public health communities have been successful in gaining an understanding of why and how certain health disparities exist, but some conditions and populations remain underrepresented. Many interventions continue to be developed and implemented. However, one of the greatest barriers in achieving health equity has been that previous efforts have focused on the individual rather than on the systems (e.g., health care, social welfare, criminal justice, education, community) that intersect with racial minorities, gender minorities, and rural communities, so there is a need to emphasize systems change. Foster–Fishman's Framework of Systems Change proposes three major elements to drive positive systems change: (1) increasing pathway capacity, defined as expanding organizational and interorganizational arrangements (i.e., increasing scale, quality, and comprehensiveness of programs) to deliver services or interventions that can lead people through a series of steps that support them in achieving positive outcomes in health; (2) increasing pathway connections (i.e., expanding linkages between steps or aligning steps so that they build upon each other) plus institution of cross-system coordination; and (3) changing institutional structures by developing new opportunities and incentives for collaboration and for reducing structural barriers to collaboration.[2] These primary strategies revolve around increasing partnership connections and reducing structural barriers for the development, implementation, and coordination of integrated approaches to reduce disparities. This entails that systems change agents collaborate with community advocates, practitioners, researchers, policymakers, and across-sectors to frame these persistent disparity problems and the multistakeholder perspective that is needed for supporting fresh and bold initiatives to tackle them.

Most of the strategies identified through the visioning process are not entirely new. What is transformative about the visioning process is the agreement to prioritize the 30 strategies included in this new vision. NIMHD's congressional mandate to lead the coordination and planning of health disparities research at NIH makes mobilizing a shared scientific vision essential to achieve the progress for which we all hope. Implementing this vision will involve merging the evidence of practice and the voice of those that work on these systems with the research evidence. This will enable us to speak the same language, comprehend each other, and have a concerted effort that can be transformative and implementable because it recognizes the day-to-day challenges of those who operate in these systems. Time and resources need to be invested to reduce the gap between those that produce the research information and those that will use it.

Emerging concern and awareness to achieve equity in health and health care makes this

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a time of opportunity. It is also a moment to have more nuanced approaches to reforming the systems linked to health, and to support systems in achieving change. As such, we should not only produce the research evidence but also evaluate whether using that evidence translates to better outcomes in reducing and eliminating disparities in health and health care. We need not only to generate the research evidence but also to judge our work on whether it is having an impact in achieving equity in health outcomes, services, policy, and practice.

The main role of NACMHD is to serve as advisors and advocates for minority health and health disparities research. Thus, we come in our role as advocates, this time to the scientific community. We must link efforts within NIH and extramurally, across research fields, disciplines, health care systems, and communities affected by health disparities, in future research opportunities. We must acknowledge our collective responsibility to achieve this shared transformational research agenda, which is critical for the extramural scientific community. Through a common research agenda, tools and applications to address critical knowledge gaps will be achieved; infrastructure, resources, training, and capacity-building needs will be enhanced; and increased opportunities will emerge to enable and support the transformational research across the key areas identified. More specifically, health disparities research and health equity science will be advanced through these key scientific strategies articulated in this special *AJPH* issue on etiology, methods and measurements, and intervention principles.

As our ambitious research agenda unfolds, the NACMHD strongly endorses the research strategies described in this *AJPH* issue and will use them to advise the NIMHD director on the research portfolio for the extramural science community. We believe that letting these principles guide the development of research evidence will lead to better health and health care outcomes. This will be the pathway to incentivizing the use of research evidence, to increase its use, and produce positive system changes that reduce disparities and achieve equity. We will not waste time or resources in championing these strategies. AJPH

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CONFLICTS OF INTEREST

All authors have no conflicts of interest to report.

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