Foreword: Strategic Partnerships to Advance Health Equity

George A. Mensah, MD, FACC, FAHA[1]

Overview

If you want to go fast, go alone.
If you want to go far, go together.
African proverb

Strategic partnerships have a long history in human development, commerce, and health care. From London and Venice in the 11th Century to Constantinople in the Ottoman era, strategic partnerships in trade and commerce fueled the Commercial Revolution through the mid-18th Century and helped strengthen and advance commerce in the major city states of medieval Europe and the Middle East.[1,2] Partnerships have also been important in the practice of medicine and public health. Strategic partnerships to advance health care quality, efficiency, and access have led to record numbers of hospital and health system mergers and acquisitions in nearly two decades.[3] More recently, a report from the National Academies of Science, Engineering, and Medicine identified strategic partnerships as necessary for successfully addressing the drivers that "perpetuate structural inequities" in health and health care and thus, important in accelerating efforts to advance health equity.[4]

In this issue of *Ethnicity & Disease*, we highlight the importance of strategic partnerships between and across multiple domains, sectors, and related stakeholders to advance health equity research and the translation of research findings into routine clinical and public health settings. We define health equity as "the state in which everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance."[4] The central themes of the articles in this journal issue are the concept of social justice,[5] the importance of the social determinants of health,[6] the notion of health in all policies,[7] and the need to forge strategic alliances[8] between researchers from the biomedical, social, behavioral, and implementation sciences to advance health equity research.

The collection of articles begins with examples from the National Heart, Lung, and Blood Institute (NHLBI) strategic vision implementation to advance health equity research.[9] Examples addressed include NHLBI-solicited research to stimulate and address compelling scientific questions and critical challenges to advance health equity research in hypertension, heart failure, vascular dementia, asthma, and

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[1] Center for Translation Research and Implementation Science; National Heart, Lung, and Blood Institute, National Institutes of Health; Bethesda, Maryland.

Address correspondence to George A. Mensah, MD, FACC, FAHA; Center for Translation Research and Implementation Science (CTRIS), National Heart, Lung, and Blood Institute, National Institutes of Health; One Rockledge Centre, 6705 Rockledge Drive, Suite 6070; Bethesda, MD 20892; 301.496.1051; George.Mensah@nih.gov

sickle cell disease.[9] The articles also highlight: the emerging fields of implementation science and predictive analytics as opportunities to accelerate the translation of discovery science into health impact;[9] the importance of sex as a biological variable that influences resilience, pathophysiology, and women's health;[10] a framework for fostering diversity and inclusion in the NHLBI Small Business Innovation Research Program;[11] and NHLBI strategies for building the next generation of implementation science investigators to advance health equity.[12]

Four articles address methodological challenges and opportunities in health equity research.[13-16] McNulty et al share a principle-driven partnership process between community members and implementation researchers and highlight three related research paradigms for advancing scientific and health equity.[13] In the related field of de-implementation research, Helfrich et al[14] address the importance of strategies for reducing low-value care that delivers no benefit or where known harms outweigh expected benefits. Langford et al[15] discuss the role of shared decision making and the value of interprofessional collaboration in successful management of hypertension. Engelgau et al[16] present a conceptual framework that connects poverty and health inequities at the individual and population levels and discuss related metrics for quantifying the economic burden of health inequalities.

Five articles present the value of research networks and institutional strategies for building a diverse scientific workforce to tackle health equity research.[17-21] Westfall et al discuss practice-based research networks as vital components of the translational research pathway from discovery to implementation and dissemination and crucial for engaging rural, urban, inner city, and suburban communities in health equity research.[17] Blanchard et al and Hemming et al share lessons learned in building networks of minority health research investigators[18] and preparing diverse early-stage research investigators for success in biomedical research grantsmanship.[19] An intriguing institutional coordinated plan for partnerships to achieve health equity and biomedical workforce diversity is discussed by Vishwanatha et al.[20] Ofili et al provide an update on how the Research Centers in Minority Institutions (RCMI) program and the RCMI Translational Research Network are addressing health inequity challenges in biomedical research through strategic partnerships with multiple and diverse stakeholders.[21]

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Although the majority of articles address health equity research in the United States, three manuscripts in this journal supplement present important research examples at the global health level.[22-23] Prabhakaran et al present an example from India where strategic partnerships for leveraging low-cost, high-impact technological innovations to promote health and advance health equity in cardiovascular diseases and diabetes are underway.[22] In the region of the Americas, Rodriguez et al[23] describe the emerging Health Equity Network of the Americas to share their approaches for promoting health equity in the Americas through intersectoral partnerships. Mokdad et al demonstrate how the burgeoning health metrics and big data from the Global Burden of Disease Study can inform and help advance health equity research at the global, regional, national, and sub-national levels.[24]

Three articles in this journal sup-

plement recognize the important implications and impact that advances in genomics and precision medicine have on health equity research.[25-27] Jooma et al caution that the anticipated benefits of genomic research come with the peril that the benefits may not be equitably available to all populations, thus potentially exacerbating health inequities.[25] The authors offer several strategies to help prevent this potential adverse outcome. Bentley et al[26] share the exciting scientific developments in genomic research in Africa and make the case for why genomics research must be diverse, inclusive and respectful of local expertise. Roberts et al[27] use case study examples from heart disease and cancer to address current health inequities and related barriers in turning genomic advances into population health impact. They also highlight the importance of collaborative multi-stakeholder engagement in this endeavor.[27]

The final section of this journal supplement presents the 2nd Annual Dr. Elijah Saunders and Dr. Levi Watkins Memorial Lecture,[28] abstracts presented at the lecture, and one related original research report on a social network-based intervention to promote physical activity.[29]

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Conflict of Interest

No conflicts of interest to report.

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David Goff, MD, PhD, National Heart, Lung, and Blood Institute, NIH

Melissa Green Parker, PhD, National Heart, Lung, and Blood Institute, NIH

Peter Groeneveld, MD, MS, Perelman School of Medicine, University of Pennsylvania

Sandra Harris-Hooker, PhD, Morehouse School of Medicine

John Hickner, MD, MSc, Michigan State University

Mark Huffman, MD, MPH, Northwestern University

Gina McCaskill, PhD, MSW, MPA, Department of Psychology, University of Alabama at Birmingham

Keith Norris, MD, PhD, David Geffen School of Medicine; University of California, Los Angeles

Eberechukwu Onukwugha, PhD, University of Maryland School of Pharmacy

George Patrinos, PhD, University of Patras, School of Health Sciences

Nanette Wenger, MD, Emory University School Medicine

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