

POSITION STATEMENT:

The Society of Behavioral Medicine Urges Congress to Protect Health Disparities Research

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SUMMARY STATEMENT

Congress is urged to vote no on the DEI to DIE Act and support legislation that advances health disparities research (i.e., the Anti-Racism in Public Health Act of 2021 and Health Equity and Accountability Act of 2024)



THE PROBLEM

Systemic health disparities contribute to \$320 billion in excess healthcare expenditures and \$42 billion in annual costs due to workforce productivity loss [1]. Health disparities research is critical for identifying and addressing these disparities, which in turn advances the health of our nation. For example, mortality rates are 20% higher in rural versus urban areas. [2] Research has uncovered many factors contributing to this disparity which reflect unique challenges of rural populations (i.e., limited healthcare access through employers; greater distance to primary care, specialist, and emergency services [2]). Relatedly, due to pervasive exclusion from clinical trials through the 1990s, chronic diseases are severely understudied in women, which has limited how the medical field provides effective care for approximately half of the population. The development of clinical interventions tailored to improve the health of individuals at highest risk for certain illnesses, conditions, or medical complications is critical to support the health of all citizens.

As individual identities and experiences are informed by multiple factors (i.e., location, race, income, gender, etc.), health disparities must also be understood and addressed intersectionally (i.e., with attention to the interactive and combine effects of these characteristics on health outcomes). For example, while individuals living in rural areas often have reduced healthcare access compared to those in more urban areas, Black rural residents experience exacerbated health disparities compared to white rural residents [3]. Further, reflecting the intersectionality of gender and location, the average lifespan of men living in rural areas is 2, 6, and 7 years shorter than urban men,

rural women, and urban women respectively [4]. With this information, we can tailor clinical care and policy to address unique factors contributing to risk across different identities. This is not possible without health disparities research.

CURRENT POLICY

Diversity, Equity, and Inclusion (DEI) focused research supports clinical work and policies that reduce health disparities [5]. Recently introduced legislation impeding DEI-focused research may therefore exacerbate rising health disparities. For example, the DEI to DIE Act, which aligns with Executive Order 14151, places marginalized groups at risk of worsening health disparities by terminating “equity-related” grants and contracts. This will block health researchers from identifying health disparities and addressing them, further jeopardizing the health of at-risk individuals in the U.S.

Importantly, other initiatives offer protections against health disparities and would allow the U.S. to maintain its status as a global leader in medical research. The Anti-Racism in Public Health Act of 2021 and Health Equity and Accountability Act of 2024 promote health for everyone by 1) administering research programs to address racism and its impact on emotional and physical health and 2) reducing health disparities through research and health initiatives. These acts align with ethical decision-making and are designed to reduce health disparities.

*Endorsing organizations do not write or have any control over position statement content.
Authors declare they have no conflicts of interest.*



RECOMMENDATIONS

1. Protect funding health disparities research.

- a. Vote no on the DEI to DIE Act (H.R. 800).
 - The Impoundment Control Act of 1974 prohibits the Executive Branch from withholding appropriated funds unless Congress is notified and approves such action.¹² However, this principle has not been applied clearly to post-award grant cancellations.

2. Support continued health-disparities research and funding to advance the health of all citizens

- a. Reintroduce and co-sponsor the Anti-Racism in Public Health Act of 2021 (H.R.666).
- b. Reintroduce and support the Health Equity and Accountability Act of 2024 (H.R.9161).

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ENDORSEMENTS

