

# NIMHD Vision and Agenda

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**NIH** National Institute  
on Minority Health  
and Health Disparities

# NIMHD Mission

**NIMHD's mission is to lead scientific research that advances understanding of minority health and health disparities**

- **Supports research in minority health, as defined by racial/ethnic groups in U.S. Census**
- **Supports research to understand the causes of and reduce health disparities in specific populations**
- **Supports the training of a diverse scientific workforce as part of broad NIH mandate**
- **Translates and disseminates research information**
- **Fosters innovative collaborations and partnerships**



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# Minority Health Definition

- **Distinctive health characteristics and attributes of the principal minority racial and/or ethnic groups in the U.S.**
- **Social disadvantage and/or subject to discrimination as a common theme**
- **Historically underrepresented in biomedical research and usually in the scientific workforce**



# Minority Health Populations

## OMB standards—Minority Racial/Ethnic Classification

- **African American or Black**
- **Asian (>30 countries)**
- **American Indian or Alaska Native**
- **Native Hawaiian or other Pacific Islander (e.g., Guam, Tonga)**
- **Latino or Hispanic (20 countries)**



# Health Disparity Populations

**Health disparity populations include racial/ethnic minorities, low SES, and/or others subject to discrimination who have poorer health outcomes often attributed to being socially disadvantaged, which results in being underserved in the full spectrum of health care.**



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# Health Disparities Definition

- **A health disparity is defined as a health difference that adversely affects disadvantaged populations, based on one or more of the health outcomes**
- **Health disparities research is devoted to advancing scientific knowledge about the influence of health determinants and defining mechanisms and how this knowledge is translated into interventions to reduce health disparities**



# Health Disparity Outcomes

- Higher incidence and/or prevalence
- Burden of disease measured by *Disability-Adjusted Life Years (DALYS)*
- Premature and/or excessive *mortality* in areas where populations differ
- Poorer health-related quality of life and/or daily functioning using standardized measures



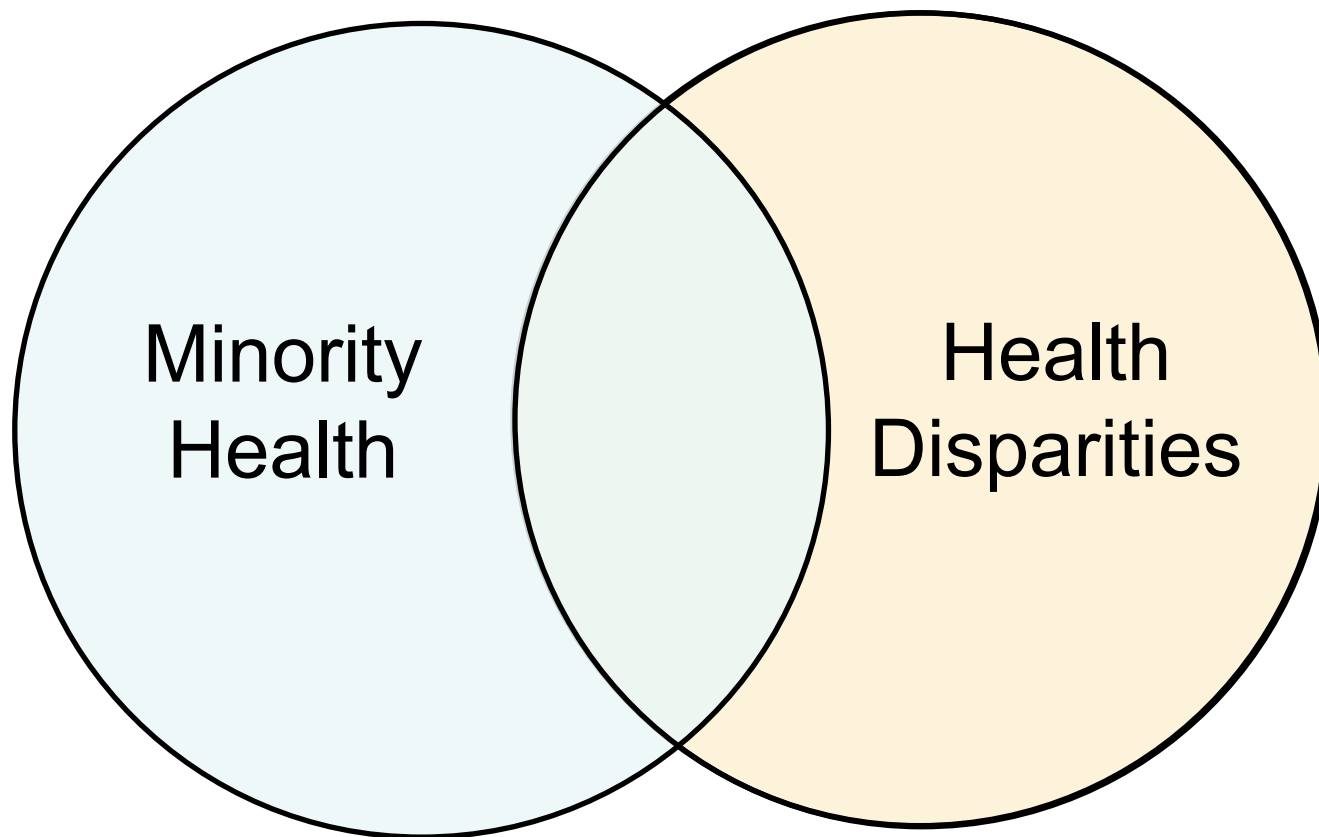
# Health Disparity Risk Outcomes

- **Risks to Wellbeing:** stress, lifestyle behaviors, racism, environmental conditions, low SES, LEP, violence
- **Biological/Epigenetic Risks:** Earlier age of onset, gene variant, metabolic differences, susceptibility
- **Risk of Faster progression** or greater severity
- **Clinical Event Risks** that Adversely Impact Health: differential treatments, poor communication, adverse events to medications, falls
- **Utilization of Care Risks:** lack of access, use/abuse of appropriate services including screening, excess hospitalizations and high readmissions, primary care, emergency room visits, end of life/palliative care



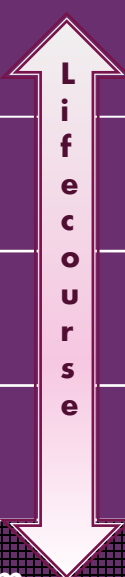


# Minority Health and Health Disparities Research: Overlap and Uniqueness



# Minority Health and Health Disparities Research Framework

Fundamental Factors: Race/Ethnicity, Low Socioeconomic Status, Rural				
Domains of Influence	Levels of Influence			
	Individual	Interpersonal	Community	Societal
<b>Biological</b>	Vulnerability Mechanisms	Caregiver-Child Interaction Family Microbiome	Infectious Disease Prevalence Herd Immunity	Sanitation Immunization Pathogen exposure
<b>Behavioral</b>	Health Behaviors Coping Strategies Limited English	Family Function School/Work Function	Community Function	Welfare Immigration Language access
<b>Physical Environment</b>	Personal Environment	Household School Work	Community Environment, Resources	Government Education Housing
<b>Sociocultural Environment</b>	Sociodemographic Cultural Identify Discrimination	Networks Family/Peer Discrimination	Community Norms Discrimination	Societal Norms Structural Discrimination
<b>Healthcare System</b>	Access Congruent w/Patient	D/P Relationship Collaborative care	Availability Health Services	Quality of Care HC Policies
<b>Health Outcomes</b>	Individual Health	Family Health	Community Health	Population Health





# Inclusion and Workforce Diversity

- **Inclusion of minorities in clinical studies is a separate important domain and not to be confused with minority health**
- **Social justice and common sense given nearly 40% of US population is racial/ethnic minority**
- **Biomedical workforce diversity is an urgent societal issue for both clinicians (10%) and scientists (<5% NIH submitted grants)**



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# NIMHD Priorities

- **Define the science of health disparities and minority health**
- **Promote innovation from extramural scientists in population sciences**
- **Establish health services and research in clinical settings program**
- **Stimulate innovative, investigator-initiated research through the NIMHD research program**
- **Promote diversity in the workforce**



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# **NIMHD Division of Scientific Programs: Branches**

- **Research in the Clinical Setting and Health Services Research**
- **Integrative Biological and Behavioral Sciences: Mechanisms and Etiologies**
- **Community Health and Population Health Sciences**



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# New Research Areas for FY 2017

- **Research Centers on Retaining Youth and Young Adults from Health Disparity Populations in the HIV Treatment Cascade**
- **Addressing Health Disparities Among Immigrant Populations**
- **Disparities in Surgical Care and Outcomes**
- **Social Epigenomics for Minority Health and Health Disparities**
- **Health Services Research on MH/HD**



# NIMHD Scientific Workshops

- **Measurement and Methods: April 22**
- **Etiologies and Interventions: May 19-20**
- **Use of IT technologies and strategies in Minority Health and Health Disparities (NSF partner)**
- **Self-Identified Race and Ethnicity in Genomic and Biomedical Research (NHGRI partner)**
- **Structural Racism and Cultural Competence: Impact on Minority Health and Health Disparities (OMH partner)**



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# NIMHD Intramural Program

- **Population science emphasis with clinical component**
- **Recruit scientific director and senior scientist: epidemiology, clinician, social/behavioral**
- **New cohort study: immigrants?**
- **Network with other ICs' programs with similar interests**





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