Director's Report

National Advisory Council on Minority Health and Health Disparities

May 12, 2020

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National Institute on Minority Health and Health Disparities

Ongoing NIH Institute Director Searches

- National Institute of Arthritis and Musculoskeletal and Skin Diseases
- National Institute of Environmental Health Sciences
- National Institute of Nursing Research
- National Institute of Dental and Craniofacial Research
- National Eye Institute



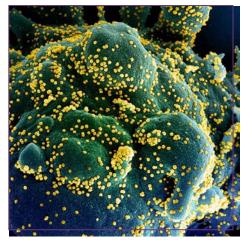


NIH Coronavirus Disease 2019 (COVID-19) News Releases



NIH COVID-19 News

- 04.23.2020: NIH mobilizes national innovation initiative for COVID-19 diagnostics
- 04.21.2020: Expert U.S. panel develops NIH treatment guidelines for COVID-19



- 04.17.2020: NIH launches public-private partnership to speed COVID-19 vaccine and treatment options: ACTIV
- 04.10.2020: NIH begins study to quantify undetected cases of coronavirus infection
- **04.09.2020:** NIH clinical trial of hydroxychloroquine in hospitalized patients, a potential therapy for COVID-19, begins
- 03.23.2020: COVID-19 workers get training to protect their own health

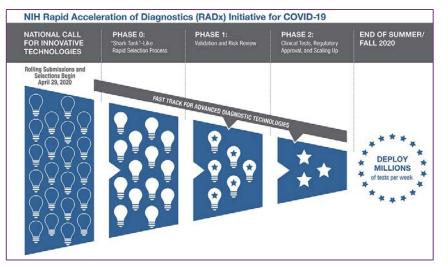




NIH Testimony on RadX Plans: New Tests for COVID-19

May 7, 2020

 The Senate Committee on Health, Education, Labor and Pensions held a hearing entitled "Shark Tank: New Tests for COVID-19"



 NIH Director Francis Collins, M.D., Ph.D., and Biomedical Advanced Research and Development Authority Acting Director Gary Disbrow, Ph.D., testified

Watch at

https://www.help.senate.gov/hearings/shark-tank-new-tests-for-covid-19





Updates on COVID-19

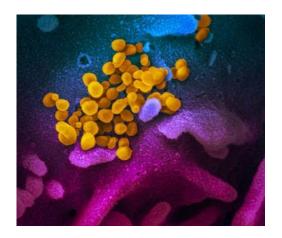
- The 'Adaptive COVID-19 Treatment Trial' funded by NIAID randomized 1000 hospitalized patients with severe COVID-19 and lung involvement to receive remdesivir or placebo. Remdisivir treated patients recovered faster (11 vs. 15 days, p<0.001 with a trend to mortality benefit (8.6% vs. 11%; p=0.059) on preliminary data analysis of the first 200 patients
- RadX appropriations signed on April 24 include \$300 million in funding for NCI to work on the serological test for COVID-19 remains unclear what level of immunity, if any, is conferred in persons who have fully recovered from infection
- Funding for community-based interventions to promote testing in underserved communities and special emphasis on health disparity and other vulnerable populations — NIMHD, NIA and OD will lead
- Support for alternative testing strategies and approaches to diagnosis of COVID-19
- COVID-19 and data science support for all of these efforts





Impact of COVID-19 Outbreak on Minority Health and Health Disparities

- **NOT-MD-20-019** is soliciting research with health disparity populations that seeks to understand:
- How state and local policies and initiatives mitigate or exacerbate disparities in health services use and health outcomes
- The role that community-level protective and resilience factors and interventions have in mitigating the effects of the sector disruptions that the COVID-19 outbreak causes
- How behavioral and/or biological mechanisms may contribute to COVID-19 manifestations





Learn more at

https://grants.nih.gov/grants/guide/notice-files/NOT-MD-20-019.html







JAMA Viewpoint: COVID-19 and Racial/Ethnic Disparities Webb Hooper M, Nápoles AM, Pérez-Stable EJ

- Published online Monday, May 11, 2020
- The article addresses the disproportionate burden of COVID-19 on racial and ethnic minority populations
- Possible underlying causes of this burden related to longstanding disparities and disadvantage, higher rates of comorbid conditions and crowding in housing and communities
- Imperative need for implementing prevention and healthcare strategies aligned with the needs of these communities to address effects of pandemic and mitigation efforts as well as underlying inequities





NIH COVID-19 Information for Applicants and Recipients

CORONAVIRUS DISEASE 2019 (COVID-19) Information for Applicants and Recipients



Stay Up to Date

- This is a rapidly evolving situation
- Visit the NIH grants page often for the latest updates

https://grants.nih.gov/policy/natural-disasters/corona-virus.htm







NIMHD Updates







Welcome New NIMHD Deputy Director Monica Webb Hooper, Ph.D.



🗘 Health Disparities Retweeted

Monica Hooper, Ph.D. @DrMWHooper · Mar 19 It's official! Sworn in as Deputy Director of the National Institute on Minority Health and Health Disparities (@NIMHD)! With Louis Stokes right behind me! #Cleveland #somuchtodo



Monica is engaging stakeholders on her personal social media accounts with this tweet about her swearing in ceremony, where staff practiced physical distancing.





NIMHD Staff Updates

<u>New Hire</u>

Deborah Linares, Ph.D., M.A.

 Health Scientist Administrator, Integrative Biological and Behavioral Sciences

<u>Departure</u>

Nathaniel Davis, M.B.A., Budget Officer



- Left to lead the Financial Management Branch at the National Institute on Drug Abuse; Kenneth Sonnenberg is serving as the Acting Budget Officer
- Continue search for medical officer, HSAs in population science and health services research, and director of review





NIMHD Celebrates its 10th Anniversary

NIMHD 10th Anniversary

Innovations to Promote Health Equity

Scientific Symposium:

Tuesday, March 3, 2020

9:00 a.m. – 4:30 p.m. ET

- NIMHD 10th Anniversary Scientific Symposium: Innovations to Promote Health Equity
- One day scientific symposium featuring innovative discoveries, prominent researchers, and strategic discussions on minority health and health disparities
- Held on March 3, 2020, prior to the COVID-19 mandatory telework notification

View videocast

https://videocast.nih.gov/summary.asp?live=35555&bhcp=1





NIMHD 10th Anniversary Scientific Symposium

- Opening remarks by NIH Director, Dr. Francis S. Collins
- 4 science panels
- 19 speakers
- More than 2,000 virtual attendees
- 1,000+ livestream views on the NIH Twitter account









Director's Engagement Activities

- National Geographic (04.15.2020): Impact of COVID-19 on racial and ethnic minorities (post pending)
- Voice of America Zoom interview (04.10.2020): Racial/Ethnic Disparities impact of COVID-19
- Online presentation to Banneker High School in College Park, GA: AP Statistics class (05.06.2020)
- America with an Accent: COVID-19 and disparities (post pending)
- Francis Collins: Home Edition video chat (05.08.2020)
- Latino Cancer Science Conference in San Antonio, TX: (02.27.2020)
- National Health IT Collaborative for the Underserved Community Transformation Forum Webinar (04.08.20)

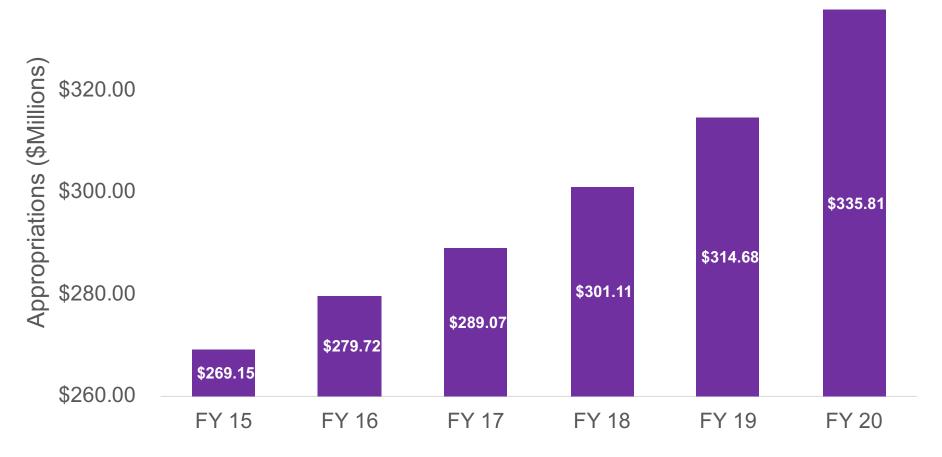




NIMHD Budget Update

NIMHD Appropriations by Fiscal Year

\$340.00

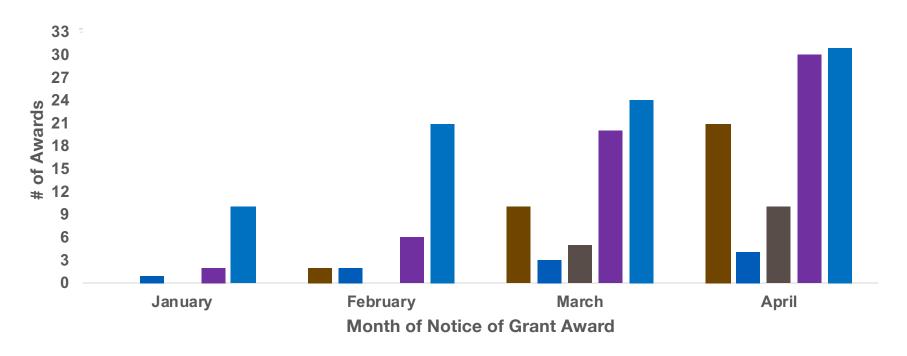






NIMHD Extramural Funding Trends

Cumulative Competing RPG Awards



■ 2016 ■ FY 17 ■ FY 18 ■ FY 19 ■ FY 20





NIMHD FY 20 Research Areas with Largest Projected Growth (in Millions)



- Projections are based on mid-year spending estimates
- R&D Contracts includes RCMI Program Evaluation contract







NIMHD Highlights







Children's Inn at NIH Congressional Networking Reception February 11, 2020





National Institute on Minority Health and Health Disparities



Children's Inn at NIH Congressional Networking Reception

 Keynote speaker, Mr. Aaron Ramsay from Sacramento, California, shared his experience as a sickle-cell patient at the Children's Inn





National Institute on Minority Health and Health Disparities



 March 5, 2020: Met with Representative Brian Higgins (D-NY) and his staff to discuss collaborative opportunities in health disparities research



Pictured left to right: Pastor Kinzer Pointer, Agape Baptist Church in Buffalo, NY; Rep. Higgins; Dr. Pérez-Stable; Dr. Timothy Murphy, University at Buffalo





Additional legislative meetings

- February 11, 2020: Met with Representative Judy Chu's (D-CA) staff to discuss health disparities
- February 11, 2020: Met with Representative Ami Bera (D-CA) to discuss the work of NIMHD, the expansion of clinical health research, and maternal mortality
- February 21, 2020: Met with Senate Appropriations Subcommittee on Labor, HHS, Education, and Related Agencies Clerks to discuss NIMHD research and programs
- May 1, 2020: NIH Director Dr. Francis S. Collins briefed the Congressional Black Caucus Members on COVID-19 and health disparities in the African American Community. NIMHD Director Dr. Eliseo J. Pérez-Stable also participated in the briefing





Blood Sugar Rising Television Special about Diabetes in America

- Public Broadcasting Station (PBS) special about rise of diabetes in the U.S.
- Featured NIMHD-funded researcher, Dr. Valarie Blue Bird Jernigan, who points to the loss of traditional cultures as a key cause of today's high rates of diabetes among Native Americans



• Premiered April 15, 9:00 p.m. ET.

https://www.pbs.org/wgbh/blood-sugar rising/home/portraits/valarie-blue-bird-jernigan/





National Minority Health Month

2020 Theme: Active and Healthy

- NIMHD activity: Active and Healthy Bingo Challenge
- 3,410 visits to the web page and 1,446 bingo card downloads
- 1.7 million potential impressions for social media
- Uses of the bingo challenge:
 - video conference icebreaker
 - <u>challenging friends/nominating</u> <u>friends to participate</u>
 - o virtual activity for students

| ingo Challenge! I are to share your ActiveandHealthy | Minority Health Mor dark the squares of t completed board on Bingo and #NMHM3 healthy at home dur | the activities you co Eacebook or Twitte 1020! Show your frie | mpleted - five in a r | ow means BINGO! | |
|--|---|---|--|---|--|
| Drank 8 cups of water in a day | of water in a day Swept the floor | | Meditated for 10 minutes | Participated in an online fitness class | |
| Took 10 deep breaths | | | Danced to music for 15 minutes | Played a board game | |
| Did a muscle- strengthening space | | FREE SPACE National Minority Health Month | Practiced yoga poses or tai chi to relieve stress | Ate 1–3 cups of vegetables in a day | |
| Learned about <u>Move Your</u> <u>Way</u> ** | Made my MyPlate plan via <u>USDA</u> * | Video chatted with a friend or family member | Wrote in my journal | Stretched 2-3 times in a day | |
| Took a break from social media | Spoke with an old friend | Flossed after every meal | Avoided dessert and candy for a day | Read a book | |





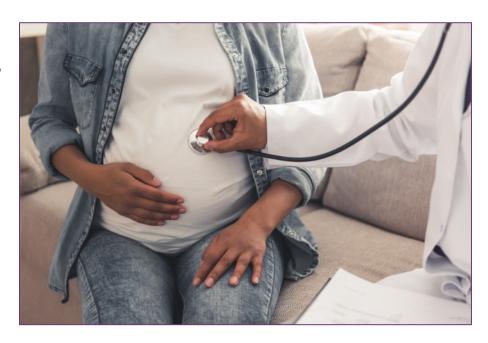






Minority Health and Health Disparities in Maternal Mortality and Morbidity

RFA-MD-20-008 aims to support research that tests clinical, social behavioral and health care system interventions to address racial disparities in maternal mortality and morbidity (MMM) in the U.S.



Learn more at http://nimhd.nih.gov/funding





Rural Health Disparities Research Resource Hubs

NOT-MD-20-010 aims to understand challenges to conducting rural health disparities research, particularly for early stage investigators

- Supplements to current Centers of Excellence and RCMI awardees to develop multi-sectoral coalitions to enhance capacity to conduct rural health disparities research.
- Initiative is one of NIH's contributions to the HHS Rural Health Strategic Plan.
- If successful, this program can serve as a pilot for a larger initiative involving other NIH ICs and Federal partners.





Workshop Report on the Causes and Consequences of Sleep Health Disparities

Report on 2018 NIMHD, NHLBI, OBSSR Workshop where experts from sleep and health disparities developed strategies to address SHDs:

- Develop and promote integrative research to investigate causes and consequences
- Develop interventions
- Build research infrastructure and training opportunities
- NIMHD Insights Blog: <u>The Way</u> Forward for Sleep Health Disparities <u>Research</u> by Dr. Nancy Jones
- PAR-20-164 on SHD renewed: <u>http://nimhd.nih.gov/funding</u>



SLEEPJ, 2020, 1-11

doi: 10.1093/sleep/zsaa037 Advance Access Publication Date: 10 March 2020 Special Article

SPECIAL ARTICLE

A workshop report on the causes and consequences of sleep health disparities

Chandra L. Jackson^{1,2}, Jenelle R. Walker³, Marishka K. Brown⁴, Rina Das⁵ and Nancy L. Jones^{5,*}

Sleep Health Disparity (SHD): A difference in one or more dimensions of sleep health (regularity, quality, alertness, timing, efficiency, and duration)—on a consistent basis—that adversely affects designated disadvantaged populations.





Common Data Elements for Social Launch May 11, 2020

Toolbox of Measures on SDOH



Adoption of CDEs and standard measures will promote and facilitate:

- Data harmonization.
- Domestic and international cross-study analysis.
- Accelerated translational research.
- Greater understanding of the causes of health disparities.
- Effective interventions to reduce disparities.

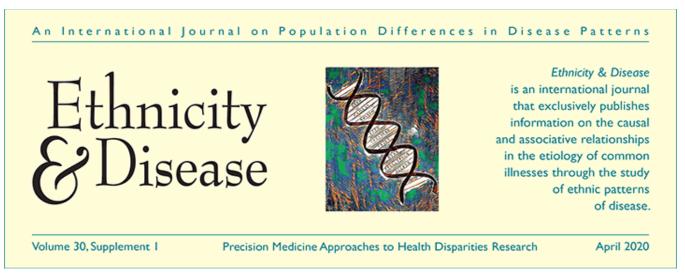
https://nimhd.nih.gov/programs/collab/phenx/index.html



National Institute

Precision Medicine & Health Disparities Research Ethnicity & Disease Supplement Vol. 30, April 2020

- Presents initial findings from NIMHD's Transdisciplinary Collaborative Centers on Precision Medicine
- First set of NIH-funded papers focused on precision medicine research addressing minority health and health disparities



Foreword by Drs. Nishadi Rajapakse, Michael H. Sayre, Eliseo J. Pérez-Stable





Science Advances



National Institute on Minority Health and Health Disparities



Changes in Emergency Department Dental Visits After Medicaid Expansion

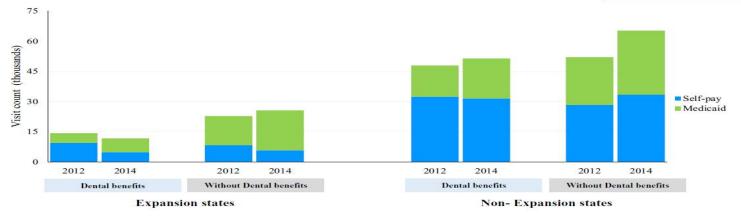


FIGURE 1 Changes in emergency department dental visits counts by health insurance status [Color figure can be viewed at wileyonlinelibrary.com]

Note. Study sample limited to adults aged 19-64 yrs with income within the first income quartile calculated for median household income for patient's ZIP code. Medicaid expansion states: AR, AZ, CT, DC, IA, KY, MD, MA, MI, MN, NV, NJ, NM, NY, OH, OR, WV. Nonexpansion states: AL, FL, GA, IN, LA, MS, MO, NE, NC, OK, PA, TN, TX, UT, VA, WI. States that provide adult Medicaid dental benefits: AR, CT, DC, IN, IA, KY, MA, MI, MN, NE, NJ, NM, NY, NC, OH, OR, PA, WI. States without adult Medicaid dental benefits: AL, AZ, FL, GA, LA, MD, MS, MO, NV, OK, TN, TX, UT, VA, WI. States without adult Medicaid dental benefits: AL, AZ, FL, GA, LA, MD, MS, MO, NV, OK, TN, TX, UT, VA, WV.

- State Emergency Database was utilized to compare changes in ED visit rates and payment source for dental conditions before 2012 and after 2014 among patients from 33 states
- Medicaid expansion was found to significantly increase Medicaid coverage & decrease the rate of self-pay for ED dental visits

Grant: K99MD012253

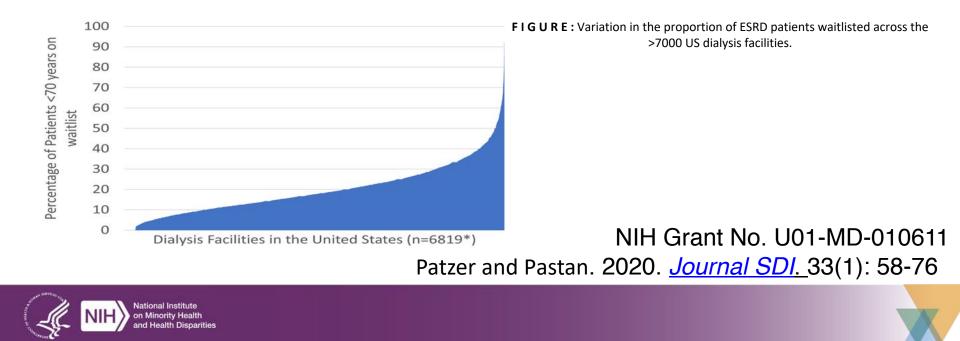
Elani, et al. 2020. *Health Serv Res.*





Access to Equitable Kidney Transplantation: Role of Policies

- Only 18.5% of the >500,000 ESRD patients in the US are wait-listed for a kidney transplant with large variability
- African Americans, women, and patients of low SES have poorer access to transplantation
- Compared to White patients, AAs were 37% less likely to be referred and 24% less likely to receive a kidney transplant
- Dialysis Facility data (2014-2017), among 7,346 facilities, the proportion of ESRD patients (<70 years of age) wait-listed ranged from 0% to 92% (Fig)



Premenopausal Gynecologic Surgery and Survival among Black and White Women with Breast Cancer

- Hysterectomies and oophorectomies are known to reduce mortality among White women with breast cancer
- Black women have had higher rates of hysterectomy and breast cancerspecific mortality than White women
- Study Population: Women diagnosed with breast cancer (ages 20-74) who participated in the Carolina Breast Cancer Study.
- Hysterectomy with bilateral oophorectomy was associated with similar reduction in breast cancerspecific mortality among both Black and White Women.

| - - | Person- years | erson- Deaths No Hysterectomy ars surgery with ovarian conservation | | arian | Hysterectomy with bilateral oophorectomy | | | | | | |
|-------------------------------|------------------|---|-------------------|----------------------------|--|----------------------------|--------------------------------|--|--|--|--|
| | | | HR (95% CI) | Crude HR (95% CI) | Adjuste d HR (95% CI) | Crude HR (95% CI) | Adjuste d HR (95% CI) | | | | |
| Combined population | 25,242 | 793 | 1 | 1.10 (1.98, 1.23) | 0.94 (0.82, 1.08) | 1.13 (0.97, 1.31) | 0.95 (0.79, 1.15) | | | | |
| Race | | | | | | | | | | | |
| White | 15,153 | 412 | 1 | 1.15 (1.00, 1.31) | 1.11 (0.91, 1.26) | 1.22 (1.03, 1.45) | 1.14 (0.92, 1.41) | | | | |
| Black | 10,089 | 424 | 1 | 0.92 (0.73, 1.16) | 0.77 (0.59, 0.99) | 0.83 (0.61, 1.12) | 0.68 (0.47, 1.00) | | | | |
| Estrogen receptor status | | | | | | | | | | | |
| ER + | 13,893 | 457 | 1 | 0.98 (0.85, 1.14) | 0.77 (0.64, 0.93) | 1.31 (1.09, 1.57) | 0.99 (0.79, 1.25) | | | | |
| ER- | 9,732 | 314 | 1 | 1.27 (1.04, 1.56) | 1.16 (0.91, 1.46) | 1.08 (0.82, 1.43) | 1.07 (0.75, 1.53) | | | | |
| Family history | | | | | | | | | | | |
| Positive family history | 4,143 | 136 | 1 | 1.28 (1.01, 1.62) | 0.83 (0.61, 1.14) | 0.60 (0.38, 0.94) | 0.39 (0.23, 0.65) | | | | |
| No family history | 20,369 | 674 | 1 | 1.10 (0.96, 1.26) | 0.95 (0.82, 1.11) | 1.24 (1.06, 1.46) | 1.10 (0.90, 1.34) | | | | |

Roberson, et al. 2020. Cancer Causes Control.







Culturally Adapted Interventions to Address Diabetes in Native Hawaiian and Pacific Islander (NHPI) Populations

- NHPIs face significant health disparities and have a high prevalence of diabetes compared to other racial/ethnic groups in the U.S.
- Culturally-adapted diabetes interventions were found to show promise in addressing these disparities.
- Interventions were:
 - Community-based participatory research approach
 - Addressing specific social determinants of health such as transportation, access to health care among others
 - Recognizing the collectivist culture of NHPI communities by integrating social networks and extended family members.
 - Utilized NHPI community members (e.g., CHWs) for intervention implementation.

NIH Grant No. U54MD007601

McElfish, et al. 2019. Curr Diab Rep. 18;19(5):19.

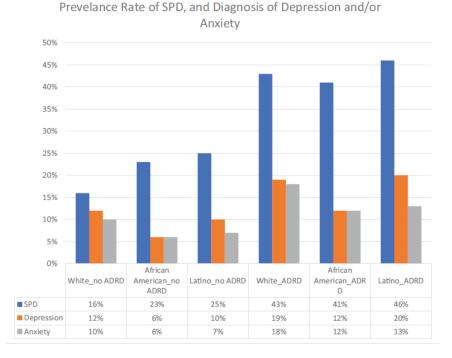




Serious Psychological Distress in Individuals with ADRD: Racial/Ethnic Differences

- Medical Expenditure Panel Survey (2007) to examine the association between self-reported serious psychological distress (SPD) and race/ethnicity in adults with ADRD aged 65 and older
- African Americans and Latinos had higher levels of SPD than Whites
- Given undertreatment of psychiatric disorders in racial/ethnic minorities, SPD may be a more valid indicator of the burden of ADRD
- Further study needed to determine if SPD is a risk factor for developing ADRD

Grant No. R01MD011523



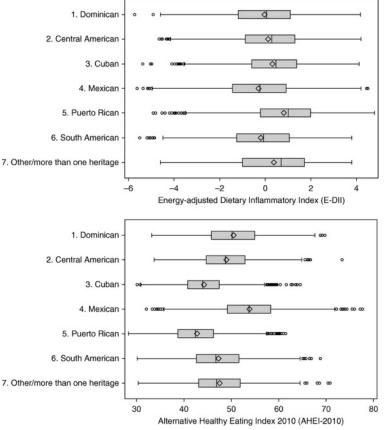
Novak, et al. 2020. *Am J Geriatr Psychiatry*. 28(4), 478-490



Dietary Patterns and Asthma in the Hispanic Community Health Study/Study of Latinos

- Study examined whether a proinflammatory diet (assessed by the energy-adjusted Dietary Inflammatory Index [E-DII]) or high dietary quality (assessed by the Alternative Healthy Eating Index [AHEI-2010]) are associated with current asthma, current asthma symptoms, and lung function
- The E-DII was significantly higher and the AHEI-2010 was significantly lower in subjects with current asthma than in those without current asthma
- Participants of Puerto Rican descent had significantly higher mean E-DII and lower mean AHEI-2010

Grants No. R01-MD011764 Han, et al. 2020. <u>Ann Am Thorac Soc.</u> 17(3):293-301



Distribution of energy-adjusted Dietary Inflammatory Index (E-DII, upper panel) and Alternative Healthy Eating Index 2010 (AHEI-2010, lower panel) scores by Hispanic/Latino subgroup





Intake of Vitamin D and Calcium, Sun Exposure, and Risk of Breast Cancer Among Black Women

- Vitamin D deficiency is more prevalent among Black women
- Recent studies have drawn attention to the potential antitumorigenic properties of vitamin D mainly in White women
- This study was conducted among 1,724 Black cases and 1,233 controls in the Women's Circle of Health Study (WCHS) and WCHS2.
- Dietary intake was assessed via Food Frequency Questionnaires during in-person interviews
- Supplemental intake of vitamin D, calcium and sunlight exposure were ascertained through a detailed questionnaire
- Results show moderate supplemental vitamin D intake was associated with decreased risk of triple-negative breast cancer (TNBC), and increased sun exposure was associated with reduced risk of estrogen receptor (ER)+, ER-, and TNBC among Black women

Grant No. K99MD013300

Quin, et al <u>*Am J Clin Nutr.*</u> 2020 Feb 1;111(2):396-405.





Colorectal Cancer Screening, NYTS, BRFSS, U.S., 2018

MMWR March 13, 2020; 69:253-9

| | AII | Age 50-64 | Age 65-75 |
|--------------|-------|-----------|-----------|
| No Insurance | 40.1% | 32.6% | 55.7% |
| Whites | 71.0% | 65.7% | 80.7% |
| Latino/as | 56.1% | 50.6% | 68.5% |
| Blacks | 70.0% | 65.1% | 79.7% |
| Asians/PI | 64.8% | 59.1% | 76.4% |
| AI/AN | 62.1% | 55.1% | 76.6% |





Division of Intramural Research Updates

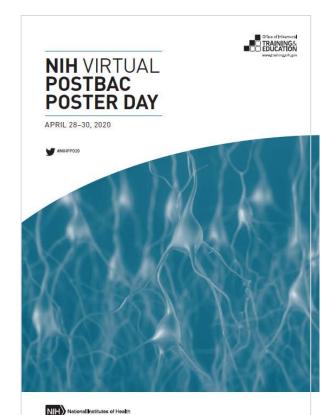


National Institute on Minority Health and Health Disparities



2020 NIH Virtual Postbac Poster Day April 28-30, 2020

- Annual NIH Postbac Poster Day went *virtual* for three days last month.
- NIMHD had 10 Postbacs presentations who made polished presentations
- NHLBI lab Postbac (Dr. Pérez-Stable) also presented
- Sustain their career development







Secondhand Smoke Exposure and Subsequent Academic Performance Among U.S. Youth

- Secondhand smoke (SHS) exposure is especially prevalent among black and low-income youth and is associated with poor health
- Longitudinal data from the PATH Study showed that, when measuring academic performance in a 9-point scale, SHS exposure exhibited a dose-response relationship with lower academic performance
- Youth SHS exposure may influence subsequent educational attainment, especially for Black and low-income youth



Choi K, et al. 2020. Am J Prev Med. [Epub ahead of print]





Strategies to Overcome Barriers to Biospecimen Donation Rates in Rural Latina Breast CA Survivors

- Selected minimally invasive biomarkers, practical collection.
- Tailored materials: Instructional videos in Spanish, color-coded easy step-by-step instructions
- Trusted CHWs assisted with initial sample collection-reminder calls

| Characteristic | N=103 |
|---|-----------|
| Age in years (mean ± SD) | 56 ±10.6 |
| Years since most recent diagnosis (mean ± SD) | 2.7 ± 3.1 |
| High school education or less | 78% |
| Experience Financial Hardship | 37% |

Samayoa C., Escalera , Nápoles, A. 2020. <u>CEBP</u>. 29(3):606-615.

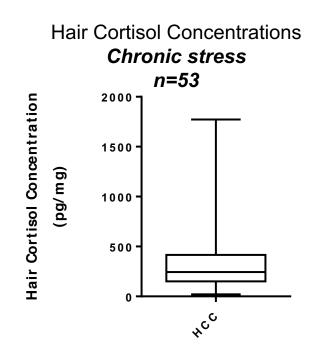




DONATION RATES

Elevated Cortisol Levels and Abnormal Stress Reactivity among Rural Latina Breast CA Survivors

Salivary Cortisol



Mean: 360.40 pg/mg

Cortisol Awakening Response Stress reactivity and HPA axis

Mean: 15.53 ng/ml (1.13-67.39) CAR mean increase: 3.37 ng/mL± 7.65 CAR Slope: 0.13

Samayoa C. 2020. <u>CEBP</u>. 29(3):606-615.

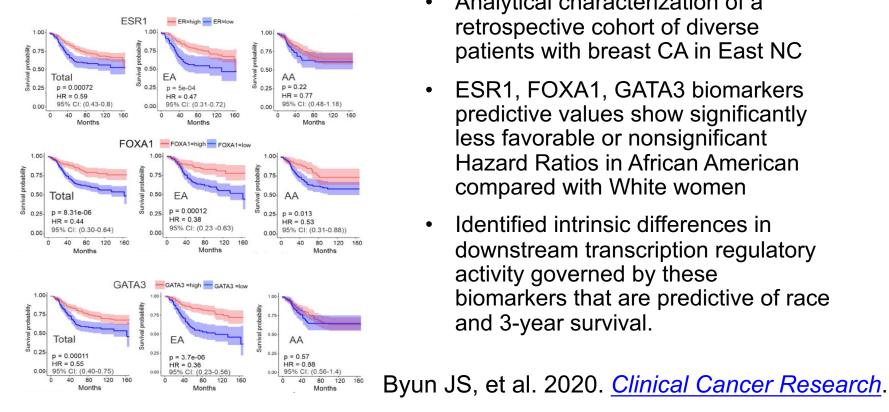




Luminal Master Regulator Gene Expression Levels and Breast Cancer Survival by Race

Jung S. Byun, Sandeep K. Singhal, Samson Park, Dae Ik Yi, Tingfen Yan, Ambar Caban, Alana Jones, Partha Mukhopadhyay, Sara M Gil, Stephen M. Hewitt, Lisa Newman, Melissa B. Davis, Brittany D. Jenkins, Jorge L. Sepulveda, Adriana De Siervi,

Anna María Nápoles, Nasreen A. Vohra and Kevin Gardner



- Analytical characterization of a retrospective cohort of diverse patients with breast CA in East NC
- ESR1, FOXA1, GATA3 biomarkers ٠ predictive values show significantly less favorable or nonsignificant Hazard Ratios in African American compared with White women
- Identified intrinsic differences in ٠ downstream transcription regulatory activity governed by these biomarkers that are predictive of race and 3-year survival.

National Institute on Minority Health



Never Smokers and Ever Smokers by Race and Ethnicity, NYTS, 1999 and 2018

Kamke K, et al, Am J Prev Med 2020; in press

| Race/Ethnicity | 1999 N=15,058 | | 2018 N=20,189 | |
|----------------|------------------|-----------------------------|------------------|--------------|
| | Never Smokers | Ever Smokers Not current | Never Smokers | Ever Smokers |
| Whites | 52.4% | 26.1% | 80.4% | 12.9% |
| Latino/as | 53.3% | 30.9% | 81.7% | 13.2% |
| Blacks | 54.2% | 33.4% | 85.6% | 12.1% |
| Asians | 67.9% | 22.0% | 91.1% | 7.2% |
| AI/AN/NH | 49.2% | 27.6% | 74.9% | 19.2% |





Susceptibility to Smoking among Never Smokers by Race and Ethnicity, NYTS, 1999 and 2018

| Race/Ethnicity | 1999 N=7,782 | 2018 N=16,331 | | |
|----------------|-----------------|------------------|-------|-------|
| | Girls | Boys | Girls | Boys |
| Whites | 21.1% | 22.3% | 27.2% | 29.9% |
| Latino/as | 23.0% | 21.9% | 35.7% | 33.8% |
| Blacks | 21.7% | 20.7% | 23.2% | 25.2% |
| Asians | 14.6% | 19.2% | 23.8% | 26.0% |
| AI/AN/NH | 26.2% | 34.3% | 23.8% | 34.6% |









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Sign up for news https://public.govdelivery.com/accounts/US-NIHNIMHD/subscriber/new



National Institute on Minority Health and Health Disparities



Discussion



Views NIMHD