Director's Report

National Advisory Council on Minority Health and Health Disparities

September 10, 2019

Eliseo J. Pérez-Stable, M.D.

Director, National Institute on Minority Health and Health Disparities

eliseo.perez-stable@nih.gov



Remembering James B. Wyngaarden, M.D. (October 1924 – June 2019)

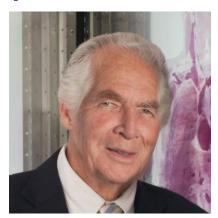
- NIH Director for more than seven years (April 1982 – July 1989)
- Led the nation's biomedical research response to the HIV/AIDS epidemic and initiated NIH's leadership role in the international Human Genome Project
- Professor and chair of the department of medicine at Duke University School of Medicine
- Authority on the regulation of purine biosynthesis and the genetics of gout
- Strong advocacy for the importance of physician-scientists in biomedical research





Remembering Donald A.B. Lindberg, M.D. (September 1933 – August 2019)

- Served as the director of the National Library of Medicine (NLM) for more than 30 years (1984-2015)
- Pioneer in applying computer technology to biomedical research and health information



- Enabled new or improved access to medical literature via PubMed; via Pubmed; clinical trials via ClinicalTrials.gov; an health consumer information via MedlinePlus
- Played an integral role in the establishment of the National Center for Biotechnology Information, a division of NLM that provides access to biomedical and genomic information
- Served as the first director of the government-wide Office of High-Performance Computing and Communications



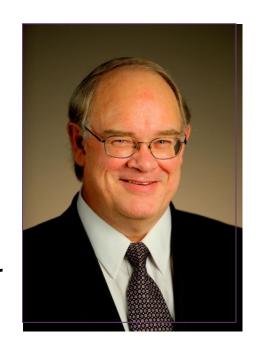
NIH Departure Linda S. Birnbaum, Ph.D., D.A.B.T., A.T.S.

- Served as Director of the National Institute of Environmental Health Sciences (NIEHS) and the National Toxicology Program for more than 10 years
- Led the Institute to became a world leader in toxicology and environmental health research
- NIEHS science inspiring health policy and safety standards in the United States and abroad
- Will retire on October 3, 2019
- NIEHS Deputy Director Richard P. Woychik, Ph.D., will serve as the NIEHS Acting Director



NIH Departure Paul A. Sieving, M.D., Ph.D.

- Served as the Director of the National Eye Institute since 2001
- Developed the biological understanding of X-Linked Retinoschisis, a human condition leading to retinal degeneration, and then initiated the first ever human gene therapy trial for this condition in 2015 at the NIH Clinical Center.
- Retired to launch and direct a new Center for Ocular Regenerative Therapy at the University of California, Davis
- NEI Deputy Director Santa Tumminia, Ph.D., to serve as the acting director while a national search is conducted



Division on Intramural Research Staff Updates



Xiaohui Liu, Ph.D.
 Postdoctoral Fellow
 Mentor: Dr. Faustine Williams



Post Postdoctoral Fellow Mentor: Dr. Faustine Williams





Division on Intramural Research Staff Updates

Post Baccalaureate Fellows

• Peter Ajayi

Mentor: Dr. Faustine Williams

• Aniruddh (Anu) Ajith

Mentor: Dr. Kelvin Choi

Zahra Ansari

Mentor: Dr. Sherine El-Toukhy

Jackie Bonilla

Mentor: Dr. Anna Nápoles

Isaiah Brown

Mentor: Dr. Sharon Jackson

Koya Ferrell

Mentor: Dr. Jung Byun

Sang Heon Lee

Mentor: Dr. Jung Byun

















Legislative Update

June 7, 2019: Dr. Nathaniel Stinson met with senior congressional staff in Representative John Lewis' (D-GA) office to discuss NIMHD programs and research

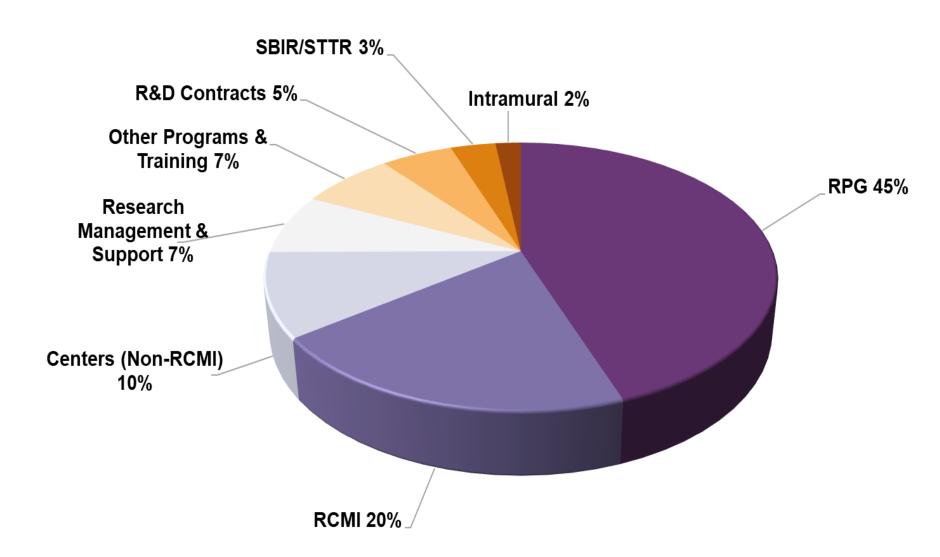
 Dr. Natasha Williams, NIMHD Legislative Liaison, and Ms. Donna Crews, NIH OLPA, were also in attendance

August 2, 2019: The President signed the Bipartisan Budget Act of 2019 (HR 3877) into law

- The legislation raises limits on discretionary spending by \$321 billion through July 2021 and suspends the debt ceiling for two years
- Non-defense spending would increase from \$605 billion during FY 2019, to \$632 billion in FY 2020, and \$634 billion in FY 2021

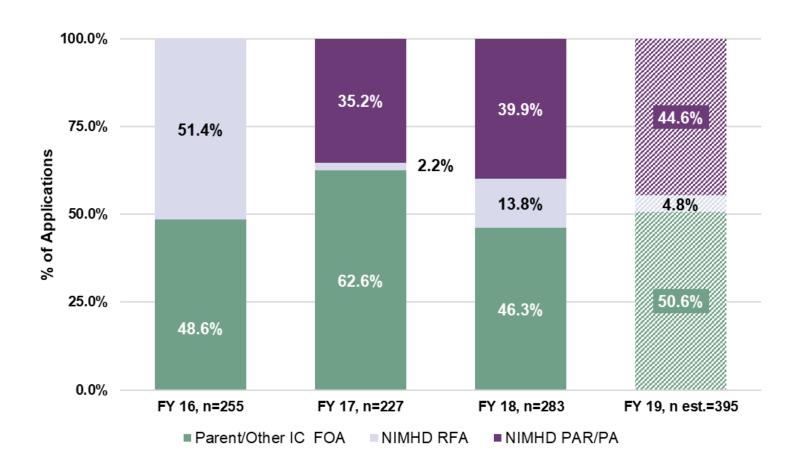


Projected FY 19 Funding Distribution





Sources of NIMHD R01/U01 Applications

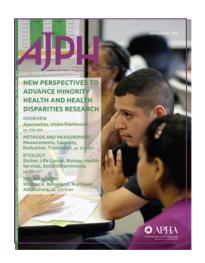


NIMHD Insights Blog

50 Years After Stonewall, Celebrating Progress and Striving for LGBTQ Health Equity



Brian Mustanski, Ph.D.



The Future of Minority Health and Health Disparities Blog Series

Visit: http://nimhd.blogs.govdelivery.com



NIMHD Director's Seminar Series

Speaker:

Denise A. Dillard, Ph.D.Director of Research
Southcentral Foundation

Location:

Lipsett Amphitheater (Building 10) National Institutes of Health Bethesda, Maryland

Date: Tuesday, November 12, 2019

Time: 3:00p.m. - 4:30 p.m. ET



"Genetic Research with Alaska Native People: Lessons and Future Possibilities"

Watch live or later at https://videocast.nih.gov/



Jackson Heart Study Visit

The Jackson Heart Study (JHS)

- Largest investigation of causes of cardiovascular disease in African-Americans, involving more than 5,300 men and women
- Goal is to investigate genetic and environmental factors to understand how African Americans are disproportionately affected by cardiovascular diseases, especially high blood pressure, coronary heart disease, heart failure, stroke, and peripheral arterial disease
- Co-sponsored with the National Heart, Lung, and Blood Institute





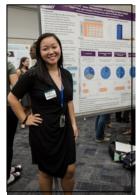


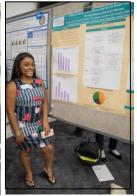
NIH Summer Research Poster Day August 8, 2019

 From May to September the Division of Intramural Research supported 10 dynamic summer intern fellows who participated in the NIH summer Research Poster Day

Left to right: Angela Wang, Azure Erskine, Maria Reyes, Alia Alhomsi, Leah Orozco, Kathleen Dang, Thomas Freitag and Taylor Robinson

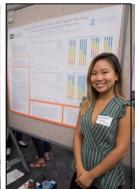


















Support of Diverse and Inclusive Speaking Panels

- On June 12, 2019, NIH Director, Dr. Francis S. Collins,
 Time to End the Manel Tradition, the tradition of all-male scientific speaking panels
- Best scientific minds come from all races, ethnicities, and genders and diverse research teams are better
- Harness this immense talent is to ensure that all are seated at the table or on panels and fully participating in science



"I want to emphasize the importance of racial and ethnic diversity among scientists and clinicians. The participation of diverse scientists enriches discussion, expands the research perspectives, and leads to better and more exciting science."

Eliseo J. Pérez-Stable, M.D.



NIMHD Staff Recognition

NIH Director's Awards, July 15, 2019

- Jennifer Alvidrez, Ph.D.
- Nancy Breen, Ph.D.
- Rina Das, Ph.D.
- Tilda Farhat, Ph.D., M.P.H.
- Nancy Jones, Ph.D., M.A.
- Richard Palmer, Dr.PH, J.D.
- Sharita Brown
- Joyce Hunter, Ph.D.
- Nathaniel Stinson, Ph.D., M.D., M.P.H.

Eunice Kennedy Shriver National Institute of Child Health and Human Development Collaboration Award, November 21, 2019

Courtney Aklin, Ph.D.













NIMHD 2020 Anniversary Celebrating 30 Years

1990 - 2000 - 2010 - 2020

Goal 1: Recognize the accomplishments contributing to the legacy of NIMHD

Goal 2: Set the stage for future directions in MH/HD research Preliminary Plans

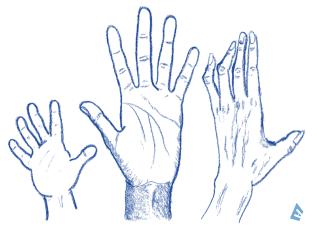
- Scientific Symposium, March 3, 2019
- Lectures and Webinars
- Community Event
- Congressional Reception
- Online Events

Building on the legacy, advancing the science of minority health and health disparities





NIH's 2nd Inclusion Across the Lifespan Workshop Save the Date



September 2-3, 2020 NIH Main Campus Natcher Conference Center Bethesda, MD

RFI coming soon!

NIMHD-Supported Grants and Programs





NIH Revised Definition of Sexual and Gender Minority (SGM) Populations for Research Purposes

Notice (NOT-OD-19-139)

- To help enhance the representation of SGM individuals in the agency's research portfolio and to stimulate the development of novel research projects and strategies to better understand and advance SGM health
- Not intended to exclude any person or population previously included under the former definition of SGM populations



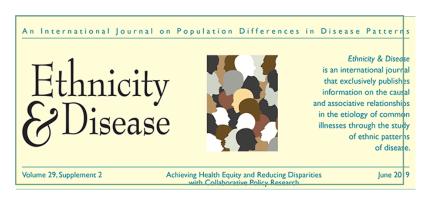
SGM populations include, but are not limited to, individuals who identify as lesbian, gay, bisexual, asexual, transgender, two-spirit, queer, and/or intersex. Individuals with same-sex or gender attractions or behaviors and those with a difference in sex development are also included. These populations also encompass those who do not self-identify with one of these terms but whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-binary constructs of sexual orientation, gender, and/or sex.

Learn more at

https://grants.nih.gov/grants/guide/notice-files/NOT-OD-19-139.html



Journal of Ethnicity & Disease: Advancing Health Equity and Reducing Disparities with Collaborative Policy Supplement Vol 29, 2019



- Published by the Transdisciplinary Collaborative Center (TCC) for Health Disparities Research at Morehouse School of Medicine
- Presents innovative and groundbreaking policy research, policy action, and health equity interventions from the TCC
- Includes introductions by MSM President, Dean and former NIMHD Advisory Council member Dr. Valerie Montgomery Rice and Principal Investigator Dr. Kisha B. Holden
- NIMHD authors were Drs. Eliseo J. Pérez-Stable, Michael H. Sayre, and Derrick C. Tabor



Call for Manuscripts on Structural Racism/ Discrimination

- NIMHD is sponsoring a special issue of Ethnicity & Disease, "Structural Racism and Discrimination: Impact on Minority Health and Health Disparities"
- Follows NIMHD/HHS Office of Minority Health 2017 Workshop on identifying structural racism/discrimination (SR/D) and addressing it in minority health and health disparities research



- Seeking authors and peer reviewers
- Abstracts due September 30, 2019

Learn more at

https://ethndis.org/edonline/index.php/ethndis/announcement



Presidential Early Career Award for Scientists and Engineers (PECASE)

- PECASE recognizes exceptional scientists at the beginning of independent research careers who demonstrate leadership in science
- 60 NIH-supported 2019 PECASE recipients, including 9 NIH intramural researchers
- 4 NIMHD-funded awardees
 - Sanjay Basu, M.D., Collective Health
 - Namkee Choi, Ph.D., the U of Texas at Austin
 - o Darrell Gaskin, Ph.D., Johns Hopkins University
 - Colter Mitchell, Ph.D., University of Michigan







University of Guam Visit to NIH

July 22-26, 2019

Building Population Health Research Capacity in the U.S. Affiliated Pacific Islands

Pacific Islands Cohort on Cardiometabolic Health

Pls: Margaret Hattori-Pérez, Ph.D. and

Rachel Leon-Guerrero, Ph.D.

- Grantee visit included
 - Nursing students trained at the NIH Clinical Center in RCT protocols
 - Presented at NIMHD IRP Seminar Series
 - Networking with NIH staff



Grant #: U24-MD-011201



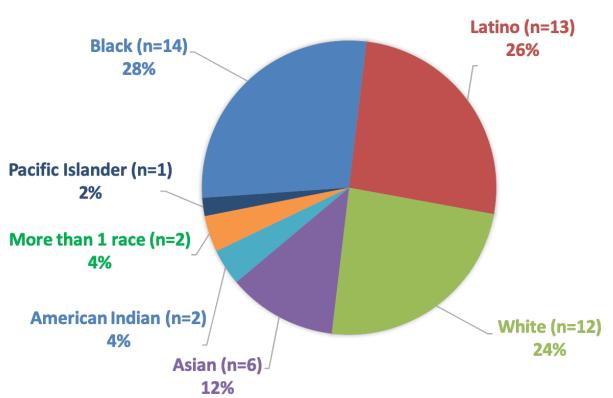
Health Disparities Research Institute

- 289 applications submitted
- 50 early-stage career scientists selected to participate
- Participants represented 25 states, District of Columbia, Guam, and Puerto Rico
- Activities focused on developing skills that will assist early-stage investigators
- Scientific sessions covered the state-of-thescience
- Interactive sessions increased knowledge about the NIH grant process, grant writing, and peer review
- Opportunity to network with NIH program officials and extramural scientists





2019 HDRI Cohort Summary (N=50)



	N	%
Gender		
Female	40	80
Male	10	20
Degree		
PhD/ScD/DrPH	36	72
MD/DO	13	26
Other doctorate	1	2
Position/Title		
Postdoctoral Fellow	15	30
Assistant Professor	27	54
Associate Professor	2	4
Other	6	12

Research Centers in Minority Institutions



NIH funds eleven Research Centers in Minority Institutions

August 23, 2019 — Program develops and strengthens the research infrastructure necessary to conduct state-of-the-art biomedical research and foster the next generation of researchers from underrepresented populations.

- 1.Charles R. Drew University of Medicine and Science, Los Angeles
- 2.University of Texas at El Paso
- 3.Morehouse School of Medicine,
 Atlanta
- 4.Clark Atlanta University, Atlanta
- 5.Florida A&M University, Tallahassee
- 6.University of California, Riverside

- 7. Howard University, Washington, D.C.
- 8.Ponce School of Medicine, Puerto Rico
- 9. Morgan State University, Baltimore
- 10.San Diego State University,
 - **California**
- 11.Xavier University of Louisiana, New Orleans



Science Advances

At Risk Alcohol Use and Smoking Co-Use, Hispanic Community Health Study/Study of Latinos

- 16,412 HCHS/SOL participants, 6 population groups, 4 sites, 79% foreign-born, 2008-2011
- Predict co-use of at risk alcohol and smoking
- Men: 26.7% current smokers and 8% have at-risk alcohol use (excess or binge)
- Women: 8.8% current smoker, 3.5% at risk alcohol use
- Puerto Rican women had increased OR=3.4 (95% CI 1.7–6.8) of at risk alcohol and smoking
- Higher depressive symptoms associated with co-use in Latino men and women

Bandiera F, et al. Addictive Behaviors 99: 2019; 106087





BMI and Mortality in Mexico City

- Is BMI associated with mortality in Latinos?
- 159,755 adults ≥35 y, followed 14 y; excluded participants with A1C >7%, DM and chronic diseases
- Mean BMI was 28 in men and 29.6 in women
- Mortality nadir was at BMI = 25 to <27.5
- HR = 1.30 for each BMI increment of 5 kg/m2
- Association strongest in ages 40 to <60 (HR=1.40) compared to ≥60 to <75 (HR=1.24)
- No effect of sex, smoking, other confounders
- Waist circumference strongly related to mortality

Gnatiuc L, et al. Annals Intern Med 13 Aug 2019; doi:10.7326/M18-3502





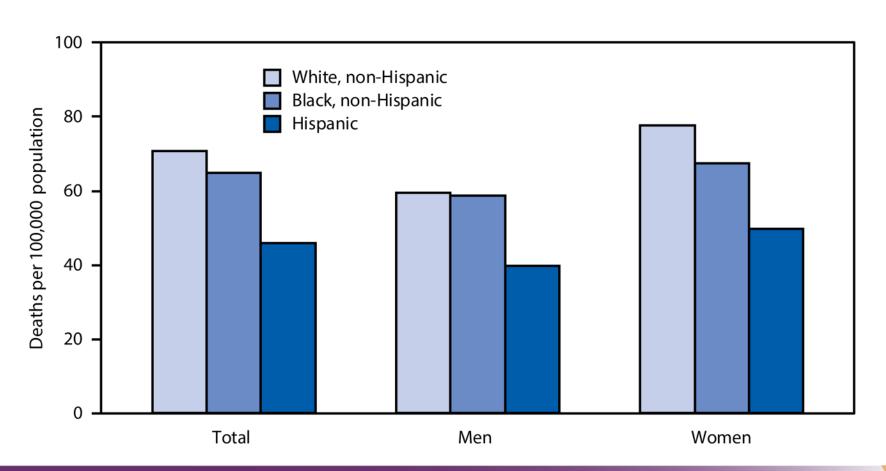
Communication Disparities by LEP Status: Medical Expenditure Panel Survey, 2006-2015

- Describe trends in communication by Limited English Proficiency (LEP) status of patients
- Time series models evaluating changes before/after 2010
- 27,001 participants with at least one office visit
- Outcomes from 3 items: Always explained things in a way that was easy to understand, showed respect for what they had to say, and listened carefully
- From 2006-10, communication worsened for LEP patients
- After 2010, communication improved for LEP patients with narrowing of disparities
- Slow overall improvement over time for non-LEP patients



Dementia Death Rates by Race/Ethnicity and Sex, US, 2017

MMWR 68:670, 2019

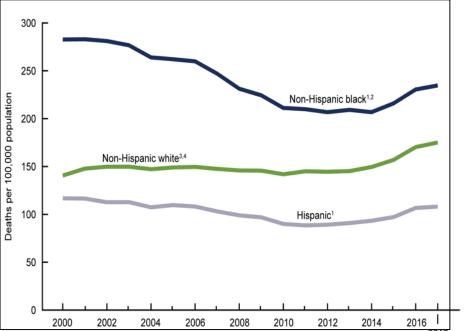




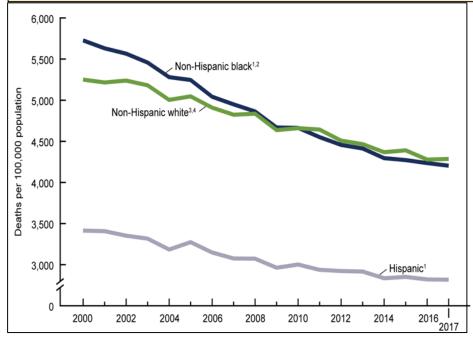
Mortality Rates Increased for All Persons, age 25 to 44, from 2012-2017

NCHS Data Brief No. 342, July 2019





Age-specific death rates for persons aged 65 and over, by Hispanic origin and race: United States, 2000–2017



NIMHD-Supported Science Advances



Penalties and Rewards for SafetyNet vs Non–SafetyNet Hospitals in the First 2 Years of the Comprehensive Care for Joint Replacement Model

 Medicare's CJR model is a 5-year bundled payment reform to improve quality and lower costs of care for fee-for-service beneficiaries



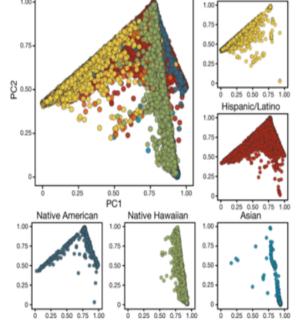
- Mandated for about 700 hospitals in 67 MSAs implemented in 2016 and penalties in 2017 based on Medicare's quality-adjusted price
- Hospitals categorized into quartiles based on disproportionate patient percentage linked to payments
- 37% of safety net hospitals penalized and 31% got awards
- 14% of top quartile hospitals penalized and 59% got awards
- OR=2.50 (1.25-5.01) for penalties and OR=0.44 (0.24-0.81) for rewards
- Middle quartiles had 15%/26% with penalties and 44%/43% with rewards





Study of Multiethnic Genomes Identifies 27 Genetic Variants Associated with Disease

- Demonstrate the value of analysis of diverse, and multi-ethnic participants in large-scale genomic studies
- PAGE conducted GWAS of 26 phenotypes in 49,839 non-Whites
- Identified 27 novel loci and 38 secondary
 Signals at known loci as well as replicate
 1444 GWAS associations across these traits
- Data showed effect-size heterogeneity across ancestries for published GWAS
- Majority of discovery efforts based on GWAS analysis are based on data from populations of European ancestry
- Lack of representation will result in inequitable access to precision medicine



Grant No. L60-MD-008384

Wojcik, GL, et al., *Nature*, 2019, 570, p 514–518





Disparities in Triple-Negative Breast Cancer (TNBC) Epidemiology

- TNBC is more aggressive, harder to treat and more common in AA
- US Cancer Statistics: 8.4% of 1,151,724 cases from 2010-14
- Black women had OR=2.27, Latinas had OR=1.22 compared with Whites for TNBC
- Women <40 y had OR=1.95 compared to 50-64 y
- Higher risk of Stage 3 or 4
- Mortality rate was worse for Black (28.7) than for White (20.3) women





Cancer Disparities: Communicating Prostate-Specific Antigen Test Guidelines to African American Men

- 2015 Behavioral Risk Factor Surveillance System
- 3877 men, 40 to 74 y, 10% Black
- Black men experience a 60% higher incidence of prostate cancer and are twice as likely to die from prostate cancer in comparison to Whites



- Participants' reported level of having PSA done and being informed about the risks and benefits by race
- Blacks: 56% received PSA test and 40% were informed
- Whites: 63% received PSA test and 29% were informed
- Blacks had OR = 2 of being informed
- Emphasis on communicating information about the PSA test advantages and disadvantages to all men regardless of race

Grant No. R01-MD-007783

(Cooper, D., et al., Am J Mens Health. 2019 Mar-Apr; 13(2). 01-8.





Location of Pre-exposure Prophylaxis Services Across New York City Neighborhoods:

 Pre-exposure prophylaxis (PrEP) for HIV is increasing in the US, it remains underutilized among minority and low-SES individuals at

high risk

- Geographic distribution of PrEP clinicians in NYC and the association with neighborhood characteristics
- Zip code imputed demographic data
- PrEP clinicians were located in high HIV incidence neighborhoods
- No association between PrEP clinician density and neighborhood-level race/ethnicity, SES, insurance, or samesex partner households

Table 2 Spearman correlation between ZCTA level socio-demographics/HIV prevalence and PrEP density (N = 163)

	$r_{\rm s}$	Conventional P-value	Spatially adjusted P-value
Percent non-Hispanic Black	0.12	0.12	0.29
Percent Hispanic	0.02	0.83	0.92
Percent non-Hispanic Asian	-0.21	0.01	0.13
Percent non-Hispanic White	0.07	0.38	0.68
Percent below poverty	0.22	0.01	0.13
Percent uninsured	-0.13	0.09	0.33
Percent same-sex partner household	0.44	0.00	0.01
Healthcare provider density (/100,000)	0.53	0.00	0.00
HIV incidence rate (/person-year)	0.44	0.00	0.00

Bold values denote statistical significance at the p < 0.05 level

 Additional PrEP providers may be needed in racial/ethnic minority and low SES neighborhoods to reduce access barriers for high risk individuals

Grant No. R01-MD-013554

(Kim, Byoungjun; et al., AIDS Behav., 2019., Pub Online 07-198-2019.





Disparities in Receipt of Direct Tobacco Mail/Email Coupons and Coupon Redemption Among U.S. Adult Smokers

- Population Assessment of Tobacco and Health (PATH) Study Wave 1 survey adult smokers (n=10,994)
- Women, sexual minorities, and those have difficulties paying important bills were more likely to receive discount coupons for tobacco products and redeem these coupons
- This marketing strategy may explain tobacco use disparities

ñ						
	Received coupons in emails	Received coupons in the mail	Redeemed coupons			
Sex						
Women	24%*	36%*	25%*			
Men (ref.)	20%	28%	20%			
Sexual orientation						
Sexual minorities	26%*	36%*	27%*			
Heterosexual (ref.)	21%	32%	22%			
Able to pay important bills						
No	28%*	40%*	29%*			
Yes (ref.)	19%	29%	20%			

Division of Intramural Research, NIMHD

Osman, A., et al., *Preventive Medicine*, 2019, 126; p 1-8.



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Discussion

