Overview of NIMHD

The National Institute on Minority Health and Health Disparities (NIMHD) leads scientific research to improve minority health, reduce health disparities, and promote health equity to ensure that all populations have an equal opportunity to live healthy and productive lives. NIMHD conducts and supports research and fosters a diverse biomedical research workforce focused on health disparities in these priority areas:

- **Extramural:** Clinical and Health Services Research; Community Health and Population Science; Integrative Biological and Behavioral Sciences
- Intramural: Population and Community Health Sciences; Social and Behavioral Sciences; Epidemiology and Genetics

NIMHD History

1990: Office of Minority Programs (OMP) created by HHS Secretary Louis Sullivan, M.D.

John Ruffin, Ph.D., became Associate Director of Minority Programs, then Associate Director for the Office of Research on Minority Health (ORMH) (1993); National Center on Minority Health and Health Disparities (NCMHD) Director (2001); and the first NIMHD Director (2010))

- **1993:** Office of Research on Minority Health (ORMH) established by *Public Law 103-43, the Health Revitalization Act of 1993*
- **2000:** NCMHD established by *Public Law 106-525, the Minority Health and Health Disparities Research and Education Act of 2000*
- 2007: Joyce A. Hunter, Ph.D., appointed NCMHD Deputy Director
- **2010:** NIMHD created by *Public Law 111-148, the Patient Protection and Affordable Care Act*
- **2011:** William G. Coleman Jr. became first NIMHD Scientific Director and the first African American Scientific Director in the history of the NIH Intramural Research Program
- 2015: Eliseo J. Pérez-Stable, M.D., became the second NIMHD Director
- 2017: Anna María Nápoles, Ph.D., M.P.H., became the second NIMHD Scientific Director and the first Latina Scientific Director at NIH
- **2018:** NIMHD Minority Health and Health Disparities Research Framework released
- **2020:** Monica Webb Hooper, Ph.D., appointed NIMHD Deputy Director
- **2021:** Congress approved NIMHD's reorganization and creation of extramural divisions: 1) Integrative Biological and Behavioral Sciences; 2) Community Health and Population Science; and 3) Clinical and Health Services Research

| Funding History | | | | President's Budget \$659,817 million \$390.865 (CR)- \$390,413 million | | |
|-----------------------------|-----------------------------|----------------------|----------------------|---|---------|------|
| \$287.670 million | \$304,396 million | \$313,211 million | \$335,812 million | \$390,413 million | million | |
| 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |





www.nimhd.nih.gov



NIMHD Director Eliseo J. Pérez-Stable, M.D., has led the Institute since 2015. His contributions to cancer control, and minority health and health disparities research are recognized internationally. His work helps improve the health of underserved populations, advance patient-centered care, improve cross-cultural communication, and promote diversity in the biomedical research workforce.

NIMHD by the Numbers (FY 2017–2021)

Total Awards: 960 awards

R01 Awards: 301

Research Centers: 105

Number of Principal Investigators: 1,250

NIMHD Health Disparities Research Institute Scholars: **332** (2016-2021)

Average Number of FTEs: 70

Research Highlights

- The Smoking Susceptibility and Tobacco Media Engagement among Youth Never Smokers study found that youth never smokers classified as being susceptible to future smoking had seven times the risk of future cigarette smoking after adjustment for exposure to tobacco marketing media and ever use of electronic cigarettes. Exposure to tobacco marketing, using tobacco-related apps, seeing social media content posted about tobacco, and ever use of electronic cigarettes also predicted experimental smoking.
- The *Health Disparities Attributable to Air Pollutant Exposure in North Carolina: Influence of Residential Environmental and Social Factors* study found that air pollution poses a higher risk of death for some people based on age, education, and urban residence. African Americans in poor communities had the highest risk of mortality.
- Confronting COVID-19 in Under-Resourced, African American Neighborhoods: A Qualitative Study Examining Member and Stakeholders' Perceptions determined that the community's perspective is valuable in identifying barriers and facilitators to COVID-19 prevention, coping, and testing, and in potentially improving outcomes. Barriers included difficulty with social distancing, mixed messages, food insecurity, mental health issues, and mistrust. Facilitators included fear of contracting COVID-19, as well as free and convenient testing.

Recent Accomplishments

- NIMHD led the development of the Understanding and Addressing the Impact of Structural Racism and Discrimination Initiative to support observational and intervention research to understand and address the role of structural racism and discrimination in causing and sustaining health disparities to improve minority health and reduce health disparities.
- The *PhenX Social Determinants of Health Collection* provides recommended measures vetted through an external panel of experts for researchers to use in studies on minority health and health disparities. The collection contains 19 newly added measures of both individual and social structural determinants reflecting upstream factors that shape behaviors and health outcomes.

Current Activities

 The Rapid Acceleration of Diagnostics for Underserved Populations (RADx-UP) studies are focused on promoting use of testing as an intervention to mitigate disparities for individuals from populations and communities disproportionately affected by the COVID-19 pandemic. RADx-UP Phase II will expand on the COVID-19 testing activities begun in Phase I; and implement the Safe Return to School Diagnostic Testing Initiative which will define strategies of how to use COVID-19 testing for children and staff to minimize transmission in school settings. RADx-UP projects have been funded in 33 states.

- The Community Engagement Alliance Against COVID-19 Disparities (CEAL) initiative provides trustworthy information through active community engagement and outreach to the communities most impacted by the COVID-19 pandemic. CEAL teams are working in 21 states, the District of Columbia, and Puerto Rico to build long-lasting partnerships, foster trust, and promote the importance of diversity and inclusion in the research response to COVID-19. CEAL partners have developed educational tools, factual materials, and resources in different languages such as Spanish, Chinese, and Korean to broaden CEAL's reach into the affected communities.
- The Vaccine Uptake Initiative funded seven projects to promote research strategies to test interventions to boost SARS-CoV-2 vaccine uptake and implementation among populations who experience health disparities in the United States.
- The Research Centers in Minority Institutions Program is the cornerstone of NIMHD's work to expand the national capacity for research in the health sciences by supporting institutions that offer doctorate degrees in the health professions or in a health-related science, that have more limited research funding from NIH and a historical and documented commitment to promoting diversity in the scientific biomedical workforce and caring for populations with health disparities.

Future Initiatives

- Centers for Multiple Chronic Diseases Associated with Health Disparities are comprehensive research centers that will leverage regional coalitions of research institutions and consortium partners testing interventions in real-world settings to prevent, treat, and manage chronic diseases associated with health disparities.
- Natural History Study of COVID-19 Survivors Using Digital Wearables will collect high-resolution physiological data to understand the clinical course of COVID-19 in patients. This study will increase understanding of COVID-19 before, during, and after symptoms manifest.
- The *Resource Center for the Tribal Epidemiology Centers* aims to enhance the capacity of the Tribal Epidemiology Centers to engage in data collection, compilation, and analysis of data that can be used in health research focused on American Indian and Alaska Native populations. The resource center also will offer research skills development and sustained mentoring program for early-stage investigators.





National Institute on Minority Health and Health Disparities