



# Director's Report

## National Advisory Council on Minority Health and Health Disparities

February 2, 2021

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

# NIH Update



National Institute  
on Minority Health  
and Health Disparities



# NIH Leadership Update

**Francis S. Collins, M.D., Ph.D.**

Will continue in his role as  
Director, National Institutes of Health



- Larry Tabak, D.D.S., Ph.D., will continue as Principal Deputy Director



# White House Appointments

- **David A. Kessler, M.D.**, to serve as Director of Operation Warp Speed
- **Eric S. Lander, Ph.D.**, to serve as Presidential Science Adviser and Director of Office of Science and Technology Policy (OSTP)
- **Alondra Nelson, Ph.D.**, to serve as Deputy Director, OSTP
- **Xavier Becerra, J.D.**, to serve as Health and Human Services Secretary
- **Vivek H. Murthy, M.D., M.B.A.**, to serve as the U.S. Surgeon General
- **Rochelle Walensky, M.D., M. P.H.**, started as Director, CDC
- **Rachel Levine, M.D.**, to serve as the Assistant Secretary for Health



# NIH Leadership Update

## **Hannah Valantine, M.D., MRCP**

Chief Officer for Scientific Workforce Diversity

Retired October 1, 2020



- Marie A. Bernard, M.D., serving as the acting Chief Officer for Scientific Workforce Diversity while continuing her duties as the Deputy Director of the National Institute on Aging



# NIH Nobel Prize Winner

## Harvey J. Alter, M.D.

- Senior Scholar at the NIH Clinical Center's Department of Transfusion Medicine won the **Nobel Prize in Physiology or Medicine** on October 5, 2020, for his contributions to the discovery of the **hepatitis C virus**
- Shares the award with
  - Michael Houghton, Ph.D., University of Alberta, Canada
  - Charles M. Rice, Ph.D., Rockefeller University, New York
- NIH held a physically distant ceremonial presentation on December 8, 2020



# COVID-19 Websites

- HHS Combat COVID-19 Website

[combatcovid.hhs.gov](https://combatcovid.hhs.gov)

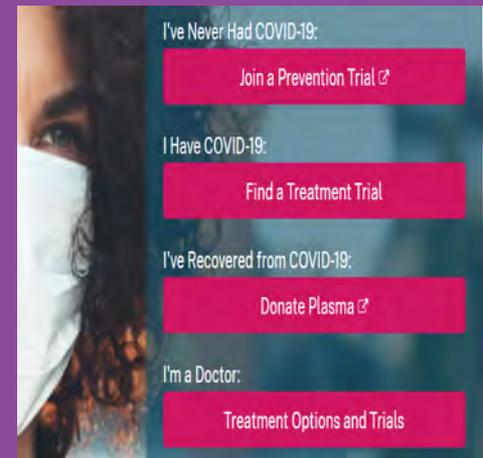
- NIH COVID-19 Website

<https://covid19.nih.gov>

- NIMHD COVID-19 Information and Resources

<https://nimhd.nih.gov/programs/covid-19/index.html>

*Provide trusted, accurate, and update-to-date information about research, vaccines, treatments and clinical trials*



# NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities

1. Build and sustain **trusting relationships** through **community engagement**
2. **Acknowledge social determinants of health's** role in COVID-19 disparities
3. Move at the speed of **TRUST**
4. Work with **trusted voices** and **trusted messengers** at the national and local levels.
5. **Exhibit agile leadership** and build innovative and strategic **public-private partnerships**



**Community Engagement Alliance (CEAL) Against COVID-19 Disparities**

**In the United States, COVID-19 has taken a greater toll on communities of color.**

CEAL focuses on addressing misinformation around COVID-19, engaging trusted partners and messengers in the delivery of accurate information and educating communities on the importance of inclusion in clinical research to overcome COVID-19, and most importantly, health disparities. This is especially important for people unduly burdened by COVID-19 such as **African Americans, Hispanics/Latinos, and American Indians/Alaska Natives, who account for over half of all reported cases in the United States.**

CEAL's research teams also conduct research on the most effective strategies for ensuring inclusion and/or engaging, educating and increasing awareness within these groups about vaccine and treatment clinical trials to prevent and treat the disease.



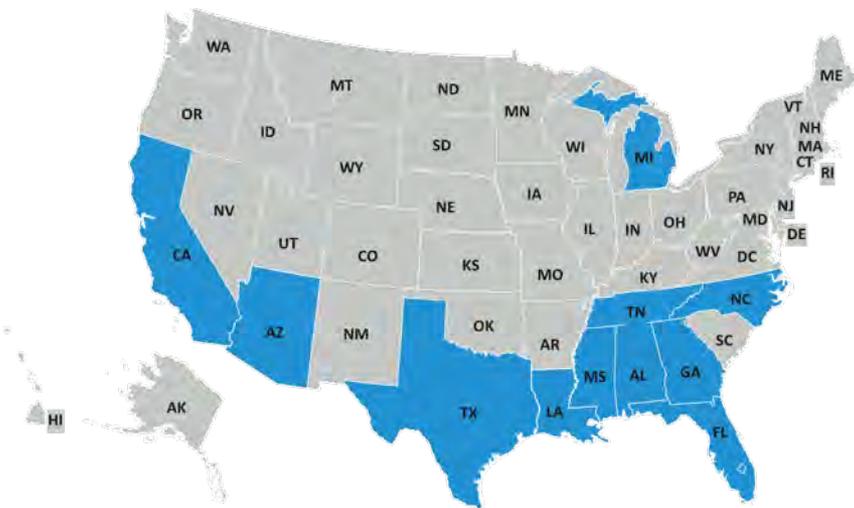
[COVID19COMMUNITY.NIH.GOV](https://COVID19COMMUNITY.NIH.GOV)



# NIH CEAL Program

## Fostering, Strengthening and Linking: Unique Partnerships within Communities

**CEAL state team coalitions partner with national and local organizations committed to CEAL's mission**



**Academic Partners**



**Community-Based Organizations**



**Healthcare Centers & Providers**



**Faith-Based Organizations**



**State & Local Government Agencies**



**Pharmacy Networks**



# RADx-Underserved Populations (RADx-UP)

## Overarching Goals

- Enhance COVID-19 testing among **underserved and vulnerable populations** across the U.S.
- Fund a **consortium of community-engaged research projects** designed to rapidly implement testing interventions
- **Strengthen the available data** on disparities in infection rates, disease progression and outcomes, and **identify strategies to reduce these disparities** in COVID-19 diagnostics

September – November 2020

Phase I: \$283M



*Build infrastructure*



*Rapidly implement testing, other capabilities*

Early 2021 – Summer/Fall 2021

Phase II: \$200M



*Integrate new advances*



*Expand studies/ populations*



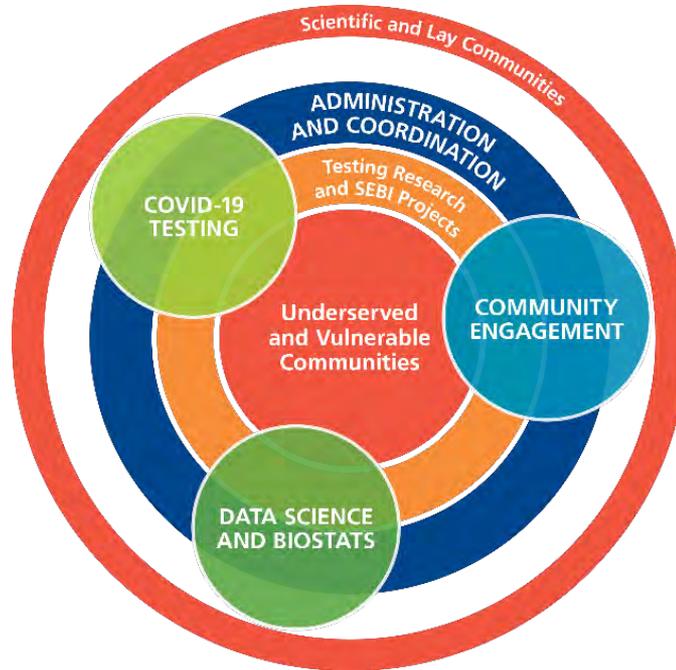
# RADx-UP Coordination and Data Collection Center (CDCC)

## COVID-19 Testing

- Technical support
- Emerging technologies
- Research pilot studies

## Data Science & Biostatistics

- Data harmonization, sharing
- Security, privacy, and protections
- Data visualization
- DSMBs



## Community Engagement

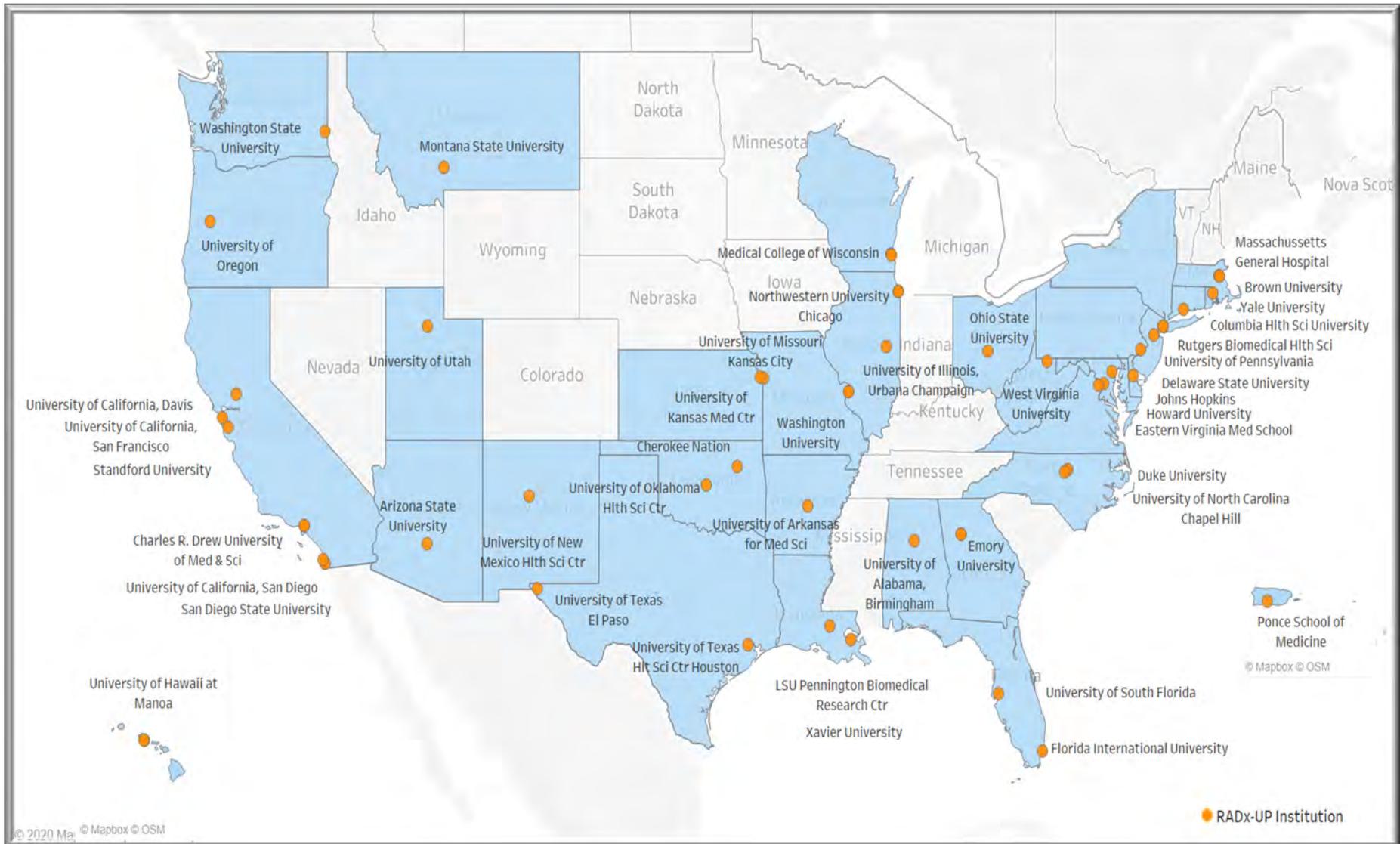
- Best practices
- Engagement Resource Library
- Equity Evidence Academy
- Community of Practice
- Community Collaboration Grants
- Working groups

## Administration & Coordination

- Communication
- Committees
- Processes, policies, procedures
- Partnerships
- Evaluation



# Phase I Awards – Institution Locations



© 2020 Mapbox © OSM



# NIMHD RADx-UP Supplements

Dedra Buchwald, M.D.	Washington State University	<a href="#">U54 MD 011240</a>	<b>NOT-OD-20-121</b>
Eida Castro, Psy.D., M.Sc.	<b>Ponce School of Medicine</b>	<a href="#">R21 MD 013674</a>	NOT-OD-20-120
Mona Fouad, M.D., M.P.H.	University of Alabama Birmingham	<a href="#">U54 MD 000502</a>	NOT-OD-120
Jerris Hedges, M.D.	<b>University of Hawaii</b>	<a href="#">U54 MD 007601</a>	NOT-OD-20-121
Robert Kirken, Ph.D.	University of Texas, El Paso	<a href="#">U54 MD 007592</a>	NOT-OD-20-120
Deepak Kumar, Ph.D.	<b>North Carolina Central University</b>	<a href="#">R01 MD 012767</a>	NOT-OD-20-120
Yvonne Maldonado, M.D.	Stanford University School of Medicine	<a href="#">U54 MD 010724</a>	NOT-OD-20-121



# NIMHD RADx-UP Supplements

Flavio Marsiglia, Ph.D.	Arizona State University	<a href="#">U54 MD 002316</a>	NOT-OD-20-120
Pearl McElfish, Ph.D.	University of Arkansas for Medical Sciences	<a href="#">R01 MD 013852</a>	NOT-OD-20-120
Marcella Nunez-Smith, M.D., M.H.S.	Yale University	<a href="#">U54 MD 010711</a>	NOT-OD-121
Antoinette Schoenthaler, Ed.D.	New York University School of Medicine	<a href="#">R01 MD 013769</a>	NOT-OD-20-119
William Southerland, PhD	<b>Howard University</b>	<a href="#">U54 MD 007597</a>	NOT-OD-20-119
Guangdi Wang, Ph.D.	<b>Xavier University of Louisiana</b>	<a href="#">U54 MD 007595</a>	NOT-OD-20-119
Lilian Windsor, Ph.D.	University of Illinois at Urbana-Champaign	<a href="#">R01 MD 010629</a>	NOT-OD-20-120



# NIMHD Updates



# NIMHD Grantee Recognitions

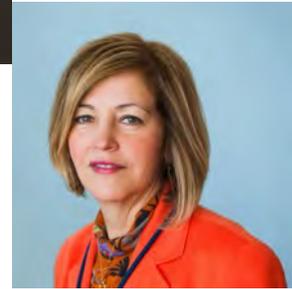
**Marcella Nunez-Smith, M.D., MHS**, Yale School of Medicine

- To serve on President Biden's COVID-19 task force



**Margarita Alegria, Ph.D.**, Harvard University

- Received the Rema Lapouse Award for Achievement in Epidemiology, Mental Health and Applied Public Health Statistics



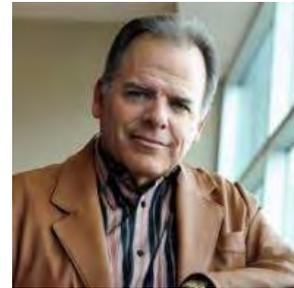
**Vickie M. Mays, Ph.D.**, University of California, Los Angeles

- Presented the Carl Taube Lifetime Achievement Award for Mental Health Services Research



**Spero M. Manson, Ph.D.**, University of Colorado Denver

- Received the Society for Medical Anthropology 2020 Career Achievement Award



# Legislative Update

## September 23, 2020

- Participated in The Atlantic online roundtable entitled “What can policymakers, health care leaders and public health advocates do to achieve health equity for all?”
- Participated in the Ad Hoc Group for Medical Research and the Coalition for Health Funding briefing on NIMHD’s work to address health disparities in the COVID-19 pandemic

## September 30, 2020

- NIH Director Dr. Francis S. Collins participated in a briefing with members of the Asian, Black, Hispanic, and Native American Caucuses on diversity in clinical trials, the Community Engagement Alliance Against COVID-19 Disparities (**CEAL**) initiative, and the Rapid Acceleration of Diagnostics Underserved Populations (**RADx-UP**) initiative award recipients
- Other NIH leaders who participated:
  - Dr. Anthony Fauci, NIAID Director
  - Dr. Gary Gibbons, NHLBI Director
  - Dr. David Wilson, Tribal Health Research Office Director



# Legislative Update

## October 20, 2020

- Briefed the staff of Members of the House Energy and Commerce Committee on RADx-UP and CEAL with Dr. Gary Gibbons, NHLBI Director

## November 10, 2020

- Briefed the House Energy and Commerce staff on how data from COVID-19 testing studies could be used to help the U.S. utilize COVID-19 testing capacity more effectively to contain outbreaks and reopen the economy. Dr. Richard Hodes, NIA Director, Dr. Bruce Tromberg, NIBIB Director, and Dr. Tara Schwetz, NIH Associate Deputy Director participated

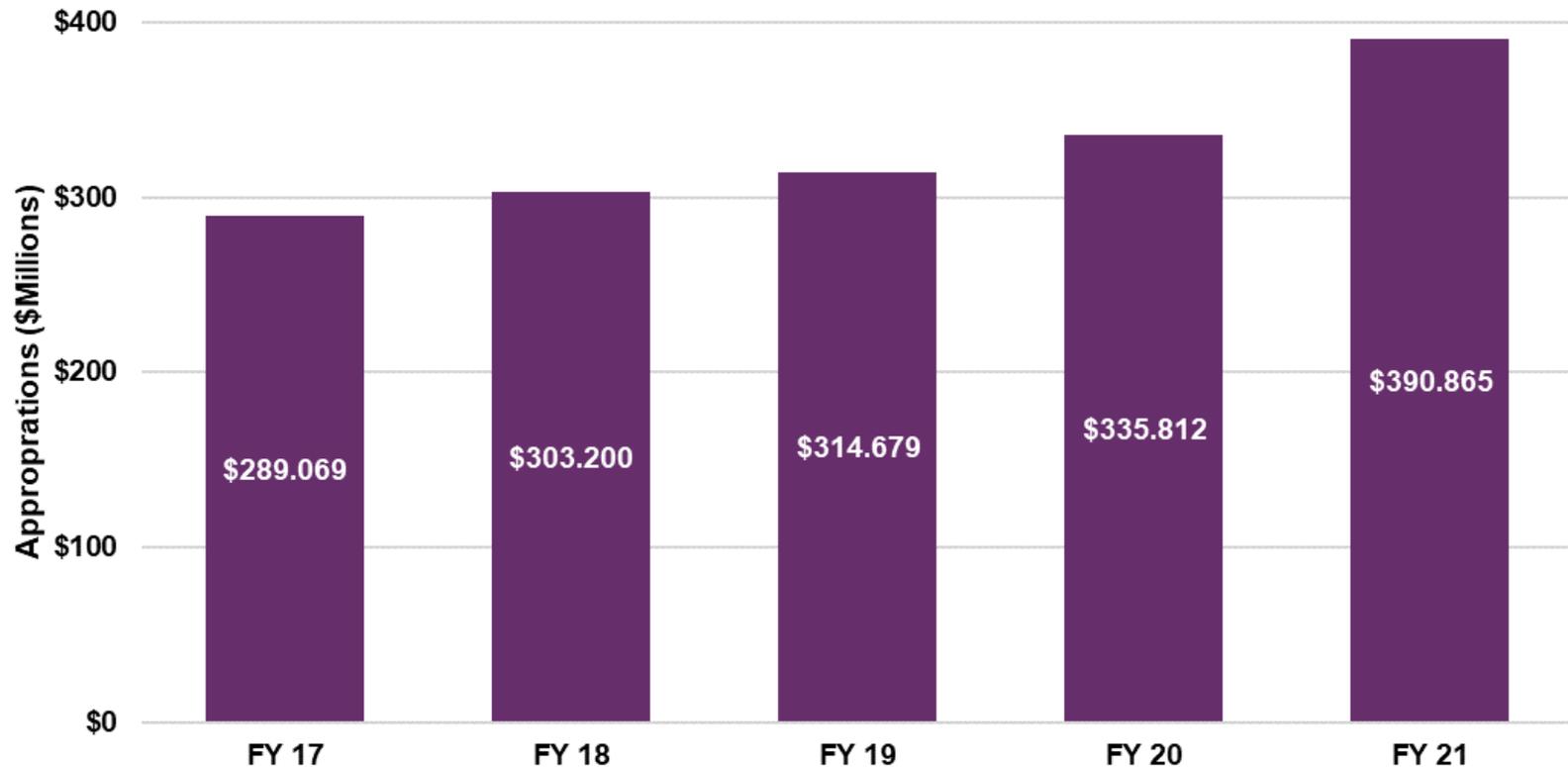
## January 14, 2020

- NIMHD Deputy Director **Dr. Monica S. Webb Hooper** spoke at a Texas Town Hall organized by Texas CEAL with Representative Sheila Jackson Lee (D-TX) to discuss the national efforts of the CEAL Initiative



# FY 2021 Appropriations Outlook

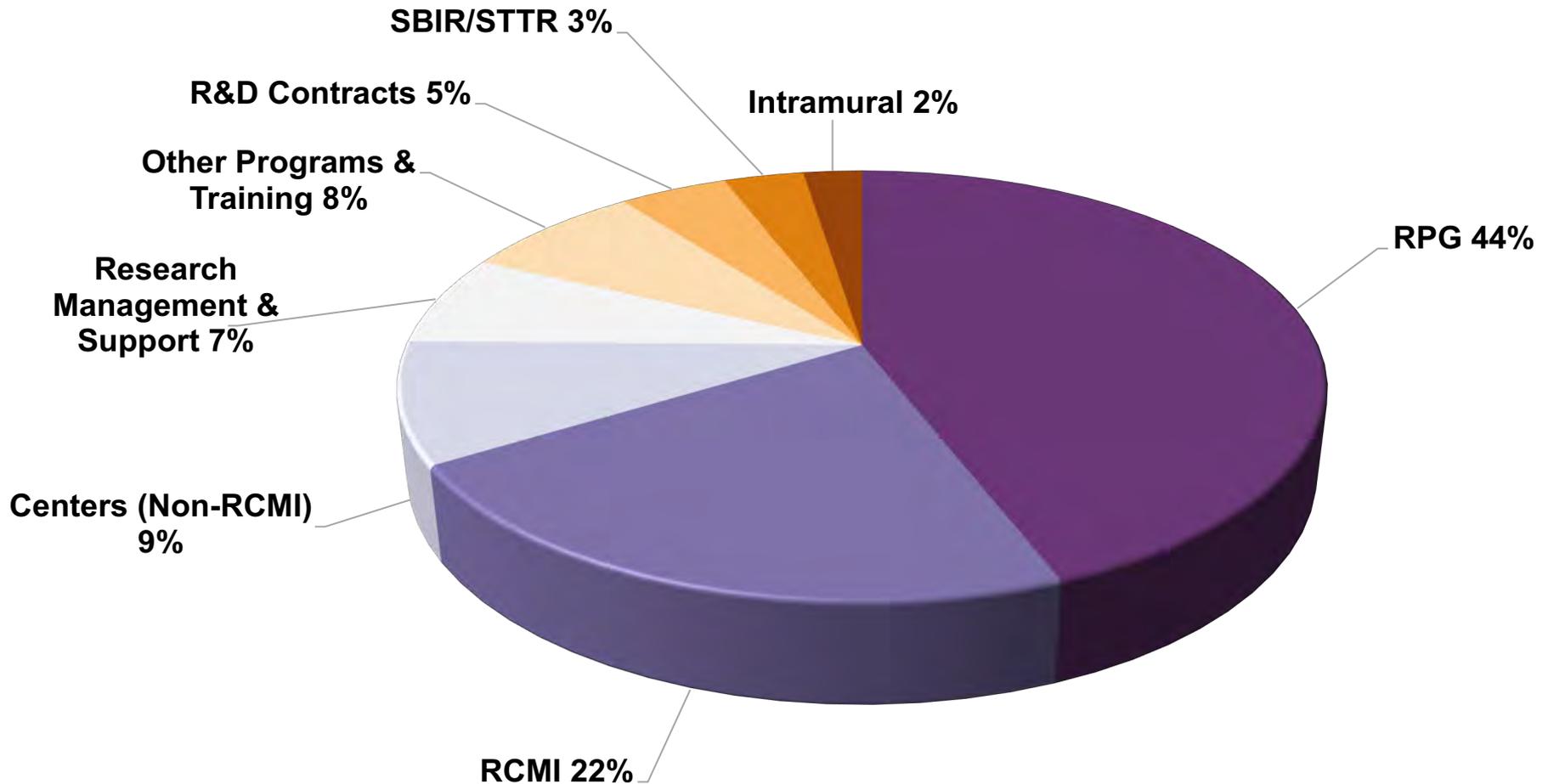
## NIMHD Appropriations by Fiscal Year



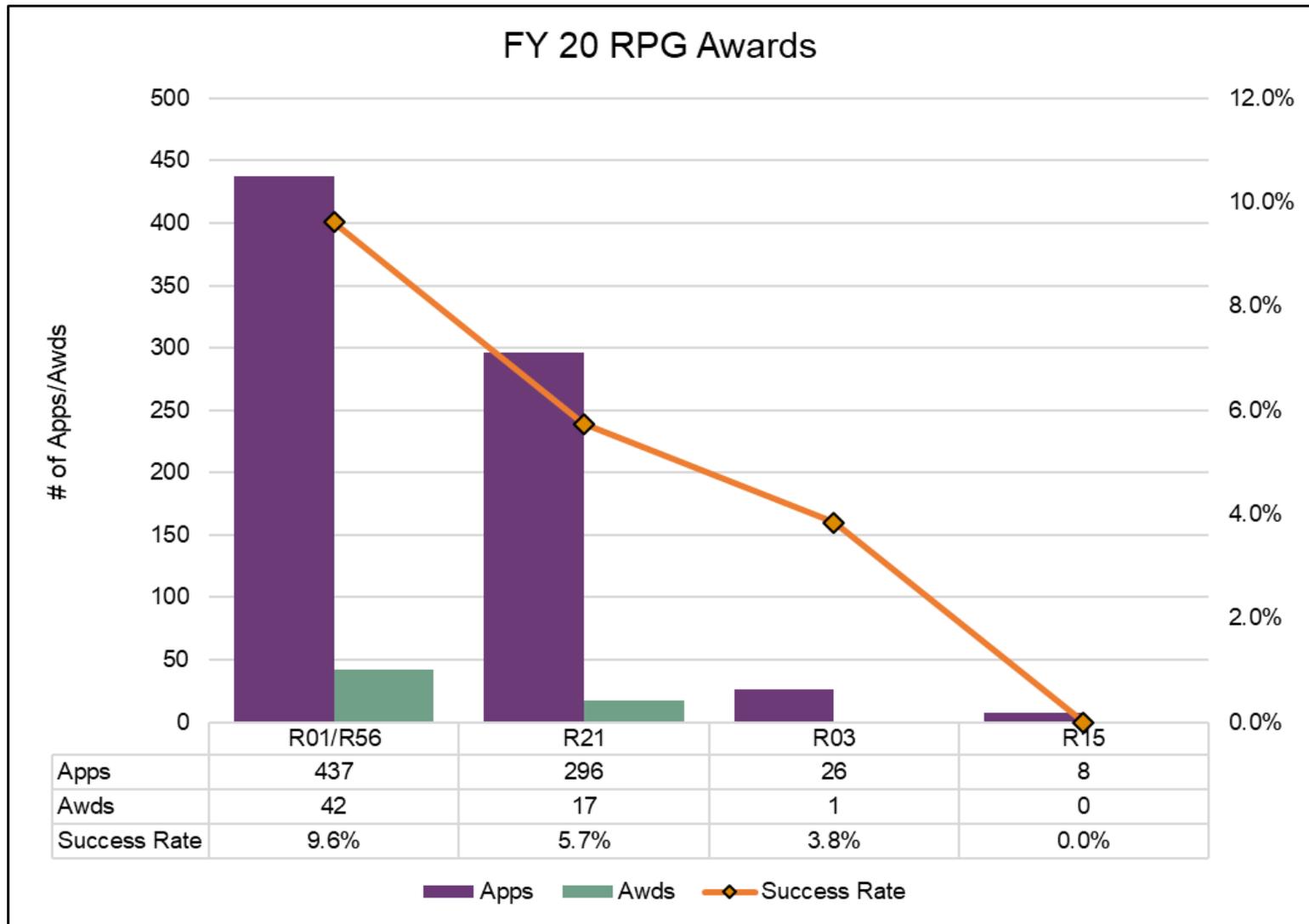
\*FY21 Omnibus Spending Bill signed into law on Dec. 27, 2020  
[https://officeofbudget.od.nih.gov/approp\\_hist.html](https://officeofbudget.od.nih.gov/approp_hist.html)



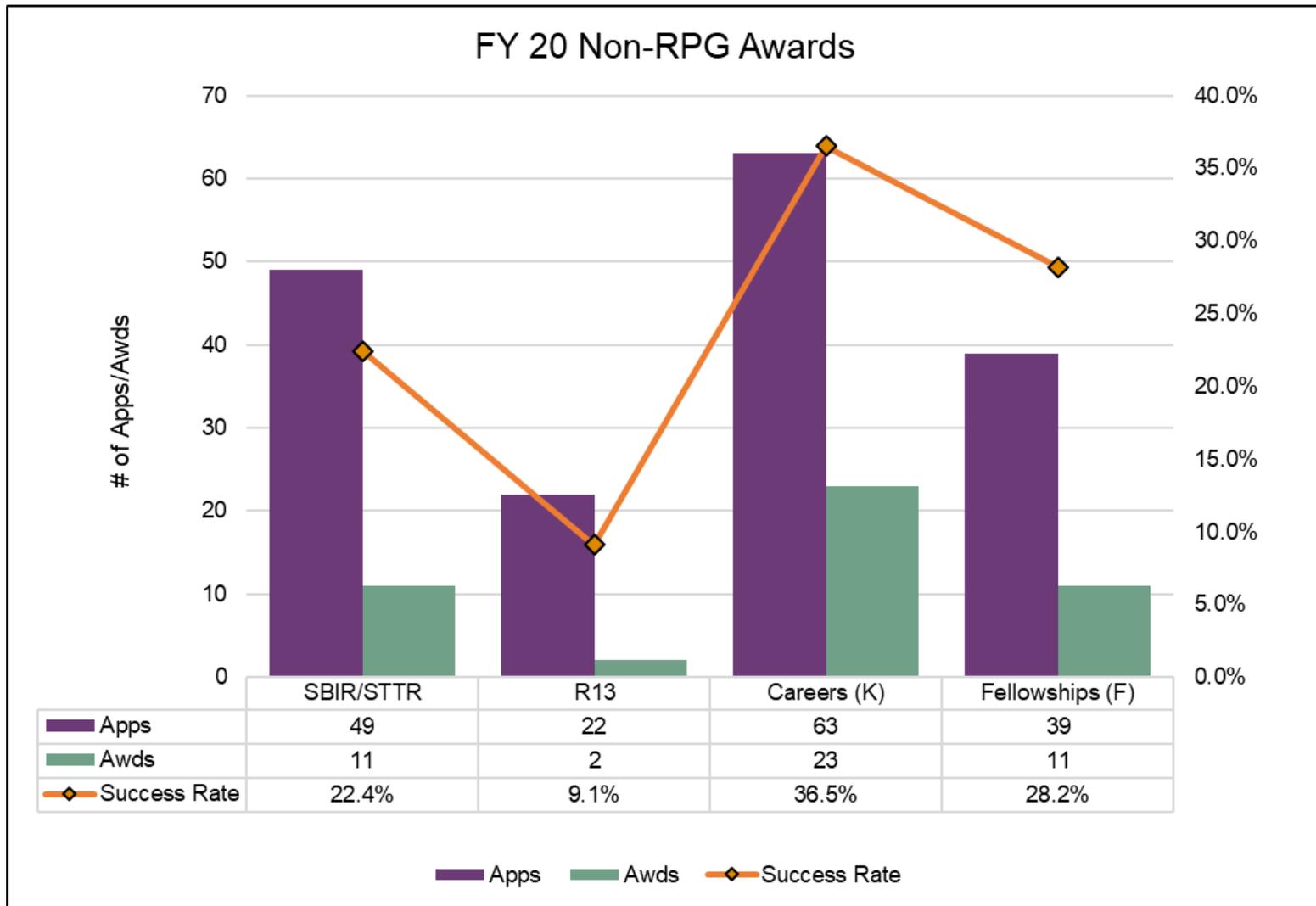
# FY 2020 Funding Distribution



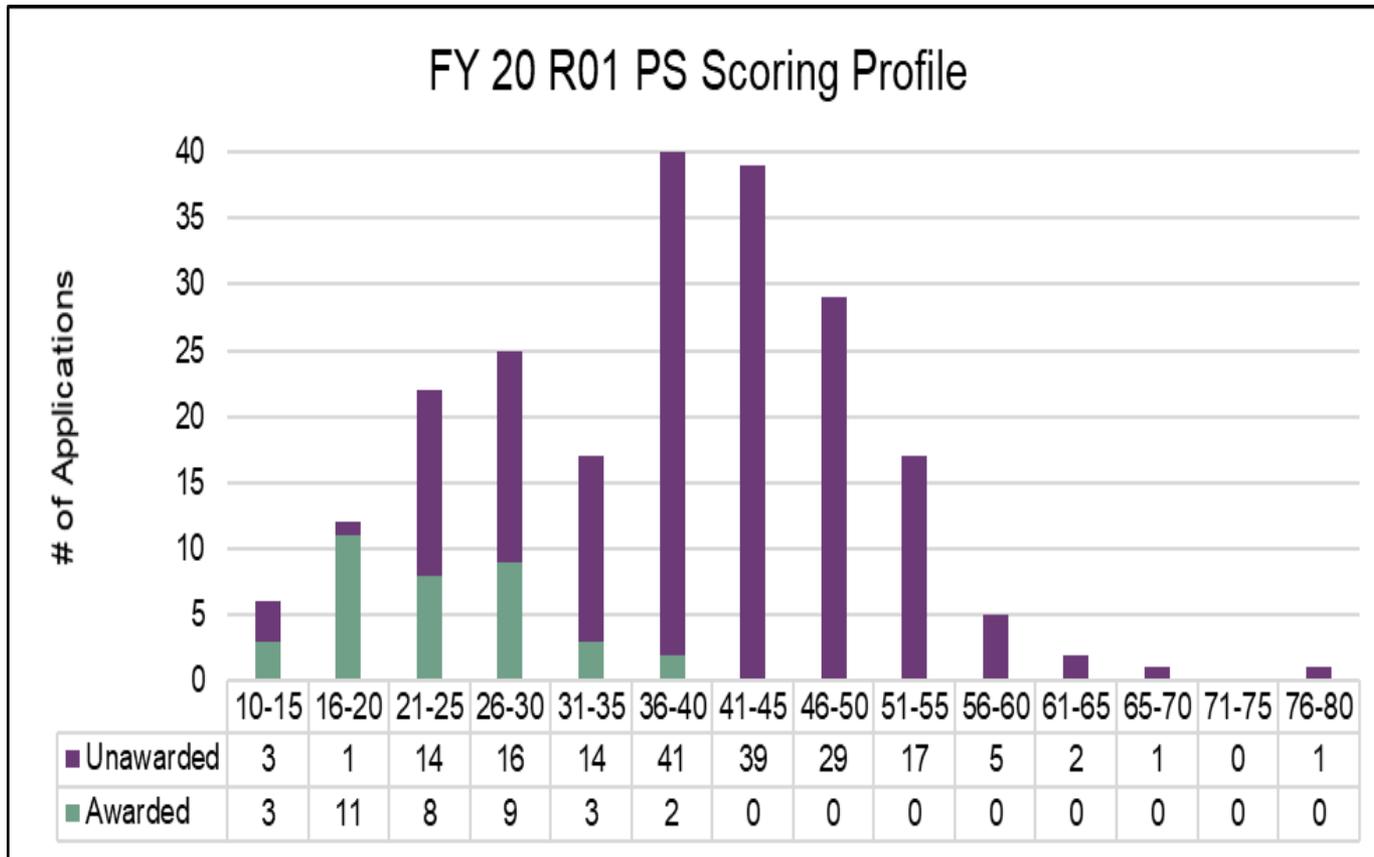
# NIMHD FY 2020 Competing Awards



# NIMHD FY 2020 Competing Awards



# NIMHD FY 2020 R01 Scoring Profiles



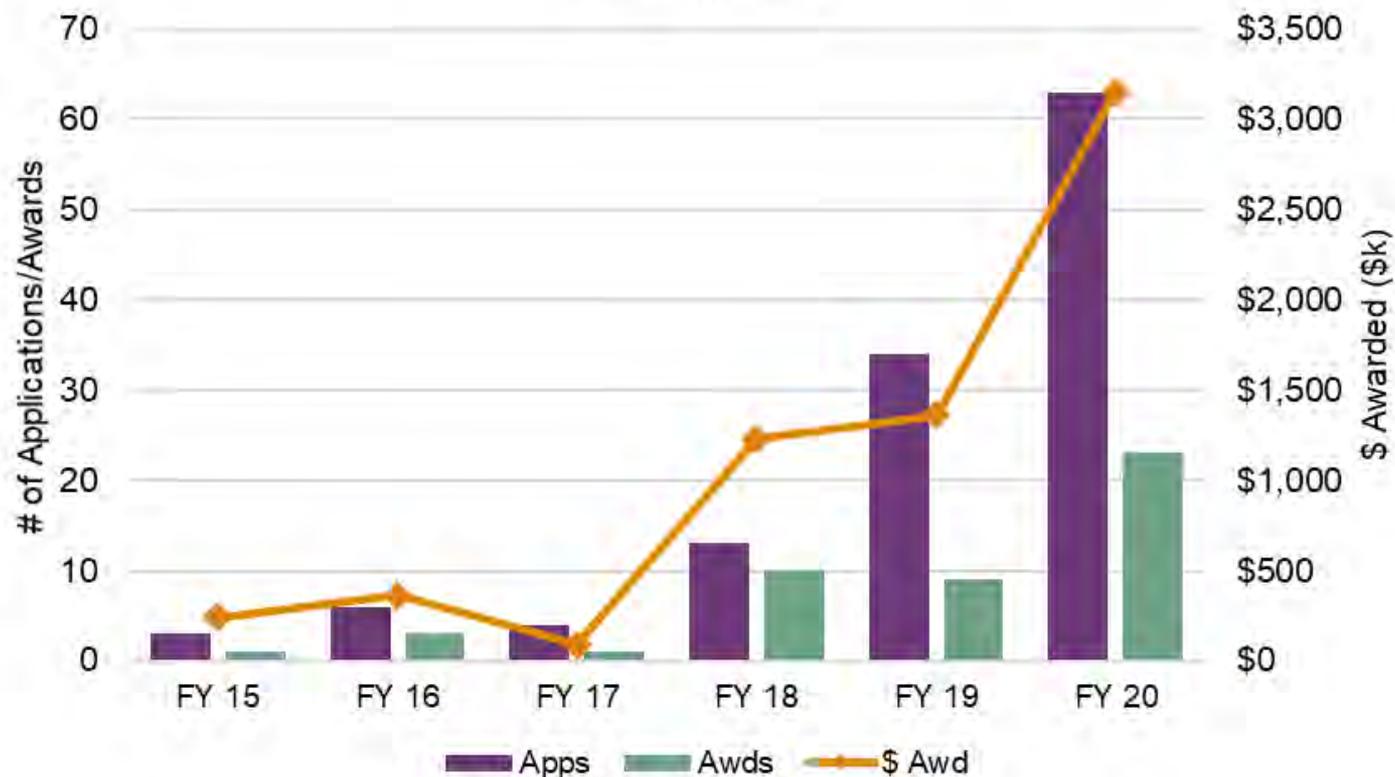
**R01**  
20% of scored applications were funded

Charts do not include unscored/unreviewed applications or applications in response to RFAs



# Growing Support for K Awards

FY15-FY20 Competing Career (K) Applications and Awards



# NIMHD Staff Updates

**Tilda Farhat, Ph.D., M.P.H.**, Director, Office of Science Policy, Planning, and Evaluation

- Served as Acting Director for the past year
- Behavioral and social epidemiologist who earned her doctoral degree in Health Behavior from the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill



**Yujing Liu, M.D. Ph.D.**, Branch Chief, Office of Extramural Research Administration

- Comes to NIMHD from the Center for Scientific Review where he served as the Deputy Director for the Division of Receipt and Referral
- M.D. from Beijing Medical University and a Ph.D. in molecular genetics from Syracuse University



# NIMHD Staff Updates

## Joyce Hunter, Ph.D. – Retirement

- Became Deputy Director, National Center on Minority Health and Health Disparities in 2007
- Cardiovascular physiologist by training and became an expert on NIH extramural policies
- Extensive career in program and scientific review administration service at NIDDK and NHLBI
- More than 31 years of service at NIH



# NIMHD Staff Updates

## Courtney Ferrell Aklin, Ph.D.

Transfer to the NIH Office of the Director

- Served as NIMHD Chief of Staff
- Prior to taking on the role as Chief of Staff, she was a Program Director at the National Institute of Neurological Disorders and Stroke, where she designed and managed programs to augment and strengthen emerging neuroscience research programs at universities and medical schools committed to increasing diversity in the biomedical workforce



# Recognition: NIH Director's Award

**Rina Das, Ph.D.**

*Recognized for sustained, exceptional leadership in promoting scientific innovation in NIMHD's extramural research programs*



- Spearheaded novel research in the areas of social epigenomics, liver disease, cancer, and lung cancer
- Provided program support for the **Speaking Up About Mental Health! This Is My Story Essay Challenge**

# COVID-19 Vaccine Family Interview



Mrs. Marsha Jackson Hooper and Mr. Samuel Wesley Hooper, Jr.  
Parents-in-Law

Dr. Monica Webb Hooper  
Deputy Director of the National Institute on Minority Health and Health Disparities (NIMHD)

*“I look forward to saying, hey we were there, we made it possible. I hope everyone gets their shot when they can.”*

*– Samuel and Marsha Hooper*



# NIMHD Envisioning Health Equity Art Challenge

- Goals to raise national awareness about the prevalence and impact of health disparities through art
- Participants invited to create images (paintings, drawings, photos, digital art) that represent NIMHD's vision: an America in which all populations have an equal opportunity to live long, healthy, and productive lives
- Age categories: Teens (16-18) and adults
- Monetary prizes for 1st place (\$3,500), 2nd place (\$2,500), and 3rd place (\$1,500) winners in each age category
- Email questions to Dr. Gina Roussos, NIMHD at [NIMHD2020@mail.nih.gov](mailto:NIMHD2020@mail.nih.gov)



<https://nimhd.nih.gov/programs/edu-training/art-challenge/index.html>



# Program Highlights



National Institute  
on Minority Health  
and Health Disparities



# 2021 Health Disparities Research Institute

**August 9 - 13, 2021**

- A “virtual” week-long intensive and engaging training experience
- Aims to support the research career development of promising early-stage investigators interested in minority health/health disparities research
  - Attend lectures with leading researchers in minority health and health disparities
  - Participate in mock grant reviews
  - Meet with NIH scientific program staff that manage health disparities research across NIH Institutes and Centers
  - Receive consultation on a research idea for a future NIH grant submission (K, R01, R21)
  - Applications open to March 8

**Questions:** [HDRI@nih.gov](mailto:HDRI@nih.gov)



*Fostering the next generation of researchers  
in Minority Health and Health Disparities*



# Funding Opportunity: Vaccine Hesitancy

- Notice of Special Interest highlights the need for research strategies and interventions to address vaccine hesitancy, uptake, and implementation among populations with health disparities
- Solicit community-engaged research to:
  - Evaluate intervention strategies (e.g., expand reach, access) to facilitate vaccination uptake in clinical and community contexts
  - Address the barriers to increasing reach, access, and uptake of vaccinations among health disparity populations at high risk and likely to experience vaccine hesitancy



# Faculty Institutional Recruitment for Sustainable Transformation (FIRST)

**FIRST is an NIH Common Fund program** to foster sustainable institutional culture change and inclusive excellence

**Faculty Cohort  
RFA 1  
U54 Center**

- Foster sustainable institutional culture change
- Hire a diverse cohort of new faculty
- Support faculty development, mentoring, sponsorship, and promotion

**Coordination and  
Evaluation Center  
RFA 2  
U24 Center**

- Coordinate and facilitate development of strategies with FIRST Cohort awardees to conduct a comprehensive evaluation of the FIRST program

<https://nimhd.nih.gov/programs/collab/first/index.html>



# NIMHD Director's Seminar Series

## *Where the Cloud Meets the Ground: Democratizing Health Data to Improve Community Health Equity*



### **L. Ebony Boulware, M.D., M.P.H.**

Chief, Division of General Internal Medicine  
Director, Duke Clinical and Translational Science Institute  
Duke University School of Medicine

**February 4, 2021 at 2:00 p.m. ET**

**Virtual Presentation: <https://videocast.nih.gov>**



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# Science Advances



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# Lay Counselors for Telehealth Depression Treatment for Older Homebound Adults

- 277 homebound low-income older adults with depression referred through Meals on Wheels program were randomized to receive
  - Video-problem solving therapy with licensed clinicians (Tele-PST),
  - Video-behavioral activation therapy with lay counselors (Tele-BA),
  - Telephone support calls (AC)
- Tele-PST and Tele-BA had greater response,  $\geq 50\%$  reduction in Hamilton Depression Rating Scale (HAMD) scores, compared with AC
- Tele-PST more effective than Tele-BA in reducing HAMD scores
- Tele-PST and Tele-BA equally reduced disability and increased social activity for up to 36 weeks

## Takeaway

- Lay counselors can be used to deliver mental health treatment to underserved populations with limited access to care



# Navajo Nation Extends 2% Junk Food Tax

- The Navajo Tribal Council passed the Healthy Diné Nation Act in 2014 enacting a 2% tax on junk food to promote the health of the Navajo people, the **first** such tax in the U.S. and in any sovereign tribal nation
- Study investigators partnered with the Navajo Epidemiology Center and Community Outreach and Patient Empowerment Project to assess the impact of the tax
- Investigators partnered with the Navajo Tax Commission, Navajo Division of Community Development, Navajo Tribal Council delegates and local chapter leaders, and the Dine' Food Sovereignty Alliance to help reauthorize the tax, which was due to expire at the end 2020
- Since late 2015, the junk food tax has generated \$7.58 million in gross revenue



PHOTO: Navajo Nation Council Resolution No. CD-96-20, extending and amending the Healthy Diné Nation Act of 2014, was enacted Dec. 31 at a signing ceremony held at the Veterans Memorial Tribal Park in Window Rock.



# Denomination and Religious Coping Effects on Hypertension Risk in African American Young Adults

Odds Ratio (95% CI) of Hypertension

Denomination/ Behavior	Women	Men
Pentecostal	<b>1.89 (1.22-2.93)</b>	0.82 (0.47-1.45)
Methodist	1.30 (0.82-2.07)	1.00 (0.42-2.41)
Non-Denominational	1.03 (0.52-2.06)	1.01 (0.47-2.18)
Catholic	0.56 (0.27-1.17)	1.27 (0.54-3.03)
<u>Church attendance:</u> >1X/week	<b>0.48 (0.23-0.99)</b>	1.47 (0.52-4.15)
<u>Religious coping:</u> Never/seldom	<b>0.51 (0.31-0.85)</b>	0.96 (0.49-1.87)

- Study included 1932 African American young adults from Wave IV of the Add Health study who self-reported religious denomination
- Pentecostal women between the ages of 24 and 32 had greater risk of hypertension than their Baptist and Catholic counterparts
- Church attendance >1X/week was protective for women, however never/seldom religious coping was also protective
- Religion simultaneously may be a source of blood pressure risk and resilience for African American young women
- Researchers and practitioners should account for the cultural diversity within African American religious communities, including historically Black Christian denominations



# What if My Parents Find Out?!

## Parents as Barriers to PrEP Uptake

- Pre-exposure prophylaxis (PrEP) now has FDA approval for use among adolescents
- Surveyed 491 racially/ethnically diverse adolescent MSM (ages 13-18) participating in the SMART HIV prevention trial regarding attitudes about PrEP
- 55% of participants had heard of PrEP, but only 4% had ever taken it
- The most common reason for not using PrEP (32%) was concern about parents finding out
  - 61% thought their parents would not be supportive
  - 68% reported feeling awkward, fearful, or unable to discuss taking PrEP with their parents
- Improving parental knowledge of PrEP and encouraging parents to initiate conversations about PrEP could help increase uptake in adolescent MSM



# Impact of COVID-19 on Colorectal Cancer Screening and Solutions to Help Underserved Populations

- Mitigation efforts for COVID-19 have contributed to an estimated 85% drop-off in colorectal cancer (CRC) screening
- In order to protect medically underserved populations from COVID-19-related impacts on CRC screening, investigators encourage use of noninvasive screening, increased use of mailed fecal immunochemical tests (FITs), identification of partners to improve coordination of care, and prioritization of patients with early and abnormal FIT results

**Table:** Summary of areas related to CRC prevention in the medically underserved that have been impacted by COVID-19

## Impacted Area

CRC screening participation

Follow-up after abnormal FIT/fecal occult blood test screening

Community-based research

External factors

Community outreach and engagement

Advocacy and policy

NIH Grant Nos: K08 CA 241296, R03 CA 23094, R21AG 061496, UG3 CA 233282.

Balzora et al., [Gastrointest Endosc](#), Oct 92(4): 946-950.



# Understanding COVID-19 Health Disparities in Massachusetts

- Cross-sectional study of 351 Massachusetts cities and towns from January 1 to May 6, 2020
- A 10% increase in the Black population was associated with an increase of 312.3 COVID-19 cases per 100,000
- A 10% increase in the Latino population was associated with an increase of 258.2 cases per 100,000

**Increases in cases per 100,000 population**

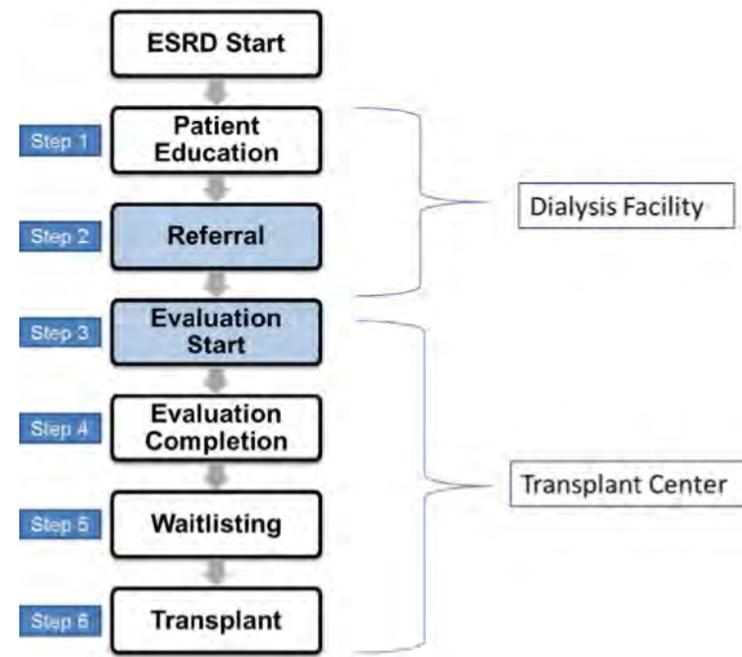
City/town variables	Multivariable analysis using z-scores <sup>b</sup>		
	Estimate	95% CI	p value <sup>d</sup>
Proportion of Black non-Latino population	127.2	90.9, 163.4	<0.001
Proportion of Latino population	40.6	-15.3, 96.5	0.154
Proportion of other non-Latino population	-122.4	-181.8, -63.0	<0.001
City/town population size	-16.8	-32.6, -1.0	0.037
Proportion older than age 60	122.5	28.2, 216.8	0.011
Mean household size	236.4	131.9, 340.9	<0.001
Proportion with less than high school education	27.1	-54.0, 108.1	0.512
Median income	-70.4	-208.8, 67.9	0.317
Proportion of essential workers	2.8	-124.3, 129.9	0.966
Proportion of foreign-born noncitizens	310.4	253.5, 367.2	<0.001

- After adjustment for foreign-born noncitizens living in a community, mean household size, and share of food service workers, the association between the Latino population and COVID-19 rates was attenuated
- In contrast, the association between the Black population and COVID-19 rates persisted and may be explained by other systemic inequities



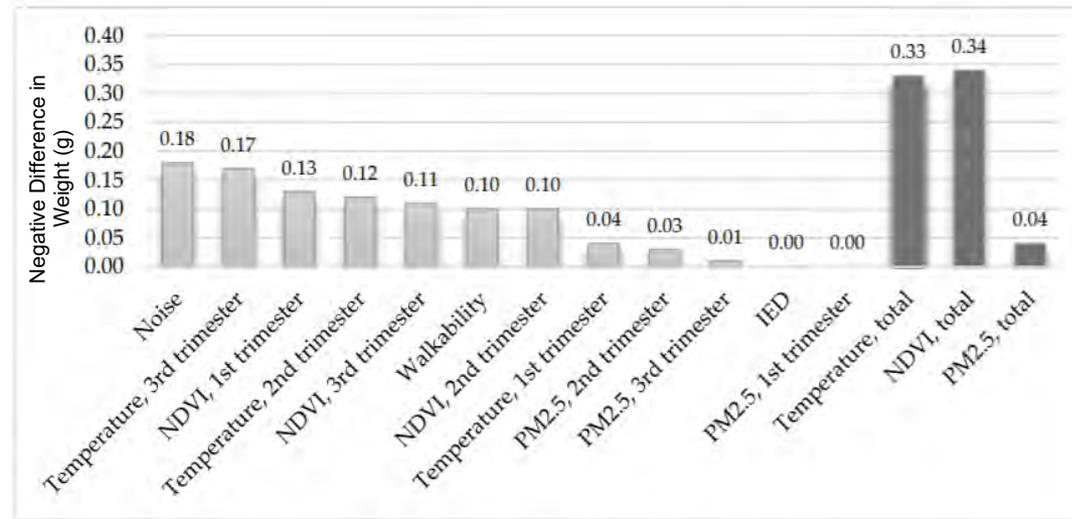
# Policies to Promote and Better Evaluate Referrals for Kidney Transplantation (KT)

- While many studies have examined the impact of patient, provider, and health system-related barriers to access KT, few have focused on the referral and transplant evaluation process
- The development of quality metrics to assess patient education (Step 1) and referrals (Step 2) will improve upon the multiple barriers to KT
- Includes standardized education on basic information (e.g., steps in transplant process), medical information (e.g., survival benefits & risks), and psycho-social factors (e.g., financial barriers)
- Federal policies should incentivize national data collection on transplant referrals and evaluations



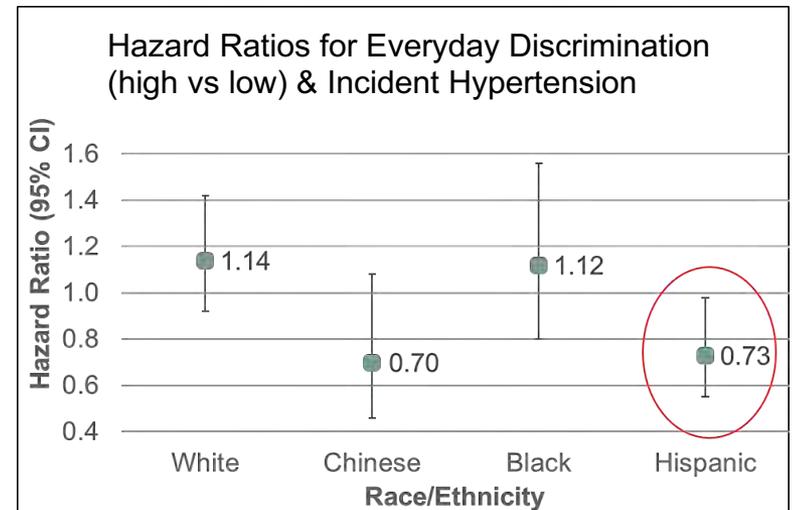
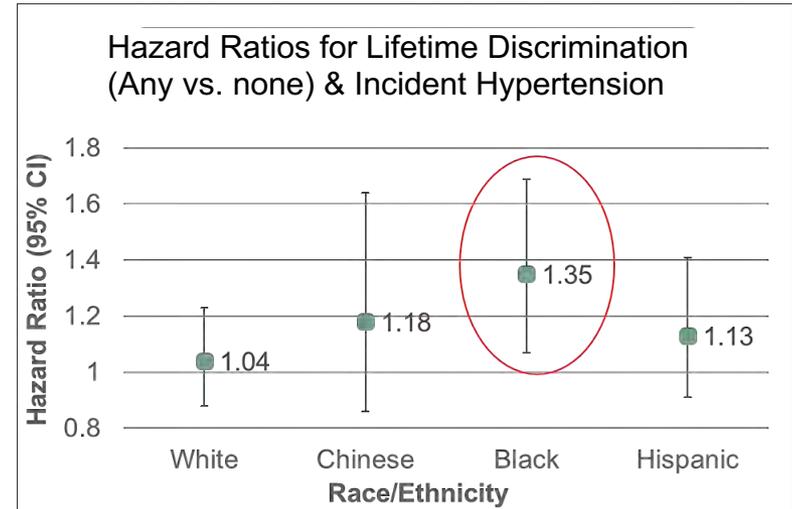
# Combined Effects of Natural and Built Environmental Exposures on Birthweight among Urban Residents

- Large study examined environmental, built environment exposures, and socioeconomic predictors on birthweight in a sample of live births of mothers who resided in urban census block-groups and delivered in Massachusetts between 2001 and 2011 ( $n = 640,659$ )
- Lower birthweight was significantly associated with lower greenness and with higher temperature, walkability, noise, and segregation of the “high income” group
- Exposures during pregnancy included fine particulate matter (PM<sub>2.5</sub>), temperature, greenness, walkability, noise, and economic indices
- Cumulative impacts of social and environmental exposures may contribute to lower birthweight



# Perceived Discrimination and Hypertension Risk among Participants in the Multi-Ethnic Study of Atherosclerosis (MESA)

- Longitudinal study on perceived discrimination and hypertension risk among 3297 Black, Latino, Chinese, and White adults (aged 45 to 84) in MESA
- Adjusted Hazard Ratios:
  - Black participants who experienced any lifetime discrimination were more likely to develop hypertension
  - Latino participants (mostly foreign-born) who reported high everyday discrimination scores had a lower risk for hypertension
- There were no significant interactions of perceived discrimination with gender, discrimination attribution and racial residential segregation.



Forde et al , JAHA, in press



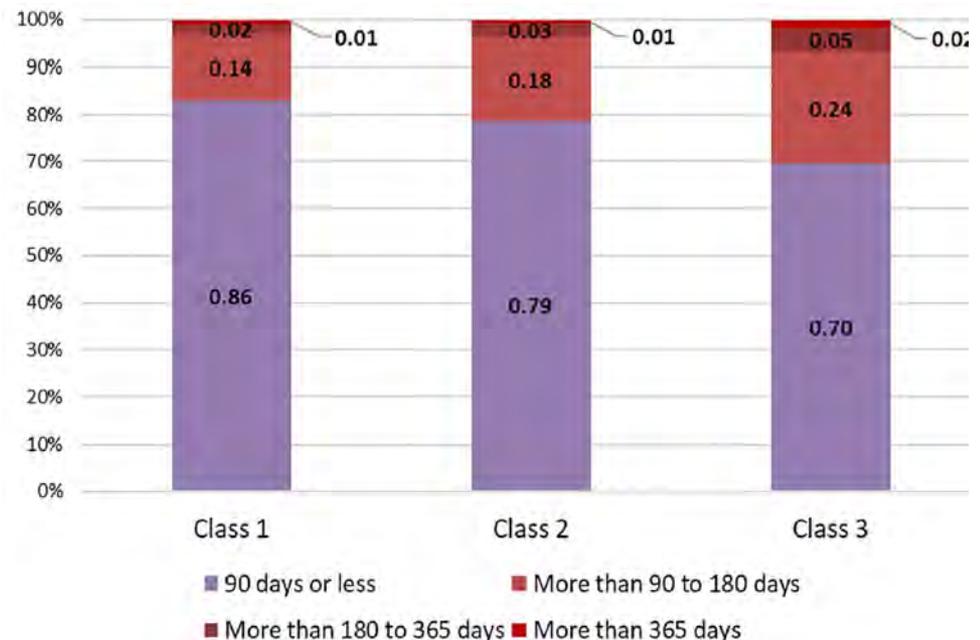
# Barriers to patient portal access and use: Evidence from the Health Information National Trends Survey

- Examined patient characteristics, race/ethnicity and socioeconomic status, association with (a) levels of access to and use of patient portals (PPs) and factors facilitating such use and (b) use of PPs functionalities
- 6789 US adults,  $\geq 18$  years, from 2017-2018 HINTS cycles 1 and 2, a nationally representative, self-administered survey that evaluated public perceptions and use of PPs
- PPs access (47.2%) and use (29.3%) were low
- Having a primary care clinician, patient's educational attainment, and being a woman were associated with PPs access and use, but not race/ethnicity
- Internet access and mobile device ownership were independently associated with accessing personal electronic health records
- Once access was achieved, use of PPs functionalities was generally uniform across demographic segments



# Prostate Cancer Treatment Delay between Black and White Men in Tennessee

- 18 088 profiles generated from the Tennessee Department of Health cancer registry from 2005 to 2015 for adults  $\geq 18$  years, including age, marital status, race, county of residence (non-Appalachian or Appalachian), and health insurance type
- Three risk groups identified for TD: **Class 1 - Lowest** (Predominantly White,  $\geq 70$  years at diagnosis, Appalachian county, public health insurance), **Class 2 - Medium** (Predominantly White, between 55 and 69 years, private health insurance), and **Class 3 - Highest** (Predominantly Black, non-Appalachian county, private insurance)
- Even with health insurance coverage, Blacks living in non-Appalachian counties had the highest TD, which was almost double that of Whites in the lowest delay profile.
- These disparities in prostate cancer TD may explain differences in health outcomes in Blacks who are most at-risk



# Cancer Incidence by Site and Race/Ethnicity in Men, U.S. 2013 – 2017 (per 100,000 age-adjusted)

	<b>African Am</b>	<b>Asian/PI</b>	<b>White</b>	<b>Latino</b>
<b>Prostate</b>	<b>171.6</b>	<b>53.8</b>	<b>97.7</b>	<b>85.6</b>
<b>Lung</b>	<b>79.8</b>	<b>43.2</b>	<b>70.8</b>	<b>37.1</b>
<b>Colon</b>	<b>51.6</b>	<b>34.6</b>	<b>42.0</b>	<b>39.6</b>
<b>Stomach</b>	<b>13.7</b>	<b>13.1</b>	<b>7.5</b>	<b>12.0</b>
<b>Liver</b>	<b>18.0</b>	<b>19.3</b>	<b>10.7</b>	<b>20.1</b>

Surveillance, Epidemiology, and End Results (SEER) Program ([www.seer.cancer.gov](http://www.seer.cancer.gov))



# Trends in CV Disease Prevalence by Income

*Abdalla SM, Yu S, Galea S, JAMA Network Open; Sept 25, 2020*

- **NHANES analyses — 9 surveys, 1999-2016**
- **Family income/poverty ratio <5 were lower resources and older, more women, Blacks and Latinos**
- **Top 20% income or higher resources had steady decrease in CVD— heart attacks, heart failure and stroke**
- **Remainder 80% had slight decrease in MI, but slight increase in CHF and stroke**
- **All adjusted by other demographics**



# COVID-19 Morbidity and Mortality

- **Systematic review of 37 observational studies through 8/31/20 including CDC reports**
- **African American and Latinos had higher rates of infection, hospitalization and mortality compared with Whites**
- **In-hospital mortality was not different**
- **Asians were not different than Whites**
- **Insufficient data on AI/AN and NH/OPI**

*Mackey, et al, Ann Intern Med 12/282020*



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# Discussion



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