

Reducing Health Disparities and Promoting Health Care Equity

Nathan Stinson, Jr, MD, PhD, MPH
Director, Division of Scientific Programs
National Institute on Minority , Health and Health Disparities

West Virginia Clinical and Translational Science Institute

December 1, 2016



NIH National Institute on Minority Health and Health Disparities

Objectives of Presentation

- **To define the NIMHD vision on minority health and health disparities research and promotion of health equity research.**
- **To identify plausible mechanisms that promote or impair the development of health disparities.**
- **To propose interventions to promote health equity.**



NIMHD History and Mission

- 1990: Office of Minority Programs
- 1993: Office of Minority Health Research
- 2000: Transition to National Center on Minority Health and Health Disparities through legislation
- 2010: NIMHD created as part of the ACA

NIMHD's mission is to plan, review, coordinate, and evaluate the minority health and health disparities research conducted and supported by NIH Institutes and Centers

Supports research in minority health, as defined by racial/ethnic groups in U.S. Census and on understanding causes of and testing interventions to reduce disparities

Supports the training of a diverse scientific workforce



National Institute
on Minority Health
and Health Disparities



Minority Health Definition

- **Distinctive health characteristics and attributes of the minority racial and/or ethnic groups in the U.S.**
- **Social disadvantage and/or subject to discrimination as a common theme**
- **Research on factors that lead to specific outcomes within a minority group and in comparison to others**



Minority Race/Ethnic Populations

OMB standard Classification

- **African American or Black**
- **Asian (>30 countries)**
- **American Indian or Alaska Native**
- **Native Hawaiian or other Pacific Islander**
- **Latino or Hispanic (20 countries)**



Assessment of Socioeconomic Status

- **Education – years of formal, usually translated into categories**
- **Income – defined in terms of annual household \$\$\$ by number of dependents.**
- **Occupation – laborer, technical, professional, business, information**
- **Life course SES: Increased attention**
- **Parental education as measure in children**
- **Imputed value from average Census data**



Health Disparity Populations

Health disparity populations include:

- **racial/ethnic minorities**
- **less privileged socio-economic status**
- **underserved rural residents, and/or**
- **others subject to discrimination**

Populations have poorer health outcomes often attributed in part to social disadvantage, and being underserved in the full spectrum of health care.



National Institute
on Minority Health
and Health Disparities



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: 1) advancing scientific knowledge about defining mechanisms of how health determinants affect disparities; and 2) how this knowledge is translated into interventions to reduce 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**



Mechanisms Leading to Health Disparities

- **Individual Behaviors, Lifestyle, Beliefs, and Response to Stress:** racism, adverse conditions, food insecurity, witness to violence, immigrant, LEP
- **Biological processes, Genetics and Epigenetics:** Earlier age of onset, gene variant, metabolic differences, susceptibility, faster progression or greater severity
- **Physical and Cultural Environment:** place, social interactions, network, community cohesion
- **Clinical Events and Health Care:** Differential treatments, poor communication, adverse events to medications, falls, progression of disease, access, use/abuse of appropriate services end of life care



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





Inclusion of Diverse Participants

- **All disparity populations are historically underrepresented in biomedical research**
- **Inclusion of minorities in clinical studies is an important and separate domain**
- **Inclusion is not to be confused with minority health or health disparities research**
- **Social justice, good science, and common sense mandate inclusion (40% US population)**



National Institute
on Minority Health
and Health Disparities



NIMHD Priorities

- **Define the science of health disparities and minority health**
- **Promote innovation from extramural scientists in these sciences that lead to R01 applications**
- **Establish health services and research in clinical settings program**
- **Promote diversity in the workforce**



National Institute
on Minority Health
and Health Disparities



NIMHD Scientific Programs

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



National Institute
on Minority Health
and Health Disparities



New Research Areas for FY 2017

- **HIV Infected Youth and Young Adults from Health Disparity Populations in Treatment**
- **Immigrant Populations**
- **Disparities in Surgical Care and Outcomes**
- **Social Epigenomics**
- **Health Services Research**
- **Sleep**
- **Liver Cancer**
- **Violence Prevention in Youth**



National Institute
on Minority Health
and Health Disparities



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)**
- **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)**



National Institute
on Minority Health
and Health Disparities



Policy Strategies to Reduce Health Care Disparities

- **Expand Access: Health insurance, place and clinician as fundamental**
- **Public Health Consensus**
- **Coordination of Care: Systems, navigators, and target conditions**
- **Patient-Centered: PCMH, effective communication, cultural competence**
- **Performance measurement**



Obesity/Food Environment

- ***Dan River Region POPS: Partnering for Obesity Planning and Sustainability*** (Virginia Polytechnic Institute and State University)
- ***Developing Effective, Sustainable CBPR to Reduce Obesity in Rural Alabama*** (University of Alabama in Tuscaloosa)
- ***Appalachians Together Restoring the Eating Environment (Appal-TREE): Advancing Sustainable CBPR Interventions to Improve Healthy Diet in Rural Appalachian Children*** (University of Kentucky)



Mental Health/Substance Use

- ***Qasgiq: Dissemination Using Yupik Indigenous Implementation Strategies***
(University of Alaska Fairbanks)
- ***Reducing Depressive Symptoms among Rural African Americans: REJOICE***
(University of Arkansas for Medical Sciences)
- ***Tribal Collaborative in the Preventive or Alcohol-Exposed Pregnancies*** (Sanford Research/University of South Dakota)



National Institute
on Minority Health
and Health Disparities



Health Services/Health Policy

- ***Reducing Health Disparities in SMI, Rural and Minority Populations (Duke University)***
- ***Rural Health Clinics in Accountable Care Organizations: Impact on Disparities (University of Central Florida)***
- ***Effectiveness and Improvement of Rural, School-based Caries Prevention Programs (New York University)***



National Institute
on Minority Health
and Health Disparities



Research Challenges and Impact on Clinical Medicine



National Institute
on Minority Health
and Health Disparities



Standardized Measures

- **Measure of basic demographic and social determinants must become standardized**
- **Census for race/ethnicity and valid measures of social class**
- **Country of Origin, immigration, family background, Limited English Proficiency, sexual orientation**
- **Health literacy, numeracy, food insecurity**
- **Neighborhood, place, housing**



Health IT Innovation to Close the Gap

- **Standard measures need to be incorporated into the electronic health record**
- **Facilitate access to older, limited HL, LEP, through touch screen technology, family support, teaching as part of the visit**
- **Portal access to clinician and results**
- **Develop video “doctor” communication for visual impairment, limited literacy, language other than English**



National Institute
on Minority Health
and Health Disparities



Policy Implications of LEP Status

- **LEP status is associated with less health information given to patient, harder access to care, longer waits**
- **Clinician language discordance is common**
- **Interpreters often not available, infrequently used and often not trained**
- **Language concordance: More patient-centered**
- **Professional interpreters should always be used**
- **Access through technology available now**
- **Certify clinicians, compensate**



Precision Medicine and Clinical Care

- **When is “more precise” individualized approach better than a standard one with demonstrated efficacy?**
- **One size fits all approach can work to improve outcomes in many clinical situations**
- **New is not always better and is usually more expensive — cost has to be considered**
- **Precision in patient-clinician interactions**
- **Enhance cultural competence and reduce structural discrimination**



Connect With Us



Visit us online
www.nimhd.nih.gov



Connect with us on Facebook
www.facebook.com/NIMHD



Follow us on Twitter
[@NIMHD](https://twitter.com/NIMHD)

