



# Director's Report

## National Advisory Council on Minority Health and Health Disparities

February 4, 2020

**Eliseo J. Pérez-Stable, M.D.**

**Director, National Institute on  
Minority Health and Health Disparities**

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# NIMHD's 10<sup>th</sup> Anniversary

## Scientific Symposium: Innovations to Promote Health Equity

**March 3, 2020**

**9:00 a.m. – 4:30 p.m. E.T.**

**NIH Main Campus**

**Natcher Conference Center (Building 45)**

**Ruth Kirschstein Auditorium**

**Bethesda, Maryland**

- Join us for a day of new insights, dynamic discussions and a look toward the future
- Will showcase the latest discoveries in minority health and health disparities research



**Register Today!**

<https://www.nimhd.nih.gov/about/10-year-anniversary/symposium.html>



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# Monica Webb Hooper, Ph.D., Selected as the NIMHD Deputy Director

- Starts on March 15, 2020
- Comes to NIH from the School of Medicine at Case Western Reserve University, where she was professor
- Served as the Associate Director for Cancer Disparities Research and Director of the Office of Cancer Disparities Research at the Case Comprehensive Cancer Center
- B.A. from the University of Miami, Ph.D. in clinical health psychology from the University of South Florida and completed an internship in medical psychology at the University of Florida Health Sciences Center



# Joshua Denny, M.D., M.S., Selected as Chief Executive Officer of the *All of Us* Research Program

- Will oversee NIH's efforts to build one of the largest and most comprehensive research platforms in the world
- Comes to NIH from Vanderbilt University Medical Center where he was a Professor at the Departments of Biomedical Informatics and Medicine
- Has been leading efforts at Vanderbilt related to *All of Us*
- Eric Dishman has transitioned to Chief Innovation Officer of *All of Us*



# Selection of Susan Gregurick, Ph.D., as the Associate Director for Data Science, NIH

- Served as the senior advisor to the Office of Data Science Strategy since November 2018
- Will help lead NIH efforts in coordinating and collaborating with government agencies, international funders, private organizations, and stakeholders engaged in scientific data generation, management, and analysis
- Brings substantial experience in computational biology, high performance computing, and bioinformatics to this position



# Ned Sharpless, M.D., Returns to Lead National Cancer Institute

- Served as the Acting Commissioner of Food and Drug Administration from April 5 to November 1, 2019
- Resumed his leadership as the Director of the National Cancer Institute (NCI)
- Dr. Doug Lowy, NCI's acting director, will return to his role as the NCI principal deputy director



# Ongoing NIH Institute Director Searches

NIH continues to conduct national searches for:

- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
- National Institute of Environmental Health Sciences (NIEHS)
- National Institute of Nursing Research (NINR)
- National Institute of Dental and Craniofacial Research (NIDCR)
- National Eye Institute



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# Changing the Culture to End Sexual Harassment

## Overarching Themes

- Increase Transparency and Accountability in Reporting of Professional Misconduct, especially Sexual Harassment
- Establish Mechanisms for Restorative Justice
- Ensure Safe, Diverse, and Inclusive Research and Training Environments
- Create System-wide Change to Ensure Safe, Diverse, and Inclusive Research Environments

## NIH Internal Anti-Harassment Actions





# Updated Definition of Disadvantaged Background

Individuals from disadvantaged backgrounds, defined as those who meet two or more of the following criteria

- Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act
- Were or currently are in the foster care system, as defined by the Administration for Children and Families
- Were eligible for the Federal Free and Reduced Lunch Program for two or more years
- Have/had no parents or legal guardians who completed a bachelor's degree (or currently are eligible for Federal Pell grants)
- Grew up in a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer or in a Centers for Medicare and Medicaid Services-designated Low-Income zip code

**Notice Number: NOT-OD-20-031**

<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-031.html>



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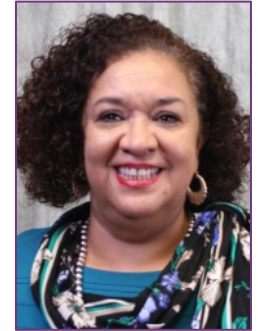
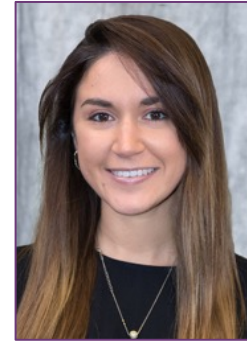
# Thomas Vollberg, Ph.D., Selected as the Director, Office of Extramural Research Administration, NIMHD

- Served as Acting Director for 12 months and has more than 17 years of experience leading peer review
- Cell and molecular biologist with doctoral training in human experimental pathology from Thomas Jefferson University
- Prior to mid-2015, he was the Chief of the Research Technology and Contract Review Branch and a Scientific Review Officer at the National Cancer Institute.



# NIMHD Staff Updates

- **Megan A. Hoffman**, Program Analyst, Office of Science Policy, Strategic Planning, Analysis, Reporting, and Data
- **Rose Ramos, Ph.D.**, Staff Scientist, Division of Intramural Research
- **Gina Roussos, Ph.D.**, American Association for the Advancement of Science Fellow, Office of the Director
- **Mohor Sengupta, Ph.D.**, Senior Science Writer, Office of Communications and Public Liaison
- **Nadra Tyus, Ph.D.**, Health Scientist Administrator, Integrative Biological and Behavioral Sciences



# NIMHD Staff Updates

## Departures

- **Andrew Loudon, Ph.D.,** Program Officer
- **Adelaida M. Rosario, Ph.D.,** Program Officer
- **Meryl Sufian, Ph.D.,** Program Officer

## Retirements

- **Nancy Breen, Ph.D.,** Health Economist
- **Deloris Hunter, Ph.D.,** Program Officer
- **Vincent A. Thomas, M.S.W., M.P.A.,** Program Manager



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# Legislative Update

## Congressional Hearings by NIH Leadership

- **September 25, 2019** - The House Appropriation Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a hearing on *Investments in Medical Research at Five Institutes and Centers of the National Institutes of Health*
- NIH Director Dr. Francis Collins testified accompanied by
  - Dr. Christopher Austin, NCATS Director
  - Dr. Helene Langevin NCCIH Director
  - Dr. Bruce Tromberg NIBIB Director,
  - Dr. Eliseo J. Pérez-Stable, NIMHD Director
  - Dr. Patricia Brennan, NLM Director



<https://appropriations.house.gov/events/hearings/investments-in-medical-research-at-five-institutes-and-centers-of-the-national>



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# Legislative Update

## Congressional Hearings by NIH Leadership

- **December 11, 2019** - NIH Director Dr. Francis Collins participated in a Black Maternal Health Caucus (BMHC) that was organized by BMCH Representatives Alma Adams (D-NC) and Lauren Underwood (D-IL)
- Dr. Collins was accompanied by
  - Dr. Diana W. Bianchi, Director, NICHD
  - Dr. Gary H. Gibbons, Director, NHLBI
  - Dr. Eliseo J. Pérez-Stable, Director, NIMHD
- The NIMHD Reorganization was included in the final FY 2020 Appropriations bill



# NIMHD Budget

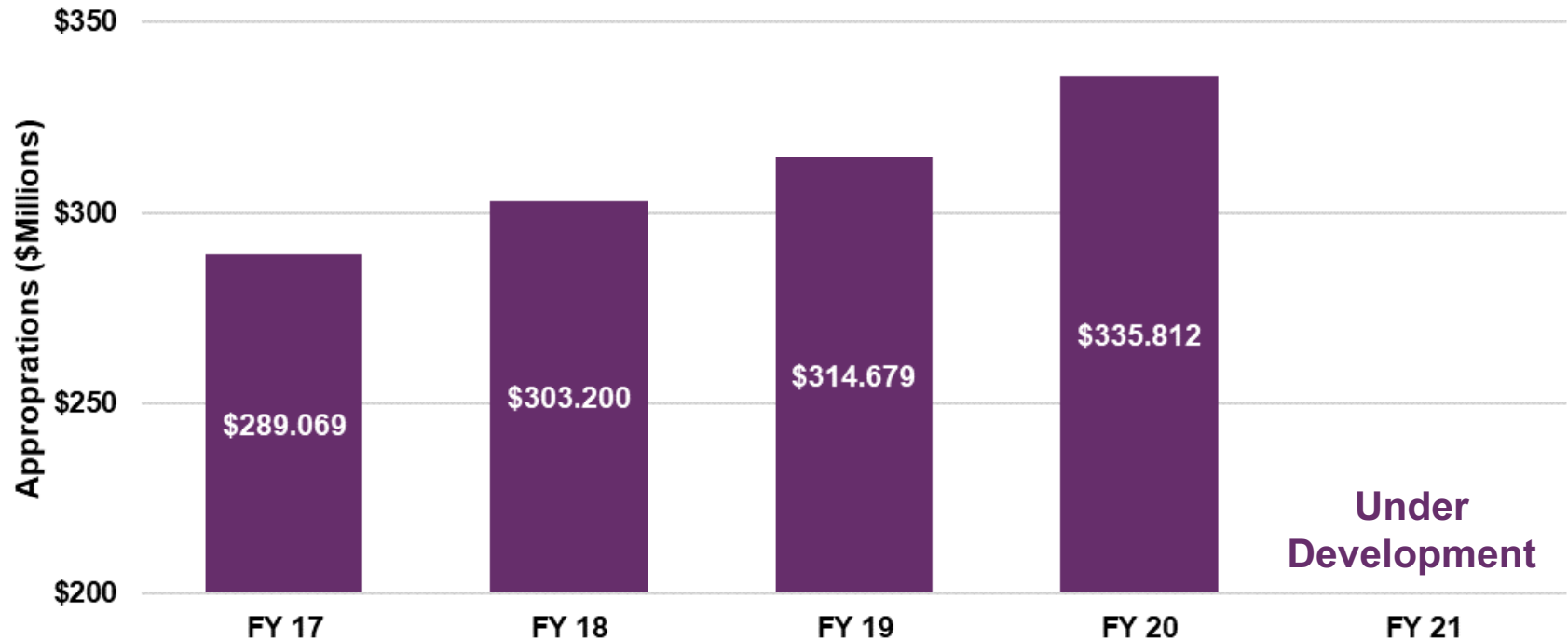


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# FY 20 Appropriations Outlook

## NIMHD Appropriations by Fiscal Year



[https://officeofbudget.od.nih.gov/approp\\_hist.html](https://officeofbudget.od.nih.gov/approp_hist.html)

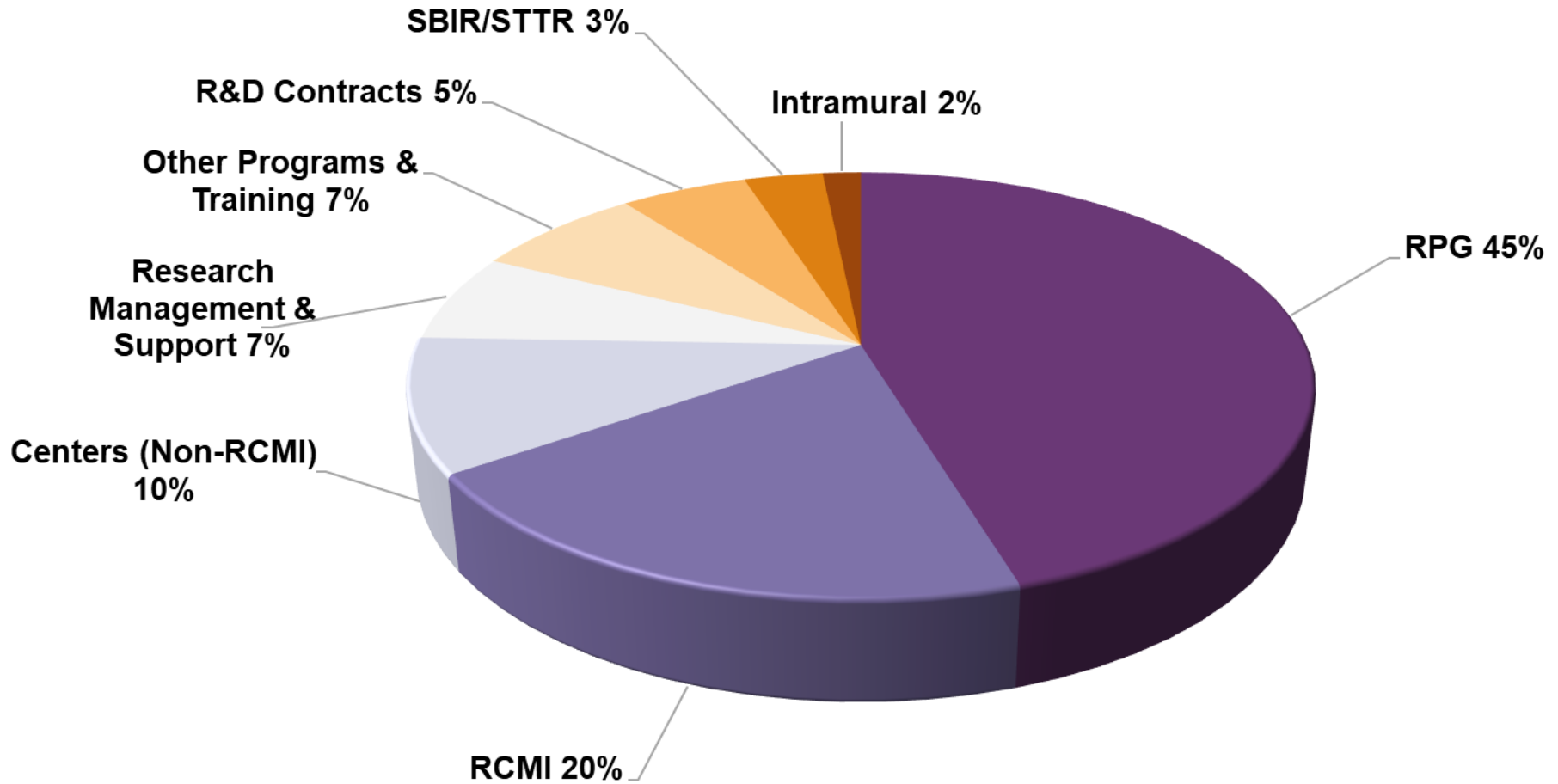


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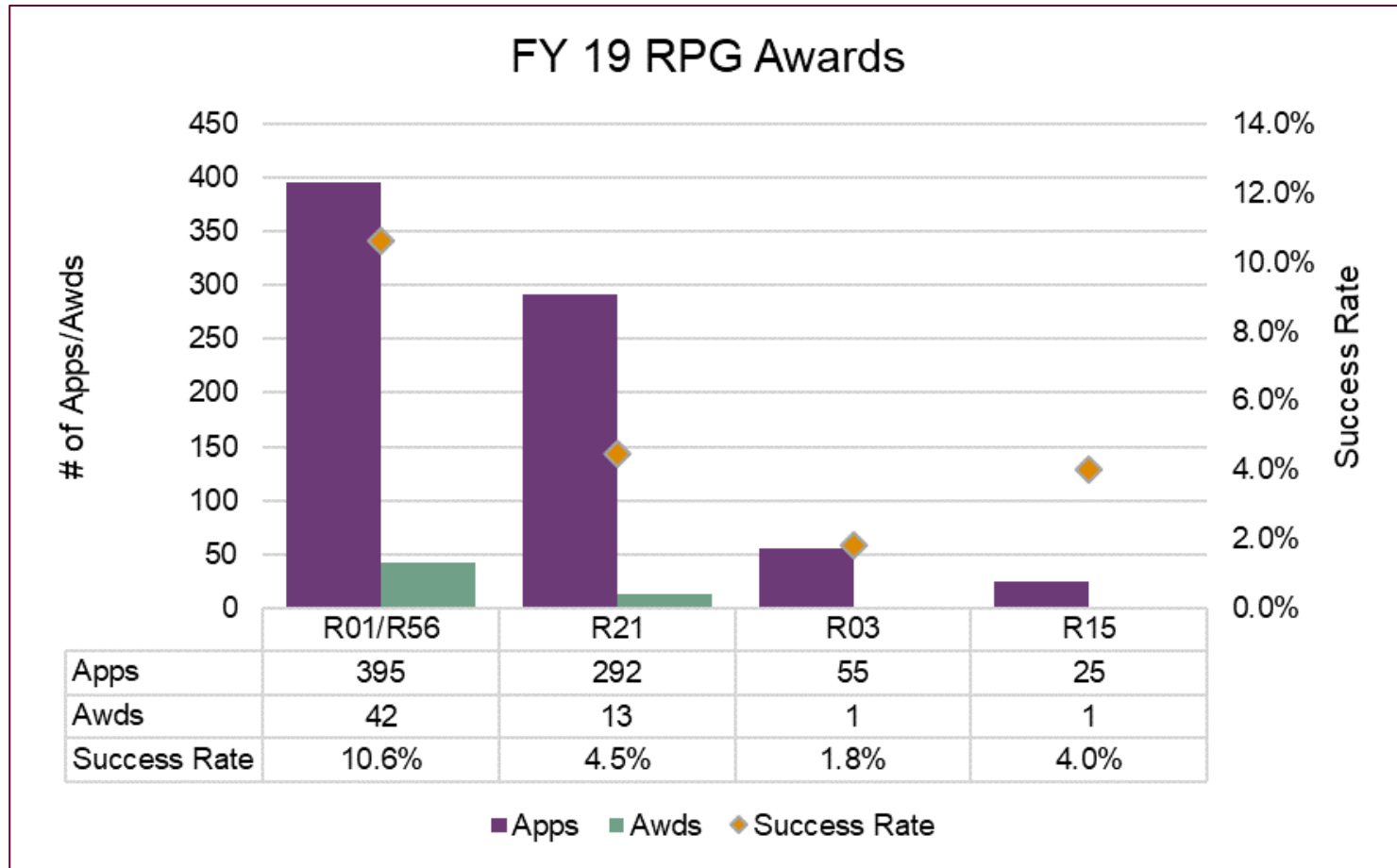




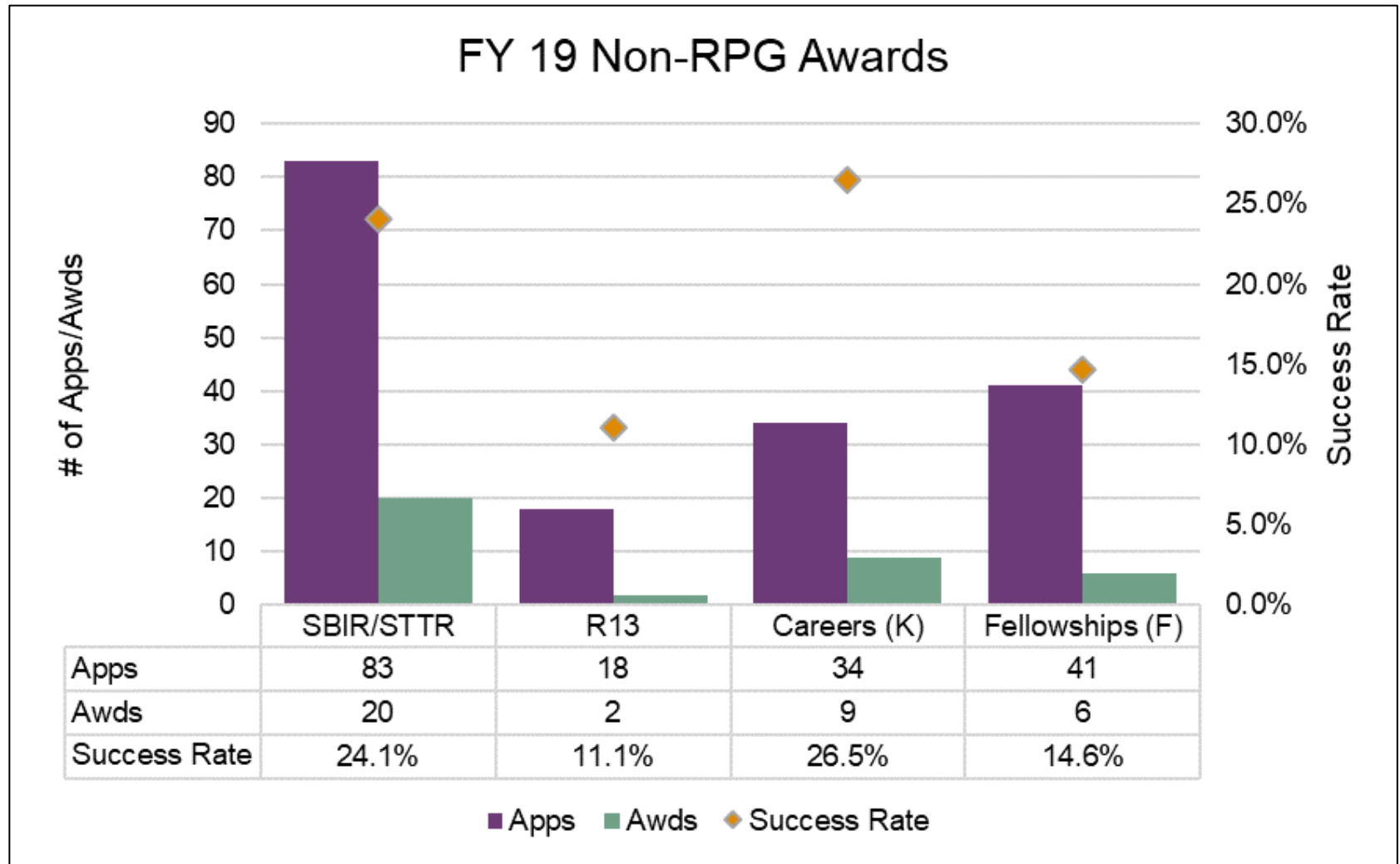
# FY 19 Funding Distribution



# NIMHD FY 19 Competing Awards



# NIMHD FY 19 Competing Awards



# NIMHD FY 19 Competing Awards

- >90 Loan Repayment Awards
- 9 competing Research Centers in Minority Institutions awards
- \$3m+ towards new Youth Violence research (NIMHD RFA)
- Renewed support to Multi-Center AIDS Cohort Study/  
Women's Interagency HIV Study Cohort
- Continued support to Indian Health Service Tribal  
Epidemiology Centers
- Jackson Heart Study and Hispanic Community Health  
Study/Study of Latinos support with NHLBI (\$2 million)
- CFARS and Adelante program support



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# NIMHD Highlights



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# Director's Engagements

## Health Equity Network of the Americas Visits NIMHD

- October 2, 2019
- Led by Sir Michael Marmot and Michael Rodriguez, M.D.
- Report from PAHO on Health Equity



## Zuni Tribal Visit in Pueblo, New Mexico

- September 18, 2019
- Met with Governor Val R. Panteah, Sr., Zuni Tribal Council members, and NIMHD funded researchers while visiting the University of New Mexico and Zuni Pueblo



# NIMHD Health Disparities Research Institute

*Fostering the next generation of researchers in minority health and health disparities*

- Supports career development of early-stage investigators
- Stimulates research in the disciplines supported by minority health and health disparities science
- 5-day program held at the NIH main campus
  - Lectures from prominent researchers
  - Mock grant reviews
  - And more

**Now Accepting Applications**

Health Disparities Research Institute (HDRI)  
August 3-7, 2020

NIH Campus  
Bethesda, Maryland  
Application Cycle: **February 3 – March 9, 2020**

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For application instructions, deadlines, and general information visit: [www.nihmd.nih.gov](http://www.nihmd.nih.gov)

**Application Cycle:** February 3 – March 9, 2020

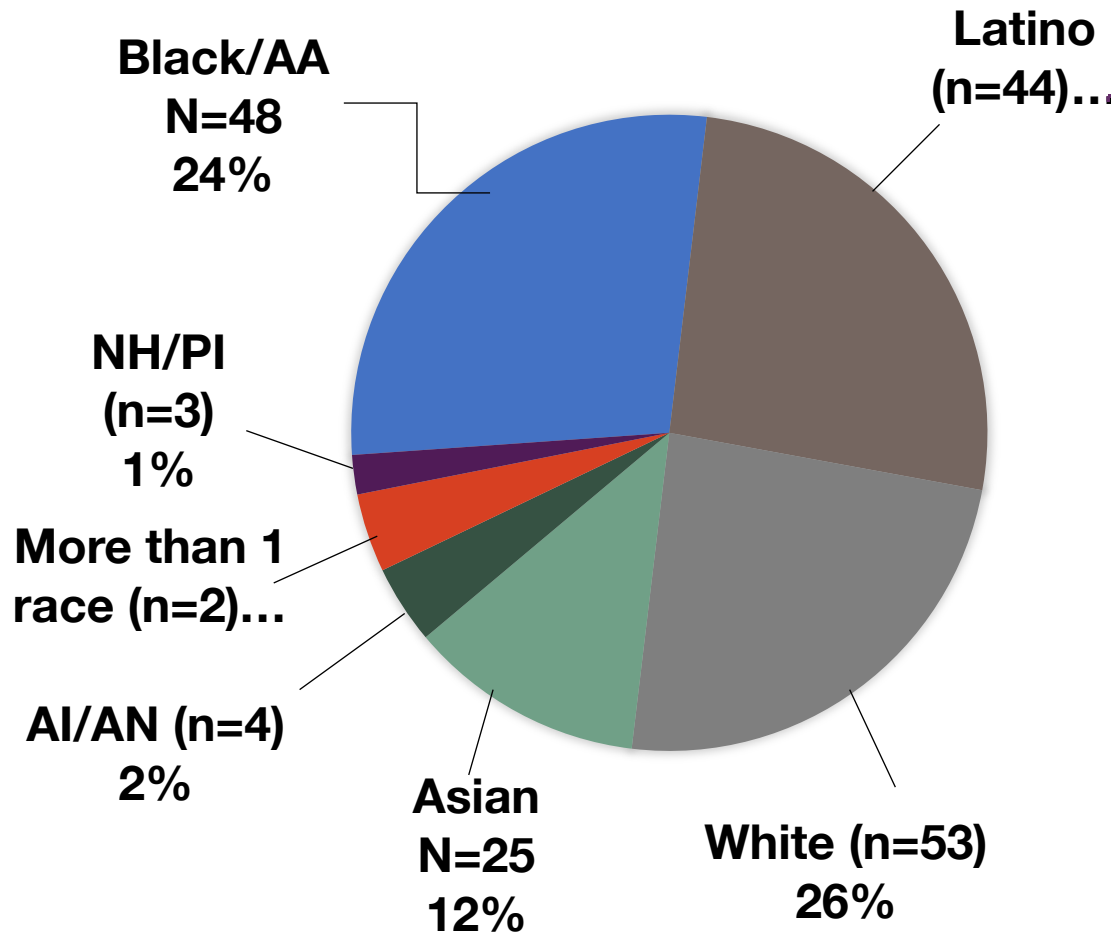
<https://nimhd.nih.gov/programs/edu-training/hd-research-institute>



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# 2016-2019 HDRI Cohort Summary (N=204)



Gender		
Women	80	
Men	10	20
Degree		
MD/DO	13	
Other doctorate	1	2
Position/Title		
Postdoctoral	15	30
Fellow		
Assistant	27	54
Professor		
Associate	2	4
Professor		
Other	6	12





# NIMHD Administrative Supplements to Enhance Inclusion of Native Hawaiian/Other Pacific Islander Populations

- NIH funding for research focused on Asian American and NH/OPI populations has remained low

JAMA  
Network | **Open**<sup>™</sup>

Original Investigation | Health Policy

Trends in Clinical Research Including Asian American, Native Hawaiian, and Pacific Islander Participants Funded by the US National Institutes of Health, 1992 to 2018

Lan N. Doan, MPH; Yumie Takata, PhD; Kari-Lyn K. Sakuma, PhD, MPH; Veronica L. Irvin, PhD, MPH

- Lack of data on NHs/OPIs that is disaggregated from data on Asians, and on specific NH/OPI populations
- Notice of Special Interest (NOT-MD-19-023) soliciting supplements to increase inclusion or enrollment of NH/OPI populations in existing NIMHD studies
- 8 supplements were funded in FY2019 and FY2020 on a wide range of topics: HIV, cancer, cardiovascular disease, and diabetes



# *Design by Biomedical Undergraduate Teams (DEBUT) Challenge*

- Biomedical engineering design competition open to teams of undergraduate students working on projects that develop innovative solutions to unmet health and clinical problems
- Partnership with the National Institute of Biomedical Imaging and Bioengineering and VentureWell
- NIMHD joined the DEBUT challenge to sponsor a prize focused on development of accessible healthcare technologies for underrepresented populations and/or low-resource settings in the U.S.



**Submission Deadline:** June 1, 2020, 11:59 p.m. E.T.



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# Achieving Health Equity in Preventive Services

- NIMHD-supported scientific workshop led by NIH Office of Disease Prevention on June 19-20, 2019
- Focus on heart disease, cancer and diabetes that account for 70% of deaths and cost in health care
- Three publications in Annals of Internal Medicine January 2020: Position paper, Review and Editorial
- 26 recommendations highlight research gaps in achieving equity to improve implementation of proven services to reduce disparities in preventive care

*Carey TS, et al. Position Paper. Ann Intern Med 2020*

*Nelson HD, et al. Systematic Review. Ann Intern Med 2020*



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# Statin Use in Secondary Prevention is Suboptimal

- Compelling evidence to use statins for persons with known vascular disease
- Trend analysis 2008-2016 using MEPS with special focus on post-2013 given new guidelines
- No change in use of statins over time with 40% of patients with known disease not using
- Older and known elevated lipids associated with more use OR = 6.22
- Women (OR = 0.65 and Latinos (OR = 0.69) were less likely to use statins

*Ngo-Metzer Q, et al, et al. [J Am Board Fam Med](#) 2019; 32: 807-817*



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# Director of RCMI Community Engagement Core, Receives APHA 2019 Social Justice Award

**Carmen M. Vélez-Vega, Ph.D., M.S.W.**

Professor of Social Sciences University of  
Puerto Rico's Graduate School of Public Health

- Received the Helen Rodríguez-Trías Social Justice Award
- Honored for her work focusing on how environmental factors are associated with preterm births in Puerto Rico
- Faculty member of the first doctoral program on social determinants of health in the commonwealth



Dr. Vélez Vega (right) with Dr. Pietro Aparicio, President of the Latino Caucus of the APHA



# 2020 William G. Coleman, Jr. Ph.D. Minority Health and Health Disparities Research Innovation Award Recipients Announced



**Julia Chen-Sankey, Ph.D.**  
NIMHD



**Sarah S. Jackson, Ph.D.**  
National Cancer Institute



**Marion Ouidir, Ph.D.**  
National Institute of Child Health and Human Development



**Brittny C. Davis Lynn, Ph.D.**  
National Cancer Institute



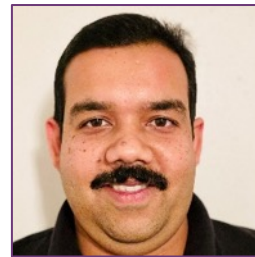
**Kristyn Kamke, Ph.D.**  
NIMHD



**Emily L. Rossi, Ph.D.**  
National Cancer Institute



**Nicole M. Farmer, M.D.**  
NIH Clinical Center



**Anup Kumar Nair, Ph.D.**  
National Institute of Diabetes and Digestive and Kidney Diseases



**Joe Shearer, Ph.D.**  
National Cancer Institute

**Read more at**

<https://nimhd.nih.gov/programs/intramural/research-award/2020-awardees.html>



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# NIMHD Funded Science Advances



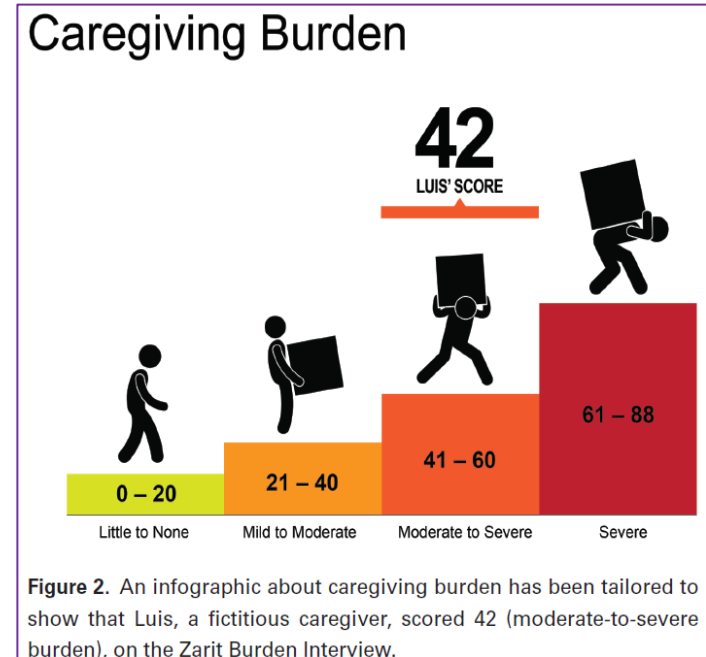
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# Visual Aids: Helping Latino Family Caregivers of Persons with Dementia Understand Health Status

- Limited studies regarding optimal ways to use visually-enhanced materials or *infographics* to convey health status information to Latino caregivers with low health literacy and limited English proficiency
- Infographic designs of scores on valid assessment tools for topics about caregiving burden, overall health, and psychological distress were evaluated with family caregivers of persons with dementia
- Tailored infographics supported caregivers' understanding of threats to their health status and served as cues for engaging in self care management



Grants No. R01-NR-14450-, P30-NR-016587, UL1-TR-001873, P30-AG-059303, K24-AG-045334

Arcia, A, et al., [Gerontologist](#), June 11, 2019, 59(5), e479-e489.





# Research Capacity Strengthening in American Samoa

## Fa'avaeina le Fa'atelega o le Tomai Sa'ili'ili i Amerika Samoa

- Describes how the INdigenous Samoan Partnership to Initiate Research Excellence (INSPIRE) engaged in a process of 'weaving' Western research principles with indigenous values and practices
- Conceptual model served as the foundation to train local community members to conduct research
- Model for how to de-colonize research approaches with indigenous populations



Grant No. U2-4MD-011202

Tofaeono, V., et al., [Br J Soc Work](#). December 31, 2019. bcz 160: pp 1-23.



# CFTR Variants in Patients with Cystic Fibrosis from the Dominican Republic and Puerto Rico

- Spectrum and frequency of *CFTR* variants in diverse populations in order to improve CF genetic panels and newborn screening programs
- Screening programs are generally developed based on variant frequencies observed only in the White population
- Panels have a higher false negative rate when applied to a Latino population
- To minimize false negatives, genetic and newborn screenings need to be sensitive to the target population and to include the prevalent *CFTR* variants for all racial and ethnic groups



Read the study published in *Pediatric Pulmonology* at:  
<https://www.ncbi.nlm.nih.gov/pubmed/31665830>



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# Participation in School Gender-Sexuality Alliances Improves Student Mental Health



- 366 high school students (80% SGM) participating in 38 Gender Sexuality Alliances (GSAs) across MA completed surveys
- Greater GSA involvement predicted higher peer validation, self-efficacy to promote social justice, and hope
- Greater hope predicted reduced depressive and anxiety symptoms at the end of the year for both SGM and non-SGM students
- Participating in a GSA that met more frequently or had more mental health discussions also predicted lower depressive and anxiety symptoms
- GSAs can serve as a vehicle to promote social connectedness and mental health of all participating students

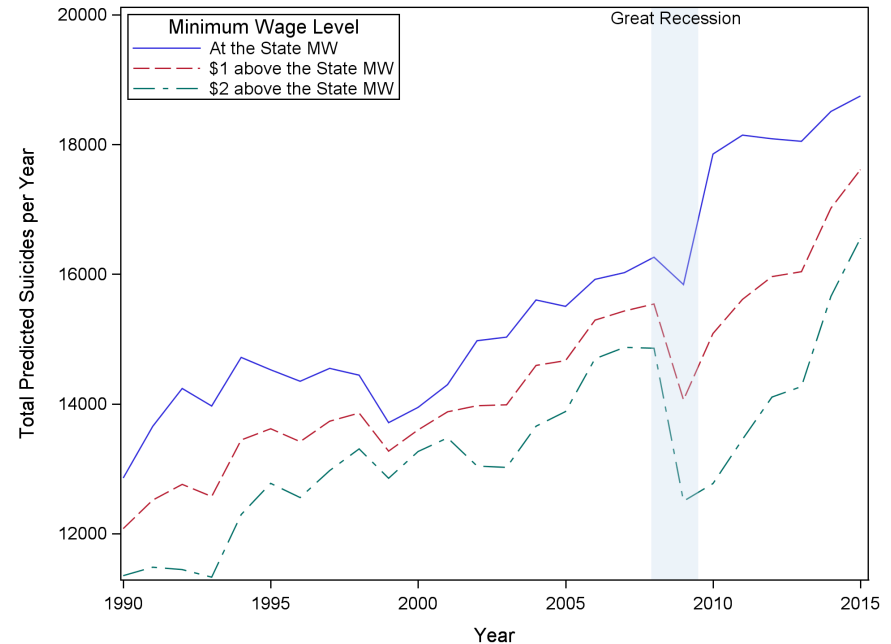
Grant No. R01-MD-009458

Poteat, V., et al., [Child Dev.](#) 2019 November 25,2019.  
[Epub ahead of print]



# Increasing State Minimum Wage Associated with Lower Suicide Rates

- Difference-in-difference models with data from 50 states and DC from 1990 to 2015 to examine state minimum wage laws
- A \$1 increase in minimum wage associated with 3.4% – 5.9% decrease in suicide rate among adults aged 18-64 with a high school education or less
- Increases in state minimum wage also associated with reductions in low-birthweight births, infant mortality, and adult cardiovascular mortality



Grant No. R01-MD-010241

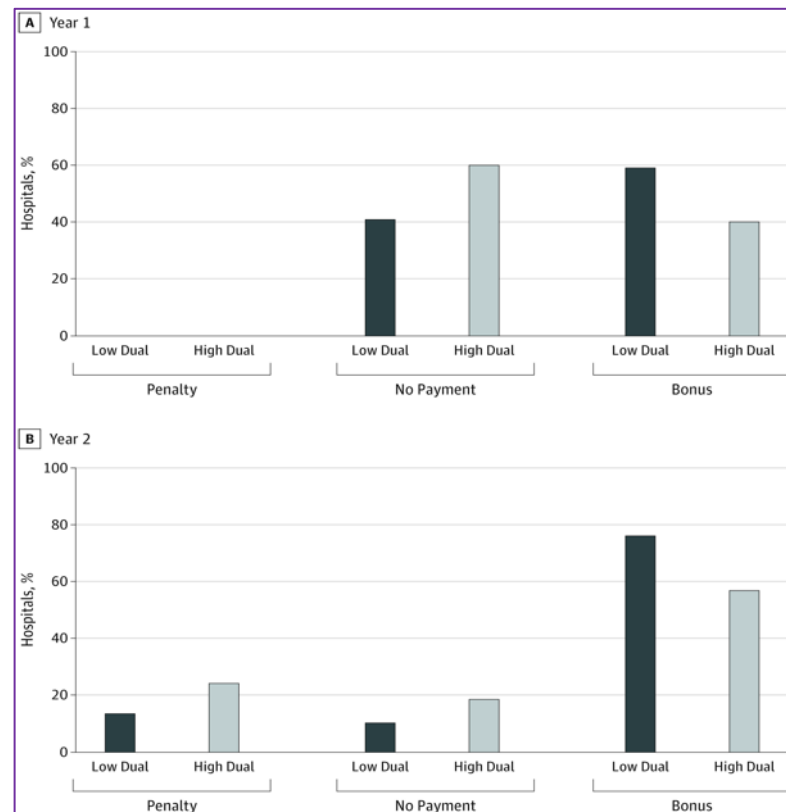
Kaufman, J., et al., [J Epidemiol Community Health](#). 2020 January 7, 2020. [Epub ahead of print].



# Association of the Mandatory Medicare Bundled Payment With Joint Replacement Outcomes in Hospitals With Disadvantaged Patients

- Comprehensive Care for Joint Replacement (CJR) is CMS reimbursement model that holds participating hospitals accountable for the spending and quality of care for patients with hip or knee joint replacement, including hospitalization and 90 days after discharge
- Examined changes associated with the CJR model among 1165 high-dual Medicare and Medicaid eligible hospitals and low-dual hospitals serving 768,224 patients who underwent joint replacement in 2016 to 2017
- High-dual hospitals must reduce spending more than their counterparts to obtain a financial incentive

Comprehensive Care for Joint Replacement (CJR) Model Bonus and Penalty, 2016 (Year 1) to 2017 (Year 2)



In year 1, hospitals were exempt from a penalty even if their episode spending was above the benchmark. In year 2, high-dual hospitals were more likely than low-dual hospitals to be penalized (24.3% vs 13.7%)



# State-Level Minimum Wage & Infant Mortality Risk Among Infants Born to White and Black Mothers

**Table 2** Associations between minimum wage and infant mortality in the USA in 2010

	All				non-Hispanic black				non-Hispanic white			
	Crude		Adjusted*		Crude		Adjusted		Crude		Adjusted	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Minimum wage	0.94	0.89 to 1.00	1.01	0.97 to 1.05	0.96	0.90 to 1.01	0.95	0.90 to 1.01	0.95	0.89 to 1.01	1.03	0.99 to 1.07
High minimum wage	0.78	0.69 to 0.89	0.93	0.83 to 1.03	0.81	0.71 to 0.93	0.80	0.68 to 0.94	0.82	0.71 to 0.94	1.04	0.92 to 1.17
Change in minimum wage	0.98	0.93 to 1.04	1.01	0.98 to 1.04	0.95	0.91 to 1.00	0.95	0.92 to 0.99	1.04	0.98 to 1.10	1.03	1.00 to 1.06
High change in minimum wage	0.97	0.85 to 1.11	1.02	0.95 to 1.09	0.92	0.82 to 1.04	0.89	0.82 to 0.96	1.06	0.93 to 1.22	1.06	0.99 to 1.13

\*ORs were adjusted for all state-level and individual-level covariates.

- Data from US 2010 Cohort Linked Birth and Infant Death records & the 2010 US Bureau of Labor Statistics were utilized to examine relationship between income inequality and infant mortality
- High minimum wage (adjusted OR (AOR)=0.93, 95% CI 0.83 to 1.03) was associated with reduced odds of infant mortality but not statistically significant
- High minimum wage was significantly associated with reduced infant mortality among non-Hispanic black infants (AOR=0.80, 95% CI 0.68 to 0.94)
- An increase of the minimum wage might be beneficial to infant health & decrease racial disparity in infant mortality - especially among Black infants

Grant No. R15-MD-010223

Rosenquist, N.A., et al, [J Epidemiol Community Health](#). January 2020, 74(1):14-19.





# Opioid Prescribing and Crime Rates Risk for Child Abuse and Neglect

- Annual county-level data for Tennessee from the KIDS COUNT Data Center was used to determine the association between opioid prescribing rates, and county-level socioeconomic and crime factors with substantiated child abuse and neglect across Tennessee counties during an 11-year and 13-year period respectively
- Higher opioid prescribing rates and distinct demographic, socioeconomic, and crime factors were associated with greater risk for substantiated child abuse and neglect across Tennessee counties
- Risk for substantiated child abuse and neglect was negatively associated with vacant housing, child poverty, teen birth rates, and both drug and non-drug criminal incidents
- Results show importance of opioid prescribing and crime rates as independent determinants of spatial and temporal variation in risk for substantiated child abuse and neglect

Grant No. U54-MD-007593

Morris M.C., et al., [Drug Alcohol Depend.](#) December 1, 2019, 205:107623. [Child Abuse Negl.](#) April 2019, 90:127-138.



# Insurance Status, Race and Breast Cancer Detection

- Diagnosis of stage I/II BC is curable and the goal of screening
- Retrospective cross-sectional population-based study using SEER on 177,075 women ages 40-64 with stage I/II/III BC from 2010-2016
- Main outcome stage I/II vs. III
- Age 53.5 y, 83.7% had insurance, 16.3% uninsured/ Medicaid, 11.8% Black, 13.5% Latina, 0.6% AI/AN, 10.3% A/PI
- Risk of stage III: Medicaid/uninsured 20% vs 11%
- Adjusted for insurance and SES, OR by race/ethnicity: Blacks 1.29, Latinas 1.17, AI/AN 1.11
- Half of disparity mediated by insurance

Grant No. U54-MD-012523

Ko NY, et al. [JAMA Oncology](#) January 9, 2020



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# Maternal Mortality by Race and Ethnicity in the U.S.

- U.S. Overall is 16.7/100,000; 700 deaths per year
- Compared to White women (12.7/100,000), American Indian/Alaska Native (29.7/100,000) and Black (40.8/100,000) women had a higher maternal mortality from 2007 – 2016 in 13 states
- The cause-specific proportion of pregnancy-related deaths varied
- Latinas (11.5) and Asians/PI (13.5) were lower or similar to Whites
- Implementing prevention strategies is a priority

CDC MMWR [https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm?s\\_cid=mm6835a3\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm?s_cid=mm6835a3_w)



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# Race and Ethnicity, Medical Insurance, and Within-Hospital Severe Maternal Morbidity Disparities

- Cross-sectional study using linked 2010–2014 New York City discharge and birth certificate data sets (N=5591,455 deliveries)
- Women insured by Medicaid compared with those with commercial insurance had similar risk for severe maternal morbidity within the same hospital
- Black women and Latinas had significantly higher risk for severe maternal morbidity than White women within the same hospital

	Deliveries	Severe Maternal Morbidity
Insurance		
Commercial	221,479	2.01 (4,462)
Medicaid	358,897	2.88 (10,339)
Race-ethnicity		
Black	122,067	4.2 (5,125)
Latina	177,768	2.85 (5,072)
White	185,095	1.46 (2,708)
Commercial insurance		
Black	30,687	3.73 (1,146)
Latina	33,557	2.24 (751)
White	117,750	1.54 (1,810)
Medicaid insurance		
Black	88,071	4.35 (3,830)
Latina	141,719	2.99 (4,237)
White	64,762	1.31 (850)

Data are n or % (n).

Grant No. R01MD007651

Howell et al, [Obstet Gynecol.](#) 2020 Feb;135(2):285-293



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# Discussion



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