

NATIONAL ADVISORY COUNCIL CONCEPT CLEARANCE

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Title of Initiative: Health Services Research on Minority Health and Health Disparities

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Objectives: This initiative will support innovative health services research that can directly and demonstrably contribute to the improvement of minority health and/or the reduction of health disparities at the health care system level as well as within clinical settings.

Background: Although scientific and technological discoveries have improved the health of the U.S. population overall, racial/ethnic minority populations, sexual and gender minority populations, socioeconomically disadvantaged populations, and underserved rural populations continue to experience a disproportionate burden of disease and risk factors, unmet health care needs, and other adverse health conditions. NIH has devoted considerable resources to characterizing the root causes of health disparities, uncovering a complex web of interconnected and overlapping factors (i.e., biological, behavioral, environmental, and societal). As an important next step, research that capitalizes upon this knowledge about causal pathways to directly and demonstrably contribute to the reduction of health disparities is needed. Of importance is research that moves beyond an exclusive focus on the health status of individuals to examine and address how larger systemic factors cause, sustain, or minimize health disparities in communities, regions, and the nation as a whole is essential. Disparities in health care are a clear contributor to disparities in health outcomes. Differences in health care utilization patterns and quality of care indicators between populations affected by health disparities and the general population have been well documented. More work is needed to understand how best to eliminate these inequities. In addition, with the emerging coronavirus disease 2019 (COVID-19) pandemic, differences in utilization patterns and quality of care will need to be revisited.

Description of Initiative: The overarching purpose of this initiative is to promote research to generate new knowledge to improve health care access, delivery, utilization, and quality and health outcomes of populations affected by health disparities. This work includes the examination of population-specific clinical presentation and/or manifestation of diseases and their complications within the context of health care settings; services within health care systems and nonclinical settings linked to health care systems (e.g., school-based health centers, the workplace, criminal justice settings); etiologies and reduction of health care disparities; structure and organization of health care systems and coordination of health care; impact of health care and non-health care policies on health care disparities; and systemwide or multilevel interventions. Projects may address health services pertaining to health promotion, screening for disease or risk factors, prevention at any level, diagnosis and the treatment of particular health conditions (including chronic diseases, mental disorders, and infectious diseases such as COVID-19), specific segments of populations affected by health disparities (e.g., pregnant women,

children, persons with disabilities, older adults), or more general indicators (e.g., access to primary care services, etc.) that may not be condition-specific. Projects may include observational/descriptive or intervention studies and may involve primary data collection and/or secondary data analysis. While NOT-MD-20-011 currently addresses this type of research, it was published to bridge the gap until this concept is accepted by the council and will be rescinded once a Funding Opportunity Announcement is published.

Research Priorities: Research areas of specific interest include but are not limited to the following:

- Research to understand and address population-specific clinical presentation and/or manifestation of diseases, as well as complications and differences in response to treatment among populations affected by health disparities.
- Studies of strategies to ensure that populations affected by health disparities receive preventive, screening, diagnostic, and treatment services consistent with national evidence-based recommendations in clinical settings, including rural settings, especially for high-burden conditions.
- Studies of strategies to ensure that vulnerable groups (e.g., pregnant women, women with severe maternal morbidity, infants and children with complex medical care needs, older adults, persons with disabilities) within populations affected by health disparities receive preventive, screening, diagnostic, and treatment services consistent with national evidence-based recommendations.
- Studies of strategies to effectively identify and treat common risk factors or causes of maternal and infant mortality in populations affected by health disparities.
- Strategies to improve patient safety and reduce medical errors, including adverse events related to medications, devices, and medical and/or surgical procedures, in populations experiencing health disparities.
- Development and assessment of innovative preventive or health promotion interventions delivered within the health care system, including underserved rural health care settings, and targeting populations affected by health disparities.
- Research on innovative models of health care delivery in rural areas and the impact on health outcomes.
- Assessment of initiatives that integrate social determinants of health with other health care data and the impact on health care access and health outcomes of populations affected by health disparities.
- Studies of strategies to improve the quality of health care for populations affected by health disparities, including emerging innovative strategies such as, but not limited to, evidence-based health care safety bundles, health improvement collaboratives, and innovative primary care models.
- Research to understand factors that trigger, facilitate, or deter engagement/partnership of patients from populations affected by health disparities in clinical care across the care cascade (screening, diagnosis, engagement in care, treatment adherence), and assessment of the impact of interventions to enhance patient engagement on health outcomes..
- Research to identify patterns and elucidate mechanisms for different patterns of health care utilization, quality, and outcomes in populations affected by health disparities.

- Assessment of the impact of the structure and organization of health care systems on health services utilization and health outcomes, including strategies to increase health equity. Assessment of interventions to reduce clinician and/or health care system bias and examining how these interventions impact quality of care, patients' health outcomes (e.g., severe maternal morbidity and mortality, infant mortality), and health and health care disparities.
- Incorporation of specific research tools or methodologies into system-level service delivery practices that identify or measure patient-reported outcomes, such as health-related quality of life, preference-based decision making, functional status, symptoms, and adherence in populations affected by health disparities, within the context of assessing clinical and/or services outcomes.
- Analysis of initiatives to increase the supply of and access to health care practitioners in medically underserved areas, including underserved rural areas.
- Studies of strategies to manage, finance, and deliver health care to improve minority health or reduce health disparities.
- Analysis of local, state, or national health care and non-health care policies that affect health care and health disparities, such as those related to insurance coverage or reimbursement, sick leave and family and medical leave policies, language access policies, and the organization of health services.
- Research to understand or improve formal care for populations affected by health disparities in community-based mental health and drug treatment settings, including clinics, private practice settings, residential treatment facilities, and detoxification centers.