Director’s Report
National Advisory Council on Minority Health and Health Disparities

February 2, 2021

Eliseo J. Pérez-Stable, M.D.
Director, National Institute on Minority Health and Health Disparities
eliseo.perez-stable@nih.gov
NIH Update
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
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

• NIH COVID-19 Website

• NIMHD COVID-19 Information and Resources

Provide trusted, accurate, and up-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

[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
**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

<table>
<thead>
<tr>
<th>September – November 2020</th>
<th>Early 2021 – Summer/Fall 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I: $283M</td>
<td>Phase II: $200M</td>
</tr>
<tr>
<td>Build infrastructure</td>
<td>Integrate new advances</td>
</tr>
<tr>
<td>Rapidly implement testing, other capabilities</td>
<td>Expand studies/populations</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Grant Number</th>
<th>NOT-OD-20-121</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedra Buchwald, M.D.</td>
<td>Washington State University</td>
<td>U54 MD 011240</td>
<td>NOT-OD-20-121</td>
</tr>
<tr>
<td>Eida Castro, Psy.D., M.Sc.</td>
<td>Ponce School of Medicine</td>
<td>R21 MD 013674</td>
<td>NOT-OD-20-120</td>
</tr>
<tr>
<td>Mona Fouad, M.D., M.P.H.</td>
<td>University of Alabama Birmingham</td>
<td>U54 MD 000502</td>
<td>NOT-OD-120</td>
</tr>
<tr>
<td>Jerris Hedges, M.D.</td>
<td>University of Hawaii</td>
<td>U54 MD 007601</td>
<td>NOT-OD-20-121</td>
</tr>
<tr>
<td>Robert Kirken, Ph.D.</td>
<td>University of Texas, El Paso</td>
<td>U54 MD 007592</td>
<td>NOT-OD-20-120</td>
</tr>
<tr>
<td>Deepak Kumar, Ph.D.</td>
<td>North Carolina Central University</td>
<td>R01 MD 012767</td>
<td>NOT-OD-20-120</td>
</tr>
<tr>
<td>Yvonne Maldonado, M.D.</td>
<td>Stanford University School of Medicine</td>
<td>U54 MD 010724</td>
<td>NOT-OD-20-121</td>
</tr>
<tr>
<td>Name</td>
<td>Institution</td>
<td>Grant Number</td>
<td>Project Number</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------------------------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Flavio Marsiglia, Ph.D.</td>
<td>Arizona State University</td>
<td><strong>U54 MD 002316</strong></td>
<td>NOT-OD-20-120</td>
</tr>
<tr>
<td>Pearl McElfish, Ph.D.</td>
<td>University of Arkansas for Medical Sciences</td>
<td><strong>R01 MD 013852</strong></td>
<td>NOT-OD-20-120</td>
</tr>
<tr>
<td>Marcella Nunez-Smith, M.D., M.H.S.</td>
<td>Yale University</td>
<td><strong>U54 MD 010711</strong></td>
<td>NOT-OD-121</td>
</tr>
<tr>
<td>Antoinette Schoenthaler, Ed.D.</td>
<td>New York University School of Medicine</td>
<td><strong>R01 MD 013769</strong></td>
<td>NOT-OD-20-119</td>
</tr>
<tr>
<td>William Southerland, PhD</td>
<td>Howard University</td>
<td><strong>U54 MD 007597</strong></td>
<td>NOT-OD-20-119</td>
</tr>
<tr>
<td>Guangdi Wang, Ph.D.</td>
<td>Xavier University of Louisiana</td>
<td><strong>U54 MD 007595</strong></td>
<td>NOT-OD-20-119</td>
</tr>
<tr>
<td>Lilian Windsor, Ph.D.</td>
<td>University of Illinois at Urbana-Champaign</td>
<td><strong>R01 MD 010629</strong></td>
<td>NOT-OD-20-120</td>
</tr>
</tbody>
</table>
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:
  o Dr. Anthony Fauci, NIAID Director
  o Dr. Gary Gibbons, NHLBI Director
  o Dr. David Wilson, Tribal Health Research Office Director
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

- FY 17: $289.069
- FY 18: $303.200
- FY 19: $314.679
- FY 20: $335.812
- FY 21: $390.865

*FY21 Omnibus Spending Bill signed into law on Dec. 27, 2020
https://officeofbudget.od.nih.gov/approp_hist.html
FY 2020 Funding Distribution

- RPG 44%
- RCMI 22%
- Centers (Non-RCMI) 9%
- Research Management & Support 7%
- Other Programs & Training 8%
- R&D Contracts 5%
- SBIR/STTR 3%
- Intramural 2%
- R&D Contracts 5%
## NIMHD FY 2020 Competing Awards

### FY 20 RPG Awards

<table>
<thead>
<tr>
<th></th>
<th>R01/R56</th>
<th>R21</th>
<th>R03</th>
<th>R15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apps</td>
<td>437</td>
<td>296</td>
<td>26</td>
<td>8</td>
</tr>
<tr>
<td>Awards</td>
<td>42</td>
<td>17</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Success Rate</td>
<td>9.6%</td>
<td>5.7%</td>
<td>3.8%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

![Graph showing FY 20 RPG Awards](image-url)
NIMHD FY 2020 Competing Awards

FY 20 Non-RPG Awards

<table>
<thead>
<tr>
<th></th>
<th># of Apps/Awds</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBIR/STTR</td>
<td>49</td>
<td>22.4%</td>
</tr>
<tr>
<td>R13</td>
<td>22</td>
<td>9.1%</td>
</tr>
<tr>
<td>Careers (K)</td>
<td>63</td>
<td>36.5%</td>
</tr>
<tr>
<td>Fellowships (F)</td>
<td>39</td>
<td>28.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Apps</th>
<th>Awds</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>11</td>
<td>22.4%</td>
</tr>
<tr>
<td>22</td>
<td>2</td>
<td>9.1%</td>
</tr>
<tr>
<td>63</td>
<td>23</td>
<td>36.5%</td>
</tr>
<tr>
<td>39</td>
<td>11</td>
<td>28.2%</td>
</tr>
</tbody>
</table>
NIMHD FY 2020 R01 Scoring Profiles

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

- **# of Applications/Awards**
- **$ Awarded ($k)**

- **FY 15**
  - Apps: 5
  - Awds: 3
  - $ Awd: $0

- **FY 16**
  - Apps: 10
  - Awds: 5
  - $ Awd: $0

- **FY 17**
  - Apps: 15
  - Awds: 10
  - $ Awd: $0

- **FY 18**
  - Apps: 20
  - Awds: 15
  - $ Awd: $500

- **FY 19**
  - Apps: 25
  - Awds: 20
  - $ Awd: $1,000

- **FY 20**
  - Apps: 30
  - Awds: 25
  - $ Awd: $2,500

- **Total**
  - Apps: 80
  - Awds: 60
  - $ Awd: $3,500

*NIH National Institute on Minority Health and Health Disparities*
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
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

“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

Program Highlights
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

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

NIMHD Director’s Seminar Series

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

February 4, 2021 at 2:00 p.m. ET
Virtual Presentation: https://videocast.nih.gov

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
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, ≥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
• 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
Denomination and Religious Coping Effects on Hypertension Risk in African American Young Adults

• 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.

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

Grant No. R01MD011606

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

Grant No. U01 MD 011281

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

<table>
<thead>
<tr>
<th>Impacted Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRC screening participation</td>
</tr>
<tr>
<td>Follow-up after abnormal FIT/fecal occult blood test screening</td>
</tr>
<tr>
<td>Community-based research</td>
</tr>
<tr>
<td>External factors</td>
</tr>
<tr>
<td>Community outreach and engagement</td>
</tr>
<tr>
<td>Advocacy and policy</td>
</tr>
</tbody>
</table>

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

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

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

- 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

NIH Grant No. R01 MD 014970
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.

Grant No. U01 MD 010611

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$_{2.5}$), temperature, greenness, walkability, noise, and economic indices
- Cumulative impacts of social and environmental exposures may contribute to lower birthweight

NIH Grant No. P50 MD 010428

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.

NIMHD IRP
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, ≥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

(El-Toukhy et al., J Am Board Fam Med, 2020 Nov-Dec;33(6):953-968. NIMHD IRP)
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 ≥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, ≥ 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)

<table>
<thead>
<tr>
<th></th>
<th>African Am</th>
<th>Asian/PI</th>
<th>White</th>
<th>Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>171.6</td>
<td>53.8</td>
<td>97.7</td>
<td>85.6</td>
</tr>
<tr>
<td>Lung</td>
<td>79.8</td>
<td>43.2</td>
<td>70.8</td>
<td>37.1</td>
</tr>
<tr>
<td>Colon</td>
<td>51.6</td>
<td>34.6</td>
<td>42.0</td>
<td>39.6</td>
</tr>
<tr>
<td>Stomach</td>
<td>13.7</td>
<td>13.1</td>
<td>7.5</td>
<td>12.0</td>
</tr>
<tr>
<td>Liver</td>
<td>18.0</td>
<td>19.3</td>
<td>10.7</td>
<td>20.1</td>
</tr>
</tbody>
</table>
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
Connect with NIMHD

Visit us online www.nimhd.nih.gov

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

Follow us on Twitter
@NIMHD

Join us on linkedin.com/company/nimhd-nih/

Sign up for news
Discussion