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

May 25, 2021

Eliseo J. Pérez-Stable, M.D.
Director, National Institute on Minority Health and Health Disparities
eliseo.perez-stable@nih.gov
Health and Human Services (HHS) Secretary

HHS Secretary: Xavier Becerra

- Confirmed as the 25th HHS Secretary on March 19, 2021
- First Latino to hold the office
- Prior to his appointment, he served 12 terms in Congress as a member of the U.S. House of Representatives
- Formerly Attorney General of the state of California
Other HHS Appointments

Assistant Secretary: Rachel L. Levine, M.D.
• Serves as the 17th Assistant Secretary for Health
• Previously served as Pennsylvania’s Secretary of Health
• Highest ranking M.D. within HHS

U.S. Surgeon General:
Vice Admiral Vivek H. Murthy, M.D., MBA
• Serves as the 21st Surgeon General of the United States
• Previously served as the 19th Surgeon General from 2014 to 2017
NIH Leadership Update

Courtney F. Aklin, Ph.D.
Acting Associate Deputy Director

• NIH Associate Deputy Director Tara Schwetz, Ph.D., joined the White House Office of Science and Technology Policy

• Dr. Aklin will be responsible for advising on a broad array of complex and sensitive issues, strategic interactions, and management leading to the effective and efficient operation of the Immediate Office of the Director, NIH
Christopher P. Austin, M.D.
Director, National Center for Advancing Translational Sciences (NCATS)
• Served as the NCATS Director for 10 years
• Departed April 15, 2021, to become CEO-partner at Flagship Pioneering, a life science platforms company in Cambridge, Massachusetts
• Joni L. Rutter, Ph.D., former NCATS Deputy Director, serves as the acting director while a national search is underway
NIH’s Commitment to Ending Structural Racism

• NIH established the UNITE initiative to address structural racism in biomedical research with the goal of ending racial inequity.

• Primary goals of the initiative are:

  U
  Understanding stakeholder experiences through listening and learning
  N
  New research on health disparities, minority health, and health equities
  I
  Improving the NIH culture and structure for equity, inclusion and excellence
  T
  Transparency, communication, and accountability with our internal and external stakeholders
  E
  Extramural research ecosystem: changing policy, culture and structure to promote workforce diversity

nih.gov/ending-structural-racism
Understanding Stakeholder Experiences Through Listening and Learning

U Committee—Co-Chair, Monica Webb Hooper, PhD

• Developed plan to conduct listening sessions, focus groups, interviews
  o Two internal NIH listening sessions – completed to date
• Request for Information (RFI): Inviting Comments and Suggestions to Advance and Strengthen Racial Equity, Diversity, and Inclusion in the Biomedical Research Workforce and Advance Health Disparities and Health Equity Research (NOT-OD-21-066) – closed on 4/23/21
  o More than 1,100 responses to RFI being analyzed
• Institute and Center Data Request on Diversity, Equity, Inclusion Activities – closed, data analyses underway
• NIH Town Hall on Achieving Racial Equity – April 30, 2021
  o Over 7,000 live views
New Research on Health Disparities, Minority Health and Health Equity

N Committee—Co-Chair, Anna M. Nápoles, PhD

• Common Fund Development
  o FY21 FOAs: Transformative R01 Research projects to Address Health Disparities and Advance Health Equity stratified by Institutional resources
  o FY23 strategic planning in process

• New Research/Collaborative Opportunities
  o Create robust support for MH/HD/HE research extramurally/intramurally
  o Collaborations w/ ODP, THRO, SGMRO, All of Us, and more

• Intramural Affairs
  o Create robust CC patient Social Determinants of Health profile data
  o NIH-wide intramural health disparity, minority health, and health equity funding opportunities and infrastructure for community-based participatory research
President Joe Biden Visits NIH

February 11, 2021

“We follow the science”

• Addressed NIH workforce
• Toured the Dale and Betty Bumpers Vaccine Research Center at NIH
• Presented a policy speech at Natcher Auditorium
On March 16, 2021, Drs. Francis Collins, Anthony Fauci and Eliseo Pérez-Stable joined faith leaders, local clinicians and other public health officials to promote immunization against COVID-19 and inspire confidence in the coronavirus vaccines.
NIMHD Updates
NIMHD Budget Update

NIMHD Appropriations by Fiscal Year

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Appropriation ($Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 17</td>
<td>$289.07</td>
</tr>
<tr>
<td>FY 18</td>
<td>$305.11</td>
</tr>
<tr>
<td>FY 19</td>
<td>$314.68</td>
</tr>
<tr>
<td>FY 20</td>
<td>$335.81</td>
</tr>
<tr>
<td>FY 21</td>
<td>$391.59</td>
</tr>
</tbody>
</table>

https://officeofbudget.od.nih.gov/approp_hist.html
Extramural Funding Trends

- Consolidated Appropriations Act signed into law on December 27, 2020, allowing internal decision-making processes for extramural awards to be made quicker and more responsively.
NIMHD Training Awards Funding Trends

NIMHD Training Awards include:
- Fellowship Awards (F)
- Research Training Awards (T)
- Career Development Awards (K/R00)

Competing Grant Highlights:
2019-Renewal of T37 Minority Health and Health Disparities Research Training (MHRT) Program.

*FY2021 Competing Awards as of May 1, 2021
Extramural Funding Trends

Loan Repayment Program

- Loan Repayment includes both principal and tax payment
- FY2021 Budgeted Loan Repayment Program amount is $5M
- Overhead with each application and award
NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities

Expanding the CEAL Alliance

CEAL is strategically expanding to focus on urgent community-engaged research and outreach focused on COVID-19 awareness and education among communities hardest hit by the pandemic.

2020 Teams
- Alabama
- Arizona
- California
- Florida
- Georgia
- Louisiana
- Michigan
- Mississippi
- North Carolina
- Tennessee
- Texas

2021 Awards
- Arkansas
- Colorado
- DC/MD/VA
- Chicago/IL
- Boston/MA
- St. Louis/MO
- New Mexico
- NYC/New York
- Philadelphia
- Puerto Rico

● Lead P.I. Institution Location
CEAL Related Media

In April, interviews and news stories about CEAL reached >25 million readers and viewers:

- **Radio Media Tour:** Dr. Pérez-Stable conducted seven radio interviews in Spanish on April 27 that reached more than 807,000 listeners

- **Blackdoctor.org Facebook Live:** Discussion about the Scientific Pathway on April 29 with Dr. Gary Gibbons and Mrs. Marsha Jackson-Hooper that reached more than 43,000 viewers

- **NIH announcement of CEAL expansion:** NIH press release in English and Spanish on April 29 announcing $29 million in additional grants to support CEAL

- **EFE:** Dr. Pérez-Stable and Florida CEAL PI Dr. Olveen Carrasquillo were interviewed about vaccine confidence and rates among Latinos

- **CNN en Español:** Juan Carlos López interviewed Dr. Pérez-Stable about vaccine confidence and safety

- **Univision:** Teresa Rodríguez interviewed Dr. Pérez-Stable and Michigan CEAL PI Dr. Felix Valbuena about vaccine confidence, misinformation, and the Johnson & Johnson pause

- **U.S. Department of State:** Dr. Pérez-Stable participated in a panel discussion about vaccine hesitancy and outreach to communities of color

- **Other outlets:** CEAL media also included South Florida Hospital News and Healthcare Report, *The Michigan Daily*, and *The Daily Corinthian*
National Minority Health Month

#VaccineReady promotions will continue
• Charts the way forward to advance the science of minority health and health disparities research for the next 5 years

• Demonstrates the commitment of all of NIH to improving minority health and reducing health disparities
National Women’s History Month

March 2021

Office of Equity Diversity and Inclusion celebrated and acknowledged women in leadership positions at NIH

WOMEN WHO LEAD NIH’S COVID RESPONSE

[The hope is that] we don’t return to normal, but that we re-invent normal so that equity is a reality.

DR. MONICA WEBB HOOPER
DEPUTY DIRECTOR, NIMHD
The Science of Health Disparities Research

NIMHD scientists and national experts have written this 26-chapter book on health disparities research methods

• Defines the field of health disparities science
• Explains basic definitions, principles, and concepts for identifying, understanding, and addressing health disparities
• New directions in scholarship and research
• Discusses population health training, capacity building, and multidisciplinary tools needed to advance health equity
No Populations Left Behind: Vaccine Hesitancy and Equitable Diffusion of Effective COVID-19 Vaccines

Journal of General Internal Medicine
2021 Mar 22;1-4; doi: 10.1007/s11606-021-06698-5
Online ahead of print

Written by Drs. Monica Webb Hooper, Anna Maria Napoles, Eliseo J. Pérez-Stable

- The Challenge of Vaccine Hesitancy
- Countering the COVID-19 Misinformation
- Equitable Access to Vaccines
- Science Response from NIMHD
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 8, 2021</td>
<td>NIMHD Deputy Director Dr. Monica Webb Hooper spoke at a Town Hall held by Rep. Steve Cohen (D-TN) on COVID-19 vaccine hesitancy</td>
</tr>
<tr>
<td>March 30, 2021</td>
<td>Participated in Town Hall with Dr. Anthony Fauci, NIAID Director, and Rep. Raul Ruiz (D-CA) on COVID-19 for Farmworker Awareness Week</td>
</tr>
<tr>
<td>April 27, 2021</td>
<td>Participated in Town Hall with Rep. Gregory Meeks (D-NY) on COVID-19, the CEAL Program, and vaccine hesitancy</td>
</tr>
<tr>
<td>May 5, 2021</td>
<td>Participated in Town Hall with Rep. Emanuel Cleaver (D-MI) on COVID-19, the CEAL Program, and vaccine hesitancy</td>
</tr>
<tr>
<td>May 26, 2021</td>
<td>Will participate in the FY 2022 NIH budget hearing before the Senate Appropriations Subcommittee on LHHS with NIH Director Dr. Francis Collins and Drs. Anthony Fauci, NIAID, Ned Sharpless, NCI, Diana Bianchi, NICHD, Gary Gibbons, NHLBI, and Bruce Tromberg, NIBIB</td>
</tr>
</tbody>
</table>
NIMHD Staff Updates

New Hires

Office of the Director
• Tricia Goldburn, J.D., Ethics Program Specialist
• Vanessa Marshall, Ph.D., Social and Behavioral Scientist Administrator, Program Officer

Office of Administrative Management
• Julie Anderson, MBA, Chief Administrative Officer
• Tamika P. Carney, Administrative Officer
• Lemel Johnson, B.S., Budget Analyst

Office of Extramural Research Administration
• Ivan Navarro, Ph.D., Health Scientist Administrator, Scientific Review Officer
Retirement after >16 years at NIMHD

Derrick Tabor, Ph.D.
Program Director
Integrative Biological and Behavioral Sciences
• Managed a diverse portfolio of research, capacity building, and training grants
• Was the scientific contact for NIMHD Small Business Programs and the program director for the Research Centers at Minority Institutions and several NIMHD cooperative agreement awards
• Prior to joining NIMHD, Dr. Tabor was a program director in the Minority Opportunity Research Division at the National Institute of General Medical Sciences
Stadtman Investigators Pursuing Their Passion for Science

NIH-Wide Recruitment Attracts a Diversity of Researchers

Two of the 18 Stadtman Investigators who are part of the 2017-2018 recruiting-cycle group in Division of Intramural Research are with NIMHD

- **Sherine El-Toukhy, Ph.D., M.A.**  
  Stadtman Tenure-Track Investigator and NIH Distinguished Scholar  
  Branch Chief, Digital Health and Health Disparities Research Program

- **Faustine Williams Ph.D., M.P.H., M.S.**  
  Stadtman Tenure-Track Investigator and NIH Distinguished Scholar  
  Branch Chief, Health Disparities and Geospatial Transdisciplinary Research Program
Maximizing Opportunities for Scientific and Academic Independent Careers (MOSAIC)

Ayobami Akenroye, M.D., M.P.H.
• **Project Title:** Synthesizing Trial and Real-world Data on the Use of Biologics in Patients with Severe Asthma
• **Institution:** Johns Hopkins University

Evan J. White, Ph.D.
• **Project Title:** Neuroscientific Exploration of Cultural Protective Factors in American Indians
• **Institution:** Laureate Institute for Brain Research
RADx-UP News Release

Safe Return to School Diagnostic Testing Initiative

• COVID-19 testing initiative aims to safely return children to in-person school
• $33 million over two years to fund 8 projects at 10 institutions across eight states
• Phase 2 for funding additional projects in process

“It’s one thing to have strong national messages about the science behind vaccines. It’s another to have those messages delivered by local, trusted sources, who can ensure questions from their communities are honestly and clearly addressed.”

Eliseo J. Perez-Stable, M.D.
Director, NIMHD
Vaccine Hesitancy, Uptake, and Implementation among Populations that Experience Health Disparities

Notice of Special Interest: NOT-MD-21-008

- Apply community-engaged research promoting SARS-CoV-2 vaccine uptake among groups that experience health disparities

- NIMHD grants
  1) Northeastern University
  2) University of California, San Diego
  3) University of North Carolina at Chapel Hill
  4) University of Michigan at Ann Arbor
  5) University of Massachusetts Medical School, Worcester
Envisioning Health Equity Art Challenge
Winners Announced

First Place: Adult
*In This Together*
by Zarrin Tashnim, New York

First Place: Teen
*A Playground Is Just a Small City*
By Larisa Kachko, Maryland
Envisioning Health Equity Art Challenge
Winners Announced

Second Place: Adult
*The American Dream*
By Kirandeep Kaur, California

Second Place: Teen
*Working Together to Bring Health for All*
By Katie Bonilla, Georgia
Envisioning Health Equity Art Challenge
Winners Announced

Third Place: Adult
*Healthcare Access Pass*
By Adam Vossen, California

Third Place: Teen
*Medical Equality*
By Arielle Clark, Maryland
Immigrant Health Grantee Meeting

March 15-16, 2021

• The goal of the meeting was to bring together 25 grantees in the field of immigrant health to share their research results to date, lessons learned, and discuss future research directions

• Sessions topics on etiology and interventions addressed immigrant health

NIMHD Planning Committee
Drs. Rina Das, Jennifer Alvidrez, Rada Dagher, Deborah Linares
• NIMHD-sponsored supplement on structural racism and discrimination with peer-reviewed articles
• Edited by Drs. David R. Williams, Naomi Priest, Derrick Tabor, and Jennifer Alvidrez
• Editorial by Drs. Alvidrez and Tabor identifies future research directions
• Commentary by Drs. Eliseo J. Pérez-Stable and Monica Webb Hooper

Access to the supplement available at https://www.ethndis.org/edonline/index.php/ethndis
Pre-Application Technical Assistance Webinar
Structural Racism and Discrimination

Funding Opportunity Announcement
RFA-MD-21-004

May 26, 2021
1:00 – 2:30 p.m. ET

Registration required

Learn more at
Vivek H. Murthy Distinguished Lecture Series for Public Health Leadership

A Virtual Conversation: Addressing COVID-19 Health Disparities, Root Causes, Mental Health Impacts, Lessons Learned and Future Opportunities

Thursday, May 27, 2021 | 1:00 p.m. EST

Introductory Remarks: NIMHD Director, Eliseo J. Perez-Stable, M.D.
Moderator: NIMHD Deputy Director, Monica Webb Hooper, Ph.D.

Virtual NIH Videocast (watch live or later) at https://videocast.nih.gov/watch=42089
February 9, 2021
Sherman James, Ph.D.
“To Race with the World: John Henryism and the Health of Black Americans”

March 9, 2021
Elizabeth Pathak, Ph.D.

April 13, 2021
Leighton Chen, M.D., M.P.H.
“Difference, Disparity and Disability”
Howard University Partnership with the National Institutes of Health for Equitable Clinical Trial Participation for Racial/Ethnic Communities Underrepresented in Research (HoPe-NET)

Allan Johnson, PhD, FASAHP
HU PI

Tiffany Powell-Wiley, MD, MPH, FAHA
NIH PI

Nicole Farmer, MD
Co-investigator

Gwenyth Wallen, RN, PhD
Co-investigator

Faustine Williams, PhD, MPH, MS
Co-investigator

Billy Collins, DHSc, PA-C
Co-investigator

Erika Ortiz Chaparro
Co-investigator

Lennox Graham, DM
Faculty Assistant

Valerie Mitchell
Research Coordinator

Foster Osei Baah, MS-PhD, RN

Erika Ortiz Chaparro
Co-investigator

Lennox Graham, DM
Faculty Assistant

Valerie Mitchell
Research Coordinator

Foster Osei Baah, MS-PhD, RN
2021 Virtual Postbac Poster Day
NIH Intramural Research Trainees

Postbac Presenters

**Top Row**: Aniruddth Ajith, Jackie Bonilla, Isaiah Brown, Saida Coreas, Koya Ferrell, Kiana Hacker

**Bottom Row**: Anjali Purohit, Phillip Hegeman, Stephanie Quintero, Charlotte Talham, Whitney Teagle, Kevin Villalobos
Science Advances
Syndemic Factors Associated with Sustained HIV Viral Suppression

- 6,554 HIV+ people from Ryan White HIV/AIDS Program in Miami, FL
- Odds of achieving **sustained viral suppression** significantly lower with multiple co-occurring risk factors compared to those with none

<table>
<thead>
<tr>
<th>Variables</th>
<th>Sustained Viral Suppression</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beta</td>
</tr>
<tr>
<td>Class 2 vs. Class 1</td>
<td>-0.40</td>
</tr>
<tr>
<td>Class 3 vs. Class 1</td>
<td>-0.51</td>
</tr>
<tr>
<td>Class 4 vs. Class 1</td>
<td>-0.34</td>
</tr>
<tr>
<td>Class 5 vs. Class 1</td>
<td>-1.34</td>
</tr>
<tr>
<td>Age: 18-34 vs. 35-49</td>
<td>-0.24</td>
</tr>
<tr>
<td>Age: 50+ vs. 35-49</td>
<td>0.42</td>
</tr>
<tr>
<td>Race: Black vs. Other</td>
<td>-0.69</td>
</tr>
<tr>
<td>Female vs. Male</td>
<td>-0.69</td>
</tr>
<tr>
<td>U.S. Born: No vs. Yes</td>
<td>0.25</td>
</tr>
<tr>
<td>Language: Other vs. English</td>
<td>-0.11</td>
</tr>
<tr>
<td>Household income: &lt; 100% vs. ≥ 100% FPL</td>
<td>-0.72</td>
</tr>
</tbody>
</table>

- **Class 1**: No risk factors
- **Class 2**: Mental health symptoms
- **Class 3**: Substance abuse and multiple sexual partners
- **Class 4**: Substance abuse, multiple sexual partners, and domestic violence
- **Class 5**: Mental health symptoms, substance abuse, multiple sexual partners, domestic violence, and homelessness

R01MD013563, R01MD012421, U54MD012393, K01MD013770, F31MD015234, R01MD013563-02S1
Acculturation Associated with Sleep Duration, Quality, and Disorders at the US–Mexico Border

• Association of Anglo or Mexican acculturation to various facets of sleep health among those of Mexican descent at the US–Mexico border.

• Data were collected from $N = 100$ adults of Mexican descent in the city of Nogales, Arizona (AZ).

• Higher Anglo acculturation was associated with less weekend sleep duration and efficiency, worse insomnia severity and sleep quality, and more sleep apnea risk and sleep medication use.

<table>
<thead>
<tr>
<th>Acculturation and Sleep Medication</th>
<th>Unadjusted</th>
<th>Adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR⁺</td>
<td>95% CI</td>
</tr>
<tr>
<td>Mexican Acculturation</td>
<td>0.95</td>
<td>(0.49, 1.83)</td>
</tr>
<tr>
<td>Anglo Acculturation</td>
<td>1.85</td>
<td>(1.02, 3.35)</td>
</tr>
</tbody>
</table>

+ OR, odds ratio.

Grant No. R01 MD011600
Depression, Anxiety, and Interest in Mental Health Resources in School Gender-Sexuality Alliances

- 580 high school students (79% SGM) in 38 GSAs across MA completed surveys in Fall and Spring semesters
- 70% scored above threshold for mild depression; 34% for concerning anxiety

<table>
<thead>
<tr>
<th>Variables</th>
<th>Model for depression (pseudo-$R^2 = .32$)</th>
<th>Model for anxiety (pseudo-$R^2 = .21$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$B$</td>
<td>OR (95% CI)</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Gay/lesbian</td>
<td>1.21***</td>
<td>3.35 (1.75, 6.41)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>0.88**</td>
<td>2.40 (1.36, 4.25)</td>
</tr>
<tr>
<td>Questioning</td>
<td>1.03</td>
<td>2.81 (1.00, 7.93)</td>
</tr>
<tr>
<td>Pansexual</td>
<td>1.31***</td>
<td>3.70 (1.79, 7.63)</td>
</tr>
<tr>
<td>Asexual</td>
<td>0.51</td>
<td>1.66 (0.45, 6.10)</td>
</tr>
<tr>
<td>Queer</td>
<td>−0.40</td>
<td>0.67 (0.19, 2.34)</td>
</tr>
<tr>
<td>Other S.O. identities</td>
<td>3.30a</td>
<td>27.12a (3.10, 237.08)</td>
</tr>
<tr>
<td>Gender identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cisgender male</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cisgender female</td>
<td>0.37</td>
<td>1.45 (0.81, 2.59)</td>
</tr>
<tr>
<td>Transgender</td>
<td>1.18*</td>
<td>3.24 (1.08, 9.75)</td>
</tr>
<tr>
<td>Gender expansive</td>
<td>2.17***</td>
<td>8.79 (3.85, 20.05)</td>
</tr>
</tbody>
</table>

Takeaways:

- High levels of reported interest in receiving information and resources about mental health
- Gender-Sexuality Alliances may be an ideal venue for delivering mental health interventions.

Grant No. R01 MD 009458

Varying Mortality Rates for Gastrointestinal Cancers in Asian Americans

- GI cancers (esophageal, gastric, colorectal, liver and pancreatic) for the six largest Asian American populations (Asian Indians, Chinese, Filipinos, Japanese, Koreans and Vietnamese)
- Data from National Center for Health Statistics, 2003-2017
- In aggregate, Asian Americans have a lower mortality from GI malignancies than Whites (56.3 vs. 63.8 per 100,000)
- South Asians (26.1) and Filipinos (47.8) had the lowest mortality
- Koreans (76.8) and Japanese (69.6) had the highest mortality
- Whites had higher mortality for CRC and pancreas than all groups except Japanese who were similar
- Liver cancer mortality was 1.5 to 4 times (Vietnamese) higher in Asian populations except in Japanese and South Asians

Grant No. R01 MD 007012

Anti-Black Violence Is Associated with More Poor Mental Health Days for Black Americans

- Identified 49 anti-Black violent incidents from 2013 to 2017
- Police killings of Black civilians; decisions to not indict officer involved; hate crime murders Blacks
- Timing and level of national interest based on Google Search
- Average # of poor mental health days by week for Black BRFSS respondents (average weekly n=696; full n=217,171)
- In weeks with 2+ racial incidents, Black Americans had more poor mental health days.

Takeaway: Racial violence is a national stressor and is one way in which racism is a public health threat.

Grant No. R21 MD 014281

Curtis, et al., *PNAS*, 2021
In-Hospital Mortality for Ischemic and Hemorrhagic Stroke in U.S. Rural and Urban Hospitals

Purpose
Do patients with different types of stroke admitted during weekends have a higher risk of in-hospital mortality in rural and urban hospitals in the U.S.

Main findings
- Crude stroke mortality was higher in weekend admissions.
- In-hospital mortality among hemorrhagic stroke patients was significantly greater for weekend admissions in both rural and urban hospitals.

Conclusions: Factors associated with the weekend effect on hemorrhagic stroke mortality need further investigation to improve stroke care services and reduce hemorrhagic stroke mortality.

Grant No. R01MD013886-01


### In-hospital mortality between weekday and weekend admissions among adult stroke patients by rural urban status

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekday admissions</td>
<td>Weekend admissions</td>
</tr>
<tr>
<td>Unadjusted ischemic</td>
<td>31121 (5.16%)</td>
<td>37213 (6.17%)</td>
</tr>
<tr>
<td>Adjusted ischemic</td>
<td>12364 (2.05%)</td>
<td>14656 (2.43%)</td>
</tr>
<tr>
<td>Unadjusted hemorrhag</td>
<td>22738 (3.77%)</td>
<td>23884 (3.96%)</td>
</tr>
<tr>
<td>Adjusted hemorrhag</td>
<td>9771 (1.62%)</td>
<td>9771 (1.62%)</td>
</tr>
<tr>
<td></td>
<td>166764 (27.65%)</td>
<td>233048 (38.64%)</td>
</tr>
<tr>
<td></td>
<td>154762 (25.66%)</td>
<td>222674 (36.92%)</td>
</tr>
</tbody>
</table>
Perceptions of COVID-19 of African American Residents in Low-Income Communities in Alabama

• Focus groups were conducted with 36 AA community residents and stakeholders living in urban and rural low-income communities in Alabama to examine perceptions of COVID-19

<table>
<thead>
<tr>
<th>COVID-19 Barriers</th>
<th>Common Responses and Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barriers to COVID-19 prevention</td>
<td>• Apathy, difficulty with social distancing, lack of information, mixed messages from authority figures, lack of PPE</td>
</tr>
<tr>
<td>Barriers to coping with COVID-19</td>
<td>• Food insecurity, mental health difficulties, economic hardships, education/children (schools closed, decreased learning, difficulty with online learning), cessation of church services, technology (lack of Wi-Fi, devices, lack of healthcare access/telemedicine due to COVID-19)</td>
</tr>
<tr>
<td>Barriers to COVID-19 testing</td>
<td>• Misunderstanding, fear, mistrust, restrictions on who can get a test (if available), cost and location of testing</td>
</tr>
</tbody>
</table>

The Impact of Criminalizing Immigrant Policies on Healthcare Inequities

- Association among state-level, immigrant criminalization policies, health care access, and citizenship status
- National Health Interview Survey, 2014–2015, and include Latino, White, Black, and Asian adults ages 18–64 (n = 52,562)

<table>
<thead>
<tr>
<th>Policing Policy</th>
<th>Does the state authorize law enforcement to fully collaborate with federal immigration authorities?</th>
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<tr>
<td></td>
<td>Does the state require or allow law enforcement to verify individuals’ legal status at the time of a stop or arrest?</td>
</tr>
<tr>
<td>Criminal Justice Policy</td>
<td>Does the state sentence certain criminal offenses at least 365 days (e.g., federal immigration criteria for “aggravated felony”)?</td>
</tr>
<tr>
<td>Verification and ID Policy</td>
<td>Does the state require a social security number to obtain a driver’s license?</td>
</tr>
<tr>
<td></td>
<td>Does the state comply with REAL ID?</td>
</tr>
<tr>
<td></td>
<td>Does the state mandate employees use E-Verify?</td>
</tr>
</tbody>
</table>

- An increase in the level of state criminalization policies was associated with a significant population-level decline in health care access; this difference increased between noncitizens and citizens with greater numbers of criminalization policies
- State-level criminalization immigrant policies exacerbate inequities in health care access between states and for noncitizens

NIH Grant No. R01-MD-012292

Identifying malignant colorectal cancer risk profiles and differences in survivorship

- Latent class analysis was used to identify subpopulation survivorship profiles using 525,245 individuals from the Surveillance, Epidemiology, and End Results (SEER) cancer registries (1975-2016) for adults ≥18 y; age, sex, marital status, race, and ethnicity considered.

Four survivorship populations identified:

- **Lowest**: 53 mo. survival, women, widowed, and White, ≥76 at diagnosis, localized/regional staging
- **Medium Low**: 72 mo. Latino, 50-75 y at diagnosis, regional staging
- **Medium High**: 73.5 mo. Black, single, divorced or separated, 50-75 y at diagnosis, distant staging
- **Highest** (92 mo. White, married men, 50-75 y at diagnosis, localized staging)

- While accounting for social determinants of health, the interactions of multiple individual factors may help identify drivers of CRC disparities
- Using data from TN Dept of Health cancer registry (2005-2015) that does not participate in SEER program, the same patterns were observed with CRC surgical treatment delay (Montiel Ishino et al. *J Public Health Manag Pract*. 2021).
- Clinical care and screening practices have evolved over 40 years
Variations in Substance Use and Disorders Among Sexual Minorities by Race/Ethnicity

- Examined associations between sexual minority status and substance use and disorders of tobacco, alcohol, and marijuana using the 2012-2013 National Epidemiological Survey on Alcohol and Related Conditions-III (n=35,981)

Prevalence of Tobacco Use Disorder (TUD)

- Gay/lesbian and bisexual Latino and Black adults had higher prevalence of TUD compared to their heterosexual counterparts, but only bisexual Whites smoked more than their heterosexual counterparts.

Prevalence of Alcohol Use Disorder (AUD)

- Gay/lesbian and bisexual Latino and Black adults had higher prevalence of TUD compared to their heterosexual counterparts, but only bisexual Whites smoked more than their heterosexual counterparts.

Prevalence of Cannabis Use Disorder (CUD)

- Bisexual Latino, Black, and White adults often had higher prevalence of AUD and CUD than their gay/lesbian counterparts.

- Effective interventions tailored to race/ethnicity and sexual orientation may be needed.

Freitag et al, *Substance Use & Misuse*, 2021
Smoking Susceptibility and Tobacco Media Engagement among Youth Never Smokers

- How does smoking susceptibility and tobacco-industry related marketing influenced smoking initiation in youth never smokers
- Population Assessment of Tobacco and Health Study (N=8,899, never smokers at wave 1 and completed wave 4)
- 54.9% 12-14 y: Male: 50.9%; AA: 14%, Latino: 22.4%, White: 54%
- aORs (95% CI) for experimental smoking in susceptible youth:
  - 6.9 (5.7, 8.4) (excluding effects of marketing and e-cig use): ; with marketing exposure:
  - 6.0 (4.8, 7.4) (with marketing exposure)
  - 3.7 (2.9, 4.6) (with e-cig use history, no marketing)
- Similar results observed for current and established smoking
- 4 susceptibility questions may be considered for use by clinicians in routine preventive care visits with adolescents

NHLBI Division of Intramural Research, NIMHD Director Lab
National Institutes of Health Advancing Multimorbidity Research

• To present a multimorbidity research framework and identify gaps in the research literature
• Planning committee members reviewed the literature and developed a guiding framework
• The framework incorporates the concept of concordant and discordant comorbidity, and includes potential causes, interactions, and outcomes
• This framework informed workshop presentations and discussion on identifying and selecting the best available multimorbidity instruments

# Emergency Department Visits for COVID-19 in 13 States, October–December 2020

<table>
<thead>
<tr>
<th>Race or Ethnicity</th>
<th>ED visits per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>333</td>
</tr>
<tr>
<td>Black/African Am</td>
<td>463</td>
</tr>
<tr>
<td>Latino/a</td>
<td>588*</td>
</tr>
<tr>
<td>AI/AN</td>
<td>570*</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>234*</td>
</tr>
</tbody>
</table>

*Indicates significant difference compared to other races or ethnicities.
Age-specific differences between % COVID-19 deaths and population distribution

[Diagram showing differences across age groups and ethnicities.]

https://www.cdc.gov/nchs/nvss/vsrr/covid19/health_disparities.htm
Demographics of People Receiving COVID-19 Vaccinations in the U.S., April 8, 2021

Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States from CDC’s COVID Data Tracker (updated 2/25)
Medical School Enrollment and Graduates, and U.S. Physicians, by Race/Ethnicity and Year

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>183 (&lt;1%) −22</td>
<td>35 (&lt;1%)</td>
<td>2,570 (&lt;1%) −905</td>
</tr>
<tr>
<td>Asian</td>
<td>21,510 (23%) + 3%</td>
<td>4,513 (22%)</td>
<td>157,025 (17%) + 5%</td>
</tr>
<tr>
<td>African American</td>
<td>7,126 (8%) + 4%</td>
<td>1,344 (7%)</td>
<td>45,534 (5%) + 1%</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>6,295 (7%) + 1%</td>
<td>1,199 (6%)</td>
<td>53,526 (6%) + 1%</td>
</tr>
<tr>
<td>White</td>
<td>45,738 (49%) −7%</td>
<td>10,789 (53%)</td>
<td>516,304 (56%) + 8%</td>
</tr>
<tr>
<td>Total*</td>
<td>94,243</td>
<td>20,387</td>
<td>918,547</td>
</tr>
</tbody>
</table>

* Column totals do not add up to 100% because other racial/ethnic groups are missing

www.aamc.org
# U.S. STEM Ph.D. Recipients by Race/Ethnicity and Year

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>79%</td>
<td>77%</td>
<td>76%</td>
<td>74%</td>
<td>70%</td>
</tr>
<tr>
<td>Black/AA</td>
<td>4% (761)</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>6% (1468)</td>
</tr>
<tr>
<td>Latino/a</td>
<td>4% (767)</td>
<td>5%</td>
<td>6%</td>
<td>6%</td>
<td>8% (2082)</td>
</tr>
<tr>
<td>AI/AN</td>
<td>119 (1%)</td>
<td>57 (&lt;1%)</td>
<td>75 (&lt;1%)</td>
<td>70 (&lt;1%)</td>
<td>77 (&lt;1%)</td>
</tr>
<tr>
<td>Asian</td>
<td>2009-11%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>2,821 -11%</td>
</tr>
<tr>
<td>&gt; One Race</td>
<td>N/A</td>
<td>240 (1%)</td>
<td>445 (2%)</td>
<td>637 (3%)</td>
<td>871 (3%)</td>
</tr>
<tr>
<td>Other or unknown</td>
<td>212 (1%)</td>
<td>274 (2%)</td>
<td>216 (1%)</td>
<td>192 (1%)</td>
<td>280 (1%)</td>
</tr>
<tr>
<td>Total N*</td>
<td>18,305</td>
<td>16,388</td>
<td>20,464</td>
<td>23,434</td>
<td>25,288</td>
</tr>
</tbody>
</table>

* Column totals do not add up to 100% because not all categories are mutually exclusive.

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