NIMHD

National Institute on Minority Health and Health Disparities

NATIONAL ADVISORY COUNCIL
CONCEPT CLEARANCE

Date of Council: September 2020

Title of Initiative: Understanding and Addressing the Impact of Structural Racism and Discrimination on Minority Health and Health Disparities

Authors: Jennifer Alvidrez, Ph.D., Benyam Hailu, M.D., Ph.D., Derrick Tabor, Ph.D.

Objectives: The purpose of this NIH-wide initiative is to support (1) observational research to understand the role of structural racism and discrimination (SRD) in causing and sustaining health disparities, and (2) research testing interventions that address SRD in order to improve minority health or reduce health disparities.

Background: There is increasing recognition that racism and discrimination contribute to poorer health outcomes for racial/ethnic minority populations and other disadvantaged populations. There is also a growing societal recognition that racism and discrimination extend beyond the behavior of individuals and are embedded in social, institutional, organizational and governmental structures, processes, procedures, and practices that limit opportunities and resources to segments of the population (see Healthy People 2020, https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/discrimination). Despite this enhanced awareness, racism and discrimination are not routinely included as determinants of health in human research. Research that does include racism and discrimination often focuses on interpersonal interactions, and to a lesser extent, one specific form of SRD, residential segregation.

Health research and interventions need to routinely incorporate constructs and measurement of SRD across multiple socioecological domains and levels of influence, if minority health is to be optimized, health equity achieved, and health disparities eliminated (see the NIMHD Research Framework: https://www.nimhd.nih.gov/about/overview/research-framework.html). Examples of domains in which SRD may occur include but are not limited to the following:

- Organizational/Institutional: Organizational-level climate or lack of cultural humility; workplace hiring, promotion, or disciplinary practices; academic tracking, stigmatization, school disciplinary and admission practices; tolerance of abuse/harassment; health care system practices.
- Neighborhood/Community: Housing or lending practices; zoning laws; neighborhood distribution of public transportation, green spaces, grocery stores, hospitals and health clinics, cellular towers, highways and major thoroughfares, and industrial or waste sites; criminal justice profiling; targeted social marketing of harmful products; hate crimes.
- Societal: Criminal justice polices and sentencing practices, land/water use rights, self-governance or political representation for tribal communities and U.S. territories, immigration and asylum policies and procedures, gerrymandering, voter suppression laws or practices, religious and cultural discrimination, depiction or representation in national media.

In addition to the direct effects of SRD to limit opportunities and resources, research documents the effects on psychological health and well-being among populations who experience unequal or unfair treatment stemming from SRD.

Description of Initiative: This initiative will support observational or intervention research to understand and address the impact of SRD on minority health and health disparities.

Projects must address SRD in one or more NIH-designated populations experiencing health disparities in the U.S. (Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asians, Native Hawaiians and Other Pacific Islanders, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minorities). SRD may be related to race/ethnicity and/or other statuses among populations experiencing health disparities, such as gender, sexual orientation, gender identity, disability status, social class, religion, national origin, immigration status, limited English proficiency, or physical characteristics or health conditions.

All projects should address documented disparities in health outcomes. It is expected that projects will collect data on SRD beyond individual self-reported perceptions and experiences. Potential data sources for SRD may include but are not limited to U.S. Census data, birth and mortality records, health surveillance data, crime statistics, traditional and social media data, school-based or educational data, labor statistics, voting records, and local, state, and federal law and policies.

Projects are expected to involve collaborations from a variety of relevant organizations or groups or stakeholders, including but not limited to academic institutions, health service providers and systems, state and local public health agencies or other governmental agencies, criminal justice systems, school systems, patient or consumer advocacy groups, community-based organizations, and faith-based organizations. Multidisciplinary research teams, including members from disciplines outside of the health sciences, such as economics, education, history, criminology, law, and political science, are encouraged.

Observational Studies: Observational studies may (1) examine the impact of SRD on health, and/or (2) evaluate the impact that existing efforts to address SRD (e.g., laws, policies, programs, organizational practices and procedures) have on the health of individuals, families, and communities. Studies may involve collection of primary data and/or analysis of existing data, and may involve quantitative or mixed methods approaches. Exclusively qualitative projects are not responsive to this initiative. Projects may be exclusively domestic or may include secondary data sources outside of the U.S. to compare with U.S. data. Studies using longitudinal designs or multiple sites or locations are strongly encouraged.

Intervention Studies: Projects may focus on health promotion, treatment, and/or prevention. Research designs should allow for the assessment of mechanisms through which the intervention modifies SRD and how these changes result in improvement in the targeted health outcomes. Mechanisms of interest include changes to behaviors, environments, or policies at the interpersonal, organizational, neighborhood/community, or societal level. Projects that only address individual-level mechanisms

(e.g., coping with SRD), in the absence of higher levels strategies to address SRD, are not responsive to this initiative. Cluster randomized designs are strongly encouraged, as are research designs comparing interventions with and without SRD components. It is expected that the interventions will have potential for sustainability in the intervention setting after the project is over, as well as scalability to be implemented in other settings. Interventions designed to address SRD within institutions, organizations, municipal governments, et cetera, should be appropriately tailored based on the etiology, context, and factors sustaining SRD.

Areas of specific interest to NIMHD include but are not limited to the following:

- Examination of the impact of structural racial/ethnic or SES-based discrimination in the criminal justice system (e.g., police stops, arrests, bail and pre-trial detainment and diversion, sentencing, and probation and parole practices) on the health and well-being of individuals, families, and communities.
- Identification of family, organizational, neighborhood, cultural and community characteristics that moderate the relationship between SRD exposures and health.
- Examination of how cumulative and chronic experiences of SRD impact biological processes (e.g., epigenome, allostatic load, inflammation, microbiome, neurological signatures) that contribute to poor health outcomes.
- Interventions to improve mental and physical health by fostering positive interactions and more inclusive social climates in schools, workplaces and other organizations/institutions.
- Interventions that address SRD in health care settings across multiple domains (clinicians and staff, physical space, service delivery structure, financing, etc.) in order to improve health care outcomes.
- Place-based interventions to address structural factors in multiple sectors (criminal justice, education, labor, transportation, parks and recreation, etc.) based on community priorities and strategies.

Other participating NIH Institutes and Centers will identify their own areas of interest.