

# NIH Health Equity Factsheet

## Overview

As the nation's medical research agency, the National Institutes of Health (NIH) makes important scientific discoveries to improve health and promote health equity. NIH recognizes that certain populations experience disparities in health outcomes and that it is critical to understand and address the causes of these differences and ensure that populations experiencing disparities in health, whether based on race, ethnicity, culture, gender identity, sexual orientation, income, geography, or disability, are adequately represented in scientific research and clinical studies. Health equity is the principle underlying the continual process of ensuring that all individuals or populations have optimal opportunities to attain the best health possible.

**Advancing health equity is a longstanding priority for NIH** as reflected in its organizational structure, programs, and policies. NIH established the Office of Minority Programs within the NIH Office of the Director, which transitioned over the years and through legislation became the current *National Institute on Minority Health and Health Disparities (NIMHD)* in 2010. NIMHD leads scientific research to improve minority health, reduce health disparities from all causes, and promote health equity, and coordinates these efforts across the agency. Additionally, the NIH Office of Research on Women's Health (ORWH), the Sexual & Gender Minority Research Office (SGMRO), the Tribal Health Research Office (THRO), and the Chief Officer for Scientific Workforce Diversity (COSWD) position within the NIH Office of the Director, work jointly with all NIH Institutes, Centers, and Offices (ICOs), and underscore the commitment of NIH to advance health equity in alignment with related Executive Orders (EO) such as EO [13985](#), [13988](#), [13995](#), [14035](#), [14041](#), [14045](#), [14049](#), [14050](#), and [14091](#).

## KEY NIH DEFINITIONS

NIH has definitions and guidelines to guide the work of its scientists and funded researchers in conducting research to improve minority health, reduce health disparities, and promote health equity.

**Health Disparity Definition:** A health disparity is a health difference that adversely affects disadvantaged populations in comparison to a reference population, based on one or more health outcomes. All populations with health disparities are socially disadvantaged due in part to being subject to racist or discriminatory acts and are underserved in health care.

**Minority Health Definition:** Distinctive health characteristics and attributes of racial and/or ethnic minority populations who are socially disadvantaged due in part to being subject to racist or discriminatory acts and are underserved in health care.

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**Minority Health Research:** The scientific investigation of distinctive health characteristics and attributes of minority racial and/or ethnic groups who are usually underrepresented in biomedical and behavioral research to understand health outcomes in these populations.

**Health Disparities Research:** The multidisciplinary field of study devoted to gaining greater scientific knowledge about the complex factors that influence health by identifying, explaining, and addressing modifiable and unjust differences across groups; understanding the roles of mechanisms and societal factors that underlie health disparities; and developing, evaluating, and scaling interventions to reduce or eliminate adverse health outcomes.

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### NIH Designated Populations with Health Disparities

- African American or Black populations
- American Indian and Alaska Native populations
- Asian populations
- Hispanic or Latino populations
- Native Hawaiian and Pacific Islander populations
- Sexual and gender minority groups
- Residents in underserved rural communities
- People of lower socioeconomic status
- People with disabilities

## Integrating Health Equity into the DNA of NIH

To promote health equity, NIH is committed to two overarching and parallel health equity goals. NIH seeks to create a people-centered organization, where the workforce and research priorities are diverse, and all people feel a sense of belonging in working to advance the NIH mission. In addition, NIH supports a robust program of research examining how biological, behavioral, environmental, sociocultural, and health care system factors interact with and shape health trajectories across the lifespan as illustrated in the NIMHD Research Framework.

### NIH STRATEGIC PLANS

The *NIH Minority Health and Health Disparities Strategic Plan (2021-2025)*, developed by NIMHD in collaboration with all of the NIH ICOs, demonstrates the NIH-wide commitment to improve minority health, reduce health disparities, and promote health equity. This plan aligns with other NIH-wide strategic plans that include minority health, health disparities, health equity, and/or diversity and inclusion goals, underscoring that health equity is at the core of the agency's work. These strategic plans include the: *NIH-wide Strategic Plan (2021-2025)*, which incorporates cross-cutting themes on Enhancing Women's Health and Improving Minority Health and Reducing Health Disparities; *Strategic Plan to Advance Research on the Health and Well-being of Sexual and Gender Minorities (2021-2025)*; *NIH-wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility (2023-2027)*, and NIH *Chief Officer for Workforce Diversity Strategic Plan*. In addition, NIH released the *Report of the Advisory Committee on Research on Women's Health (FY 2021-2022)*, continued implementation of the *NIH Strategic Plan for Tribal Health Research (2019-2023)*, and is preparing to release the 2024-2028 NIH-Wide Strategic Plan on Research on the Health of Women. Collectively, these strategic plans complement and harmonize NIH health equity-related priorities.

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## WORKFORCE PRIORITIES

### NIH Policy and Culture Changes

- **Action:** In February 2021, NIH announced the establishment of the UNITE working group charged with identifying and addressing any structural racism within the biomedical, behavioral, and social sciences research enterprise.

**UNITE primarily focuses on three intersecting areas—health disparities and minority health research, the internal NIH workforce, and the external research workforce. Five UNITE committees with more than 80 NIH staff volunteers concentrate on catalyzing change and enacting real solutions to foster equity for all.**

- ☑ **Impact:** Helps enable greater transparency, accountability, and communication across NIH and the biomedical, behavioral, and social sciences research community; elevates minority health and health disparities research; and promotes equity within the NIH workforce and the external research community. Inspired development of initiatives such as the *Transformative Research to Address Health Disparities and Advance Health Equity* initiative, *Community Partnerships to Advance Science for Society (ComPASS)* program through the NIH Common Fund process, and the *Engagement and Access for Research Active-Institutions (EARA)* initiative in collaboration with other NIH ICOs.

## HEALTH EQUITY RESEARCH PRIORITIES

### NIH Health Equity Goals

NIH strives to advance health equity through the implementation of agency-wide strategic plans focused on improving minority health, reducing health disparities, and promoting fairness and social justice. These goals are organized around two categories: (1) NIH-Supported Research, and (2) Research-Sustaining Activities.

**NIH-SUPPORTED RESEARCH** – addresses the risk and protective factors that operate and interact on multiple levels to impact the well-being of populations that experience health disparities.

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#### GOAL 1:

**Promote research to understand and to improve the health of racial and ethnic minority populations.**

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- **Action:** Launched the *Health and Health Care Disparities Among Persons Living with Disabilities* initiative to fund research to identify factors and mechanisms influencing unique health care conditions and challenges faced by individuals living with disabilities.
- ☑ **Impact:** Prioritizes research that addresses health disparities experienced by people with disabilities.
- **Action:** Established the *Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE)* initiative to support research to understand and reduce health disparities among women disproportionately affected by maternal morbidity and mortality. NIH funded 10 Maternal Health Centers and the *IMPROVE Community Implementation Program*.

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☑ **Impact:** Addresses health disparities and risk factors for pregnancy-related complications and death through community engagement and supports training and professional development to increase the maternal health research workforce.

☐ **Action:** Established the Community Engagement Alliance (CEAL) initiative in response to the COVID-19 pandemic, to share evidence-based, trusted, and accurate information with communities most impacted by the pandemic, promote participation in clinical research, and address the disparities evident from the pandemic in communities of color.

☑ **Impact:** Partnered with trusted community organizations and leaders to counter misinformation in diverse communities, by sharing accurate information about SARS-CoV-2, the virus that causes COVID-19. Expanded CEAL to include programs on maternal health, climate health, health knowledge, primary care research, and other important public health topics.

☐ **Action:** Established *Research Centers in Minority Institutions (RCMI) Clinical Research Networks* to develop the infrastructure for community-based clinicians and health care systems to conduct clinical research and serve patients from populations that experience health disparities in primary care settings.

☑ **Impact:** Increases the capacity of resource-limited institutions to conduct clinical research in primary care settings in San Diego, California; District of Columbia; Hawaii; and North Carolina.

☐ **Action:** Published findings from the *Cause-Specific Mortality by County, Race, and Ethnicity in the USA, 2000–2019* study, the first nationwide analysis that illuminated cause-specific mortality in 3,110 U.S. counties. Estimated the major causes of mortality across five racial and ethnic groups and examined patterns across geographic locations. Overall mortality was greater among American Indian and Alaska Native and African American or Black populations compared with the other populations.

☑ **Impact:** Highlighted the need to address structural factors contributing to health disparities among racial and ethnic minority populations through targeted efforts in specific counties.

## GOAL 2:

### Advance scientific understanding of the causes of health disparities.

☐ **Action:** Established the *Understanding and Addressing the Impact of Structural Racism and Discrimination on Minority Health and Health Disparities Initiative* and funded 38 research projects with support from 14 ICOs to study how structural racism and discrimination (SRD) contribute to health disparities and to evaluate interventions to mitigate these effects.

☑ **Impact:** Acknowledgement across all NIH ICs that racism and discrimination extend beyond interpersonal events, and that SRD is an important determinant of health that should be further studied and addressed.

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- **Action:** Recent findings from the *NIH Reasons for Geographic and Racial Differences in Stroke (REGARDS)* study showed that individuals with more than one social vulnerability (e.g., low income, no insurance, less than high school education) were more likely to develop hypertension and two times more likely to die over the course of a 10-year period compared to individuals with no social vulnerabilities. African American or Black participants had more social vulnerabilities and were more likely to develop and die from hypertension than White participants.
- ☑ **Impact:** Underscores the need for structural interventions to address the adverse social determinants of health (SDOH) that contributes to the development of hypertension and enhances proven clinical interventions to control blood pressure.

**GOAL 3:**

**Develop and test interventions to reduce health disparities.**

- **Action:** Findings published in FY 2023, from the *Qungasvik Toolbox* study, showed that the Qungasvik intervention was effective in reducing co-occurring youth alcohol misuse and suicide risk, and ultimately, alcohol use disorder and death by suicide.

**Developed by Yup'ik communities, the study examined how tapping into a community's culture can reduce youth substance misuse and suicidal ideation and behavior(s).**

- ☑ **Impact:** Identified an effective suicide and alcohol prevention strategy for rural Alaska Native communities.

- **Action:** Supported the *Rapid Acceleration of Diagnostics Underserved Populations (RADx-UP) Initiative* to promote SARS-CoV-2 testing as an intervention to mitigate disparities among populations and communities disproportionately affected by the COVID-19 pandemic.
- ☑ **Impact:** Invested more than \$450 million to fund 73 institutions to implement 141 community-engaged projects in all 50 states, five U.S. territories, and Washington, D.C., to promote and evaluate COVID-19 testing interventions in underserved communities.

- **Action:** Findings from the NIH-funded *Racial, Ethnic and Socioeconomic Disparities in Guideline-Adherent Treatment for Endometrial Cancer* study, found that African American or Black, Hispanic or Latina, and American Indian and Alaska Native women were less likely to receive recommended treatment for endometrial cancer, while Asian and Native Hawaiian or Pacific Islander women were more likely to receive recommended treatment compared to White women. Women in the high-middle, middle, low-middle, and lowest neighborhood socioeconomic status categories were less likely to receive recommended treatment than women in neighborhoods with the highest socioeconomic status.
- ☑ **Impact:** Suggest that more research interventions are needed to ensure that all individuals can have equitable access to cancer treatment regardless of race, ethnicity, or socioeconomic status.



- **Action:** The *Disparities Elimination through Coordinated Interventions to Prevent and Control Heart and Lung Disease Risk (DECIPHeR)* Initiative, funds studies to identify implementation strategies to effectively deliver evidence-based interventions and engage diverse multidisciplinary partners in communities with high burdens of heart and/or lung disease.
- ☑ **Impact:** Increase in knowledge to reduce or eliminate disparities in cardiovascular and pulmonary health, disease, and disease risk factors in high-burden communities in the United States.

**GOAL 4:**

**Create and improve scientific methods, metrics, measures, and tools that support health disparities research.**

- **Action:** Conducted study on the *Economic Burden of Racial, Ethnic, and Educational Health Disparities* in the United States, which showed that in 2018 the economic burden of racial and ethnic health disparities was estimated at \$451 billion, and education-related health disparities for persons with less than a college degree, at \$978 billion.

**The first study to estimate the economic burden of health disparities for all U.S. racial and ethnic minority groups and adults without a 4-year college degree at the national level, and for all 50 states and Washington, D.C. The analysis used aspirational health goals derived from national data instead of comparisons with a specific reference population.**

- ☑ **Impact:** Showed that the potential for economic investments in interventions to reduce health disparities and promote health equity may be cost-saving and beneficial to the country.

- ☑ **Action:** Established a *Social Determinants of Health Research Coordinating Committee (SDOH RCC)* to develop a coordinated strategy to propel discoveries to improve individual and population health, reduce health disparities, and advance health equity.

- ☑ **Impact:** The RCC developed a unified conceptualization of SDOH to facilitate NIH-wide coordination of the evidence base on how social determinants impact health, advancement of methods, and intervention development and testing.

- **Action:** Released measures for social determinants of health with the *PhenX Toolkit SDOH Collection*, which provides well-established and validated data protocols to help measure individual as well as structural factors that shape behaviors and health outcomes.

- ☑ **Impact:** Facilitates investigators' selection of measures for use in their own research and helps with comparing, sharing, and combining data from different studies. Enhances understanding of social factors that affect health by informing the design and evaluation of interventions to improve minority health and reduce health disparities.

**RESEARCH-SUSTAINING ACTIVITIES** - focus on research capacity building, workforce development, and inclusion of racial and ethnic minority populations, sexual and gender minority populations, people with disabilities, and other populations underrepresented in clinical research.

#### GOAL 5:

**Support training to enhance diversity and to promote training and career advancement of minority health and health disparities researchers.**

- ☐ **Action:** Established the *Faculty Institutional Recruitment for Sustainable Transformation (FIRST)* program in 2021. FIRST assists institutions in recruiting early-career faculty and scientists from diverse backgrounds, and in cultivating a sustainable culture of inclusive excellence that integrates mentorship, career development, retention, progression, and promotion for the cohort of diverse faculty and scientists.
- ☑ **Impact:** Funded 15 institutions to recruit a cohort of early-career scientists with a commitment to advance diversity, equity, and inclusion within the institution. Morehouse School of Medicine manages the FIRST Coordination and Evaluation Center to evaluate and assess the impact of strategies used to create institutional cultural changes.
- ☐ **Action:** Continued support of the *NIH Extramural Loan Repayment Program*, designed to recruit and retain highly qualified doctoral-level scientists in biomedical or biobehavioral research careers. Successful applicants commit to 2 years of research on health disparities, pediatric, clinical, contraception and infertility research, clinical research for individuals from disadvantaged backgrounds, or research in emerging areas critical to human health. The program repays up to \$50,000 of qualified educational debt each year.
- ☑ **Impact:** Alleviated the burden of educational debt for early-career professionals focused on health disparities research. Invested a total of \$18 million in FY 2023, to repay educational debt for 267 individuals.
- ☐ **Action:** Continued funding the *Maximizing Opportunities for Scientific and Academic Independent Careers (MOSAIC)* program, which provides funding to facilitate mentoring and the transition of promising early-career researchers from diverse backgrounds into independent, tenure-track faculty positions.
- ☑ **Impact:** Supports the recruitment and retention of diverse scholars. Among the FY 2021 and 2022 cohorts, 71% of fellows were from underrepresented groups and 76% were women. More than 27 MOSAIC scholars transitioned to academic faculty positions.
- ☐ **Action:** Continued the *Resource Centers for Minority Aging Research (RCMAR)* program to help diversify the research workforce in social, behavioral, psychological, and economic research on aging by mentoring scientists from diverse backgrounds; and to develop a research and mentorship infrastructure to advance aging-relevant scientific discoveries, and lead to the elimination of health disparities and inequities, as well as improve the health and well-being of older adults.
- ☑ **Impact:** Assisted with the career development of researchers from diverse backgrounds, including hundreds from populations that are underrepresented in biomedical research. In 2023, NIH renewed the RCMAR program for another 5 years with emphasis on the inclusion and support of scientists and mentors from institutions historically committed to training students from populations that are underrepresented in biomedical research.

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- **Action:** Convened the annual *Health Disparities Research Institute (HDRI)* to support the research career development of promising early-career minority health and health disparities research scientists and stimulate research in health disparities science. More than 500 scholars with doctorate-level degrees have participated in this program from 43 states, Puerto Rico, Guam, and Washington, D.C.
- ☑ **Impact:** Help to increase the diversity of the biomedical research workforce. Among the 2023 scholars, 88% were from racial and ethnic minority backgrounds, 81% were women, and approximately 20% were from institutions serving populations that are underrepresented in biomedical research.

#### GOAL 6:

**Strengthen the national capacity to conduct minority health and health disparities research.**

- **Action:** Issued a new funding opportunity for the *John Lewis NIMHD Research Endowment Program* to support institutional endowments that will propel the development and expansion of the research capacity and infrastructure within the recipient institutions. In 2021, Congress passed the *John Lewis NIMHD Research Endowment Revitalization Act*, which led to renaming the Research Endowment Program and the expansion of the eligibility criteria.
- ☑ **Impact:** Funded six institutions in New York, Florida, Texas, California, Tennessee, and Louisiana, to enhance the institutional endowments and support research capacity building and research training in health disparities science for faculty, fellows, and students at these institutions.

#### GOAL 7:

**Ensure appropriate representation of minority and other populations experiencing health disparities in NIH-funded research.**

- **Action:** Supported the *Testing Effective Methods to Recruit Sexual and Gender Minority Cancer Patients for Cancer Studies* to investigate recruitment methods to identify enablers and barriers to the participation of sexual and gender minority patients in cancer research.
- ☑ **Impact:** Identify successful strategies to increase the participation of sexual and gender minority populations in cancer research.

