



Director's Report

National Advisory Council on Minority Health and Health Disparities

May 25, 2021

Eliseo J. Pérez-Stable, M.D.
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Minority Health and Health Disparities
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National Institute
on Minority Health
and Health Disparities

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

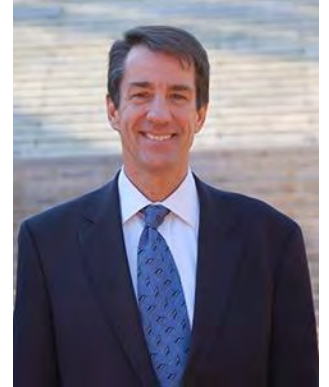


NIH Leadership Update

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:



nih.gov/ending-structural-racism

- 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



Understanding Stakeholder Experiences Through Listening and Learning

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

- Developed plan to conduct listening sessions, focus groups, interviews
 - 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
 - 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
 - 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**

- FY21 FOAs: Transformative R01 Research projects to Address Health Disparities and Advance Health Equity stratified by Institutional resources
- FY23 strategic planning in process

- **New Research/Collaborative Opportunities**

- Create robust support for MH/HD/HE research extramurally/intramurally
- Collaborations w/ ODP, THRO, SGMRO, All of Us, and more

- **Intramural Affairs**

- Create robust CC patient Social Determinants of Health profile data
- 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



NIH Join Faith Leaders at Vaccine Confidence Event at the Washington National Cathedral



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

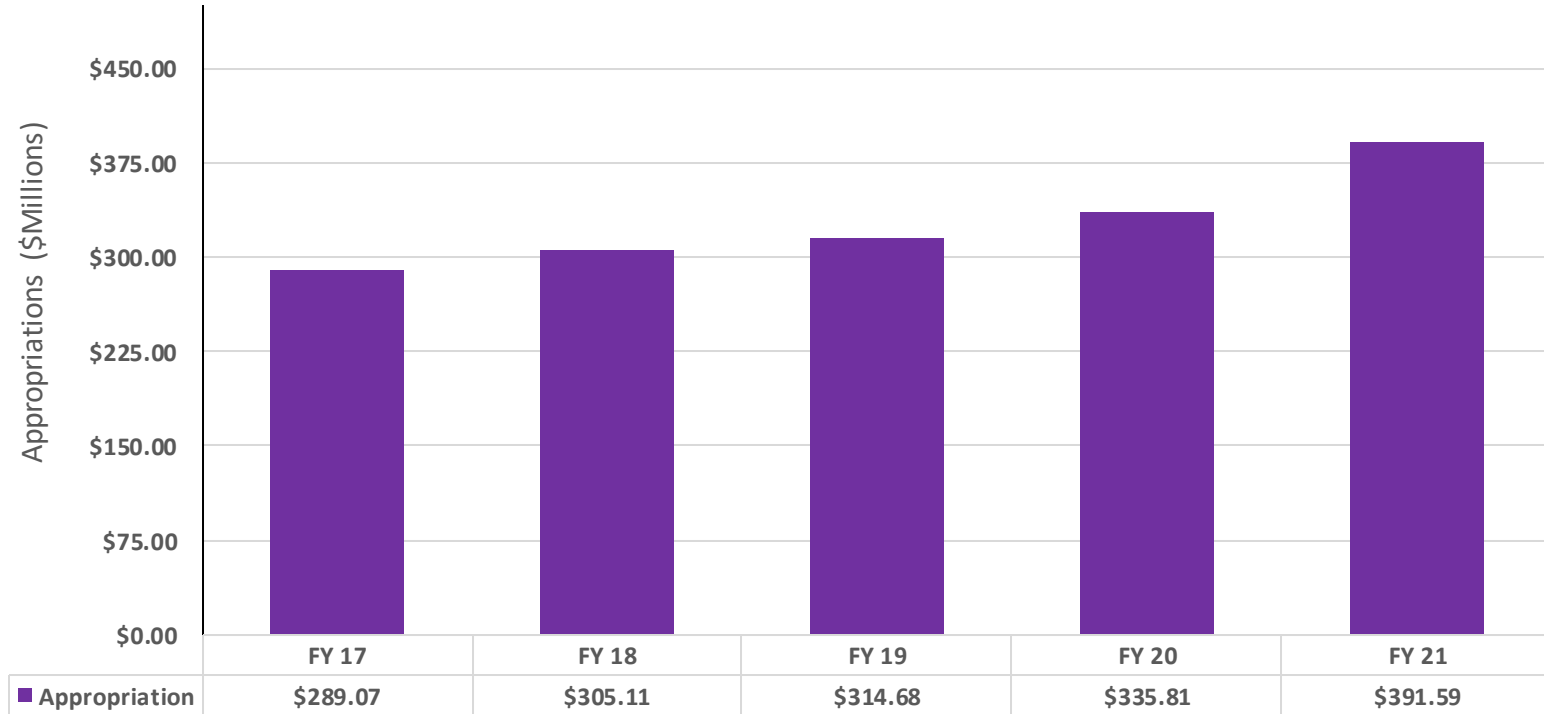


National Institute
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NIMHD Budget Update

NIMHD Appropriations by Fiscal Year



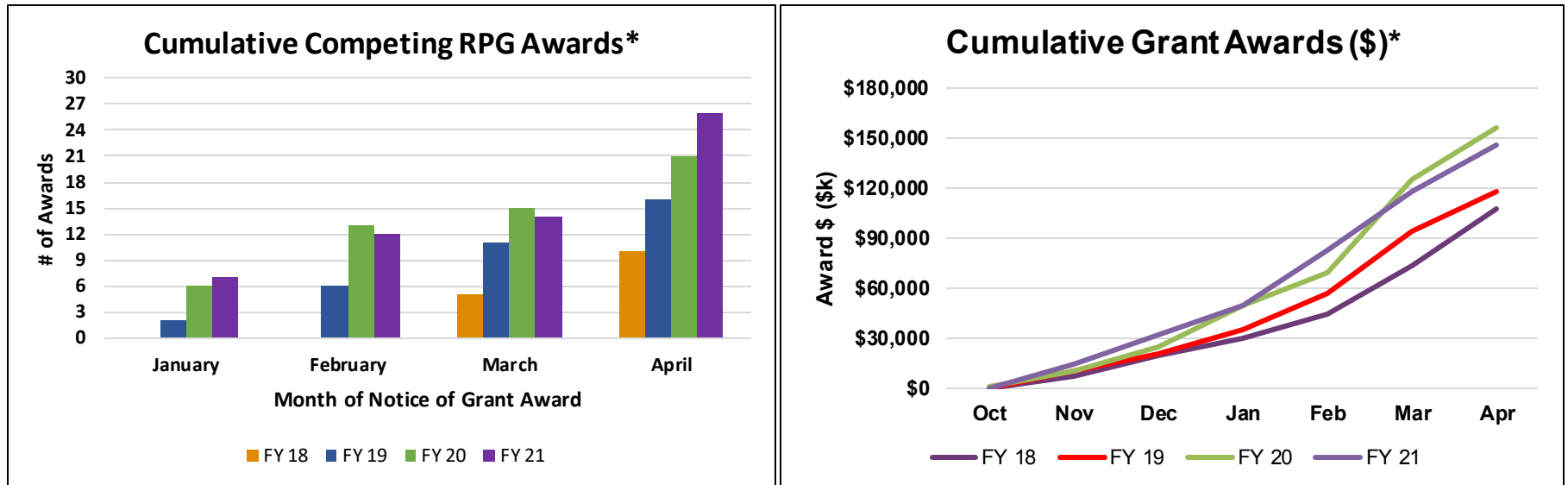
https://officeofbudget.od.nih.gov/approp_hist.html



National Institute
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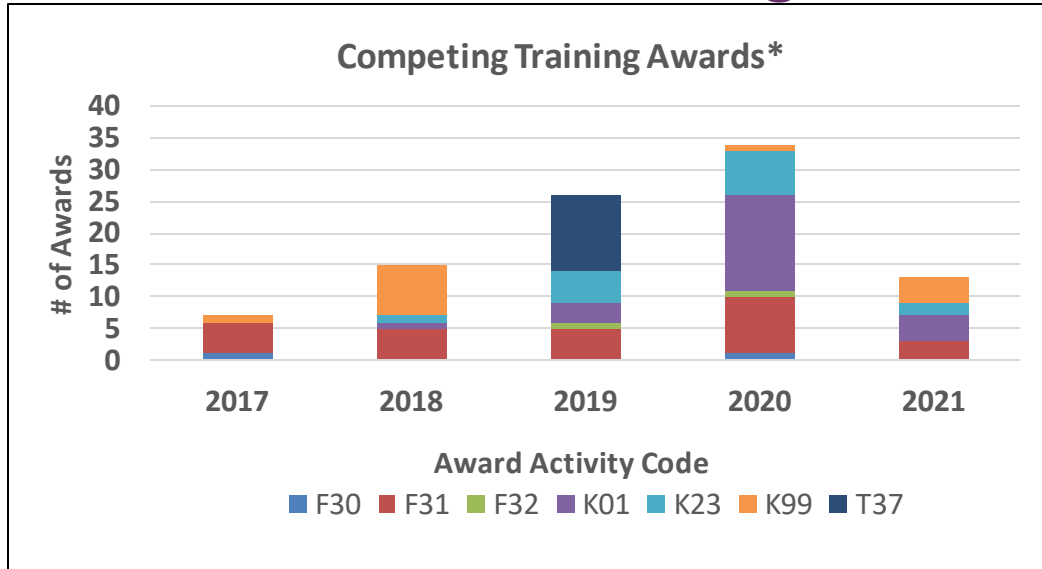
Extramural Funding Trends



- 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



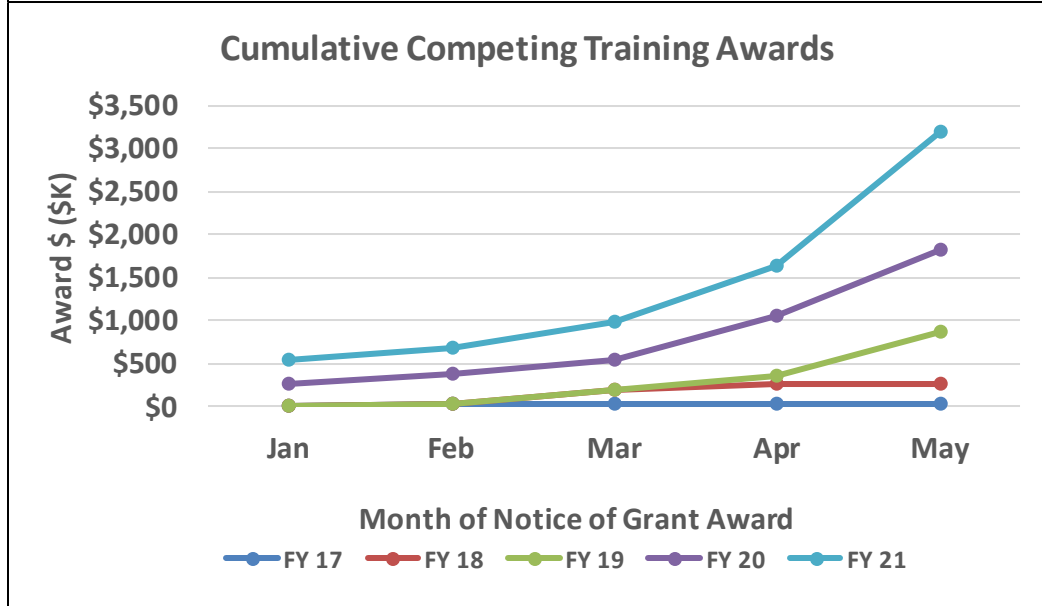
NIMHD Training Awards Funding Trends



- 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.

2019-K01 and K-23 Mentored Research Scientist Development Awards.

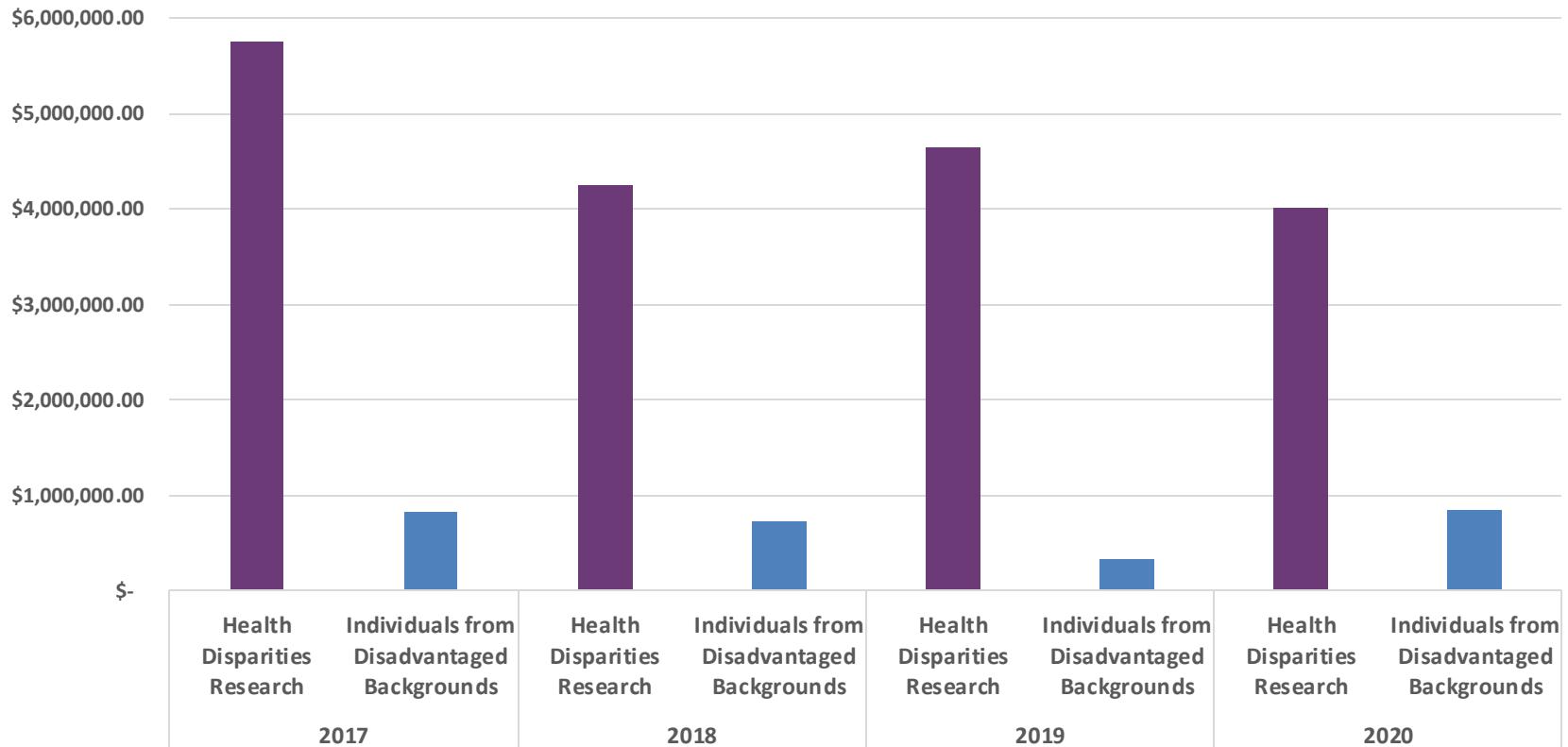


*FY2021 Competing Awards as of May 1, 2021



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



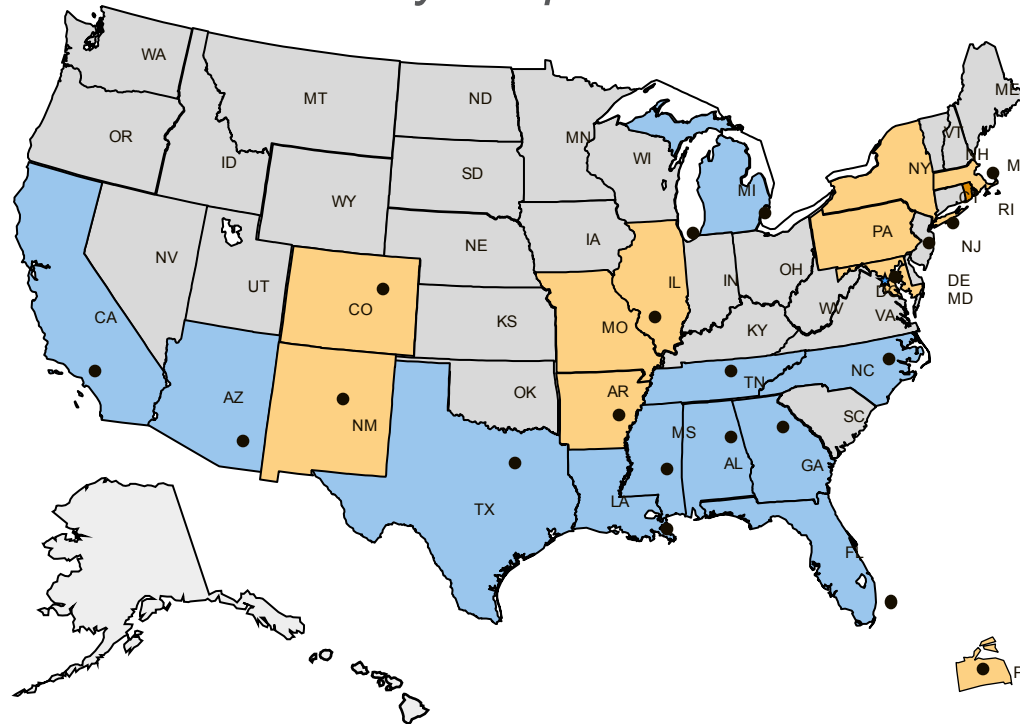
NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities

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*



Agencia EFE



National Minority Health Month



NATIONAL
MINORITY
HEALTH
MONTH

#VaccineReady | April 2021



#VaccineReady promotions will continue



National Institutes of Health
**Minority Health and
Health Disparities**
Strategic Plan 2021–2025

Taking the Next Steps



- 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. ”

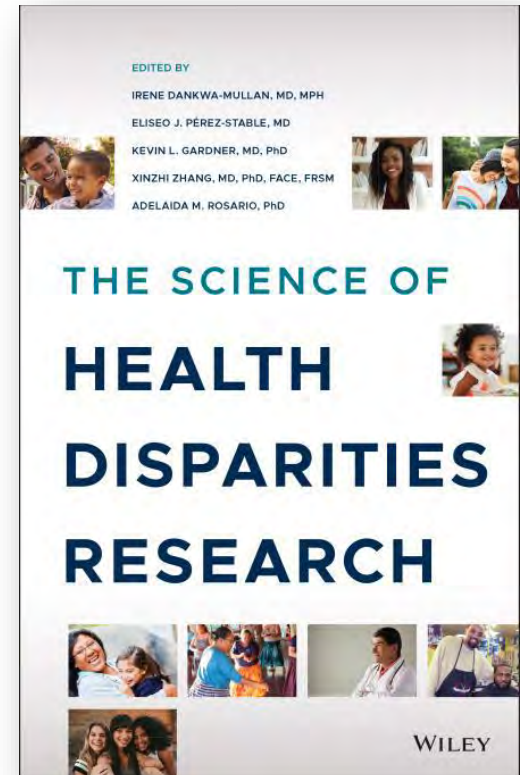
DR. MONICA WEBB HOOPER
DEPUTY DIRECTOR, NIMHD



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

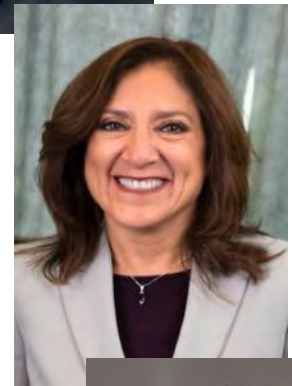
[Journal of General Internal Medicine](#)

2021 Mar 22;1-4; doi: [10.1007/s11606-021-06698-5](https://doi.org/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



Legislative Update

March 8, 2021

NIMHD Deputy Director Dr. Monica Webb Hooper spoke at a Town Hall held by Rep. Steve Cohen (D-TN) on COVID-19 vaccine hesitancy

March 30, 2021

Participated in Town Hall with Dr. Anthony Fauci, NIAID Director, and Rep. Raul Ruiz (D-CA) on COVID-19 for Farmworker Awareness Week

April 27, 2021

Participated in Town Hall with Rep. Gregory Meeks (D-NY) on COVID-19, the CEAL Program, and vaccine hesitancy

May 5, 2021

Participated in Town Hall with Rep. Emanuel Cleaver (D-MI) on COVID-19, the CEAL Program, and vaccine hesitancy

May 26, 2021

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



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



NIMHD Staff Updates

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



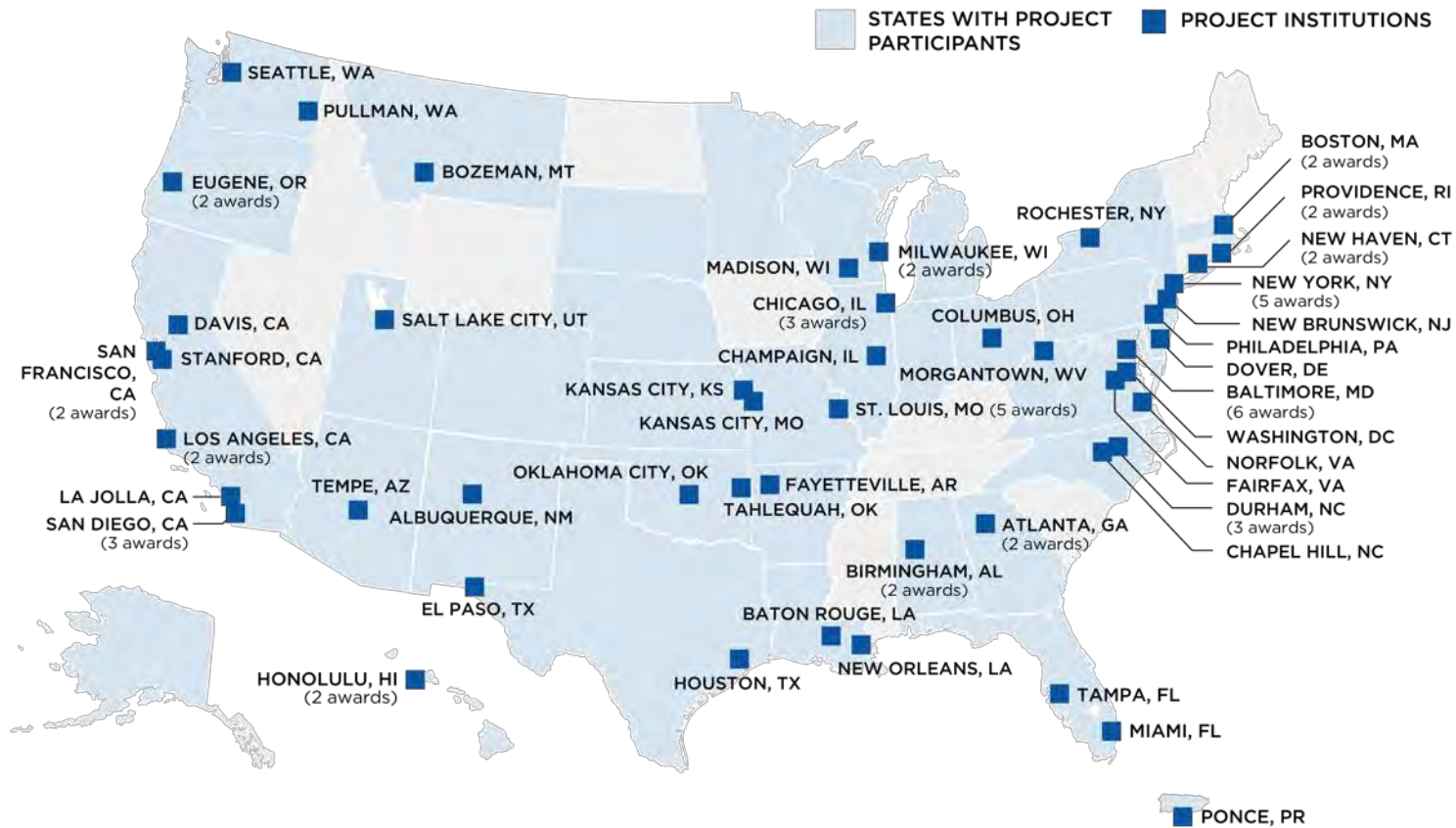
“It’s one thing to have strong national messages about the science behind vaccines. It’s another to have those messages delivered by local, trusted sources, who can ensure questions from their communities are honestly and clearly addressed.”

*Eliseo J. Perez-Stable, M.D.
Director, NIMHD*



RADx-UP Awards to Date

Institution Locations



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

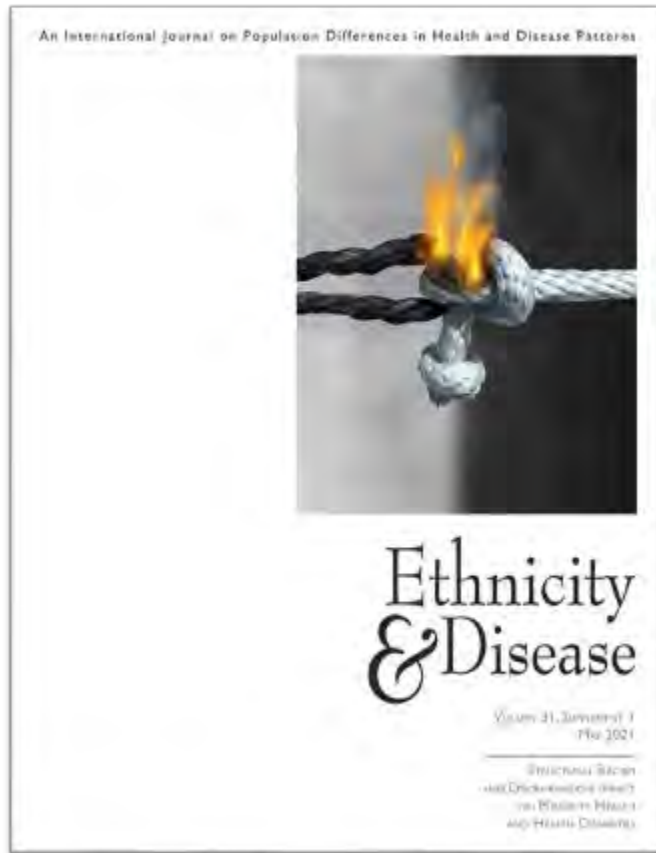
NIMHD Planning Committee

Drs. Rina Das, Jennifer Alvidrez, Rada Dagher, Deborah Linares



Ethnicity & Disease: Structural Racism and Discrimination: Impact on Minority Health and Health Disparities

Volume 31, Supplement 1, May 2021



- 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>



National Institute
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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

<https://grants.nih.gov/grants/guide/notice-files/NOT-MD-21-018.html>

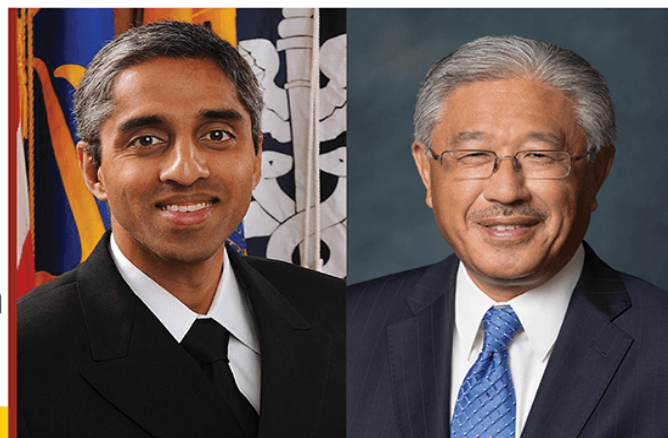


Vivek H. Murthy Distinguished Lecture Series for Public Health Leadership

2021 Asian American and Pacific Islander Heritage Month

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



Dr. Vivek H. Murthy
Surgeon General of United States

Dr. Victor J. Dzau
National Academy of Medicine
President

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>



NIMHD Director's Seminar Series



March 11, 2021
Ali H. Mokdad, Ph.D.
Chief Strategy Officer
Population Health
University of Washington

Disparities in Life Expectancy



April 8, 2021
Carol Mangione, M.D.
University of California, Los Angeles

Best Practices for the Development, Recruitment and Retention of a Diverse Faculty



June 25, 2021
Chau Trinh-Shevrin, Dr.P.H.
Professor, Departments of
Population Health
New York University School of
Medicine.

Achieving Health Equity for Asian Americans: Research, Policy and Action



November 4, 2021
Dolores Acevedo Garcia, Ph.D.
Professor of Human
Development and Social
Policy
Brandeis University

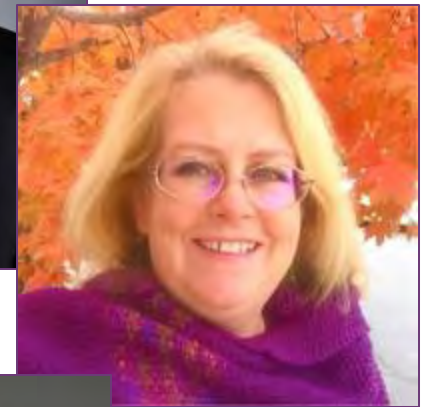
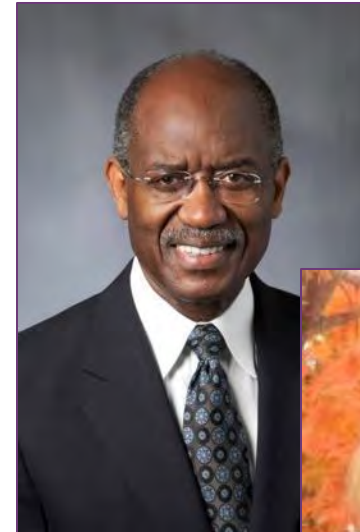


NIMHD DIR HD IG Seminars

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.

*“Measuring Disparities in COVID-19
Incidence in Children and Teens: The
Problem of Missing Race and Ethnicity
Data”*



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



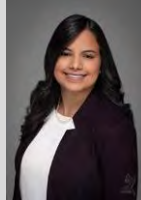
Faustine Williams,
PhD, MPH, MS
Co-investigator



Foster Osei
Baah, MS-PhD,
RN
Co-investigator



Billy Collins, DHSc, PA-
C
Co-investigator



Erika Ortiz Chaparro
Co-investigator



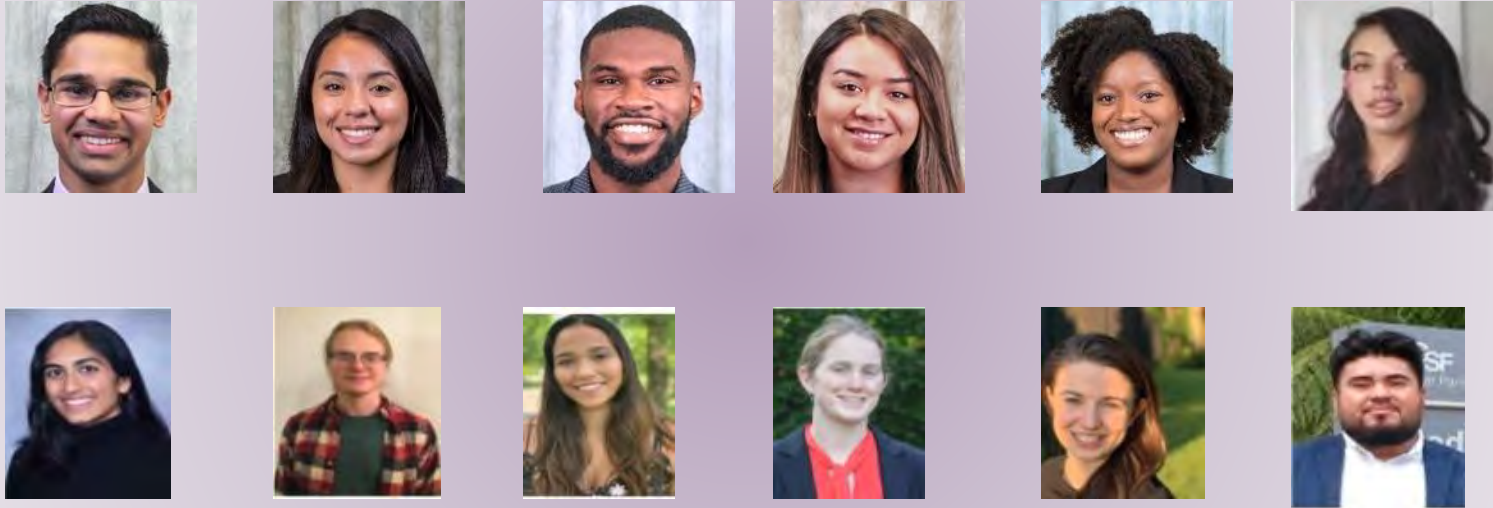
Lennox Graham,
DM
Faculty Assistant



Valerie Mitchell
Research Coordinator



2021 Virtual Postbac Poster Day NIH Intramural Research Trainees



Postbac Presenters

Top Row: Aniruddh 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



National Institute
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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

- **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

Variables	Sustained Viral Suppression		
	Beta	aOR and 95% CI	P value
Class 2 vs. Class 1	-0.40	0.67 (0.54, 0.83)	0.003
Class 3 vs. Class 1	-0.51	0.60 (0.47, 0.76)	<0.001
Class 4 vs. Class 1	-0.34	0.71 (0.55, 0.93)	0.010
Class 5 vs. Class 1	-1.34	0.26 (0.19-0.35)	<0.001
Age: 18-34 vs. 35-49	-0.24	0.79 (0.66, 0.93)	0.0037
Age: 50+ vs. 35-49	0.42	1.53 (1.31, 1.78)	<0.001
Race: Black vs. Other	-0.69	0.49 (0.43, 0.58)	<0.001
Female vs. Male	-0.69	0.94 (0.81, 1.09)	0.4392
U.S. Born: No vs. Yes	0.25	1.28 (1.04, 1.57)	0.0194
Language: Other vs. English	-0.11	0.89 (0.72, 1.09)	0.2773
Household income: < 100% vs. ≥ 100% FPL	-0.72	0.48 (0.43, 0.55)	<0.001

R01MD013563, R01MD012421,
 U54MD012393, K01MD013770,
 F31MD015234, R01MD013563-02S1
 Dawit, R., et al., [AIDS and Behavior](#). 2021.



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 3. Association between acculturation and sleep medication use among individuals of Mexican descent at the US–Mexico border.

Acculturation and Sleep Medication	Unadjusted			Adjusted		
	OR ⁺	95% CI	<i>p</i>	OR ⁺	95% CI	<i>p</i>
Mexican Acculturation	0.95	(0.49, 1.83)	0.866	0.81	(0.40, 1.66)	0.571
Anglo Acculturation	1.85	(1.02, 3.35)	0.043	2.32	(1.16, 4.62)	0.017

⁺ OR, odds ratio.



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

Variables	Model for depression (pseudo- $R^2 = .32$)		Model for anxiety (pseudo- $R^2 = .21$)	
	<i>B</i>	OR (95% CI)	<i>B</i>	OR (95% CI)
Sexual orientation				
Heterosexual	—	—	—	—
Gay/lesbian	1.21***	3.35 (1.75, 6.41)	1.08***	2.95 (1.74, 5.01)
Bisexual	0.88**	2.40 (1.36, 4.25)	0.29	1.34 (0.65, 2.78)
Questioning	1.03	2.81 (1.00, 7.93)	0.50	1.64 (0.67, 4.01)
Pansexual	1.31***	3.70 (1.79, 7.63)	1.59***	4.88 (3.01, 7.90)
Asexual	0.51	1.66 (0.45, 6.10)	0.06	1.07 (0.26, 4.33)
Queer	-0.40	0.67 (0.19, 2.34)	0.95	2.60 (0.92, 7.31)
Other S.O. identities	3.30 ^a	27.12 ^a (3.10, 237.08)	1.50**	4.46 (1.89, 10.56)
Gender identity				
Cisgender male	—	—	—	—
Cisgender female	0.37	1.45 (0.81, 2.59)	0.83**	2.29 (1.26, 4.16)
Transgender	1.18*	3.24 (1.08, 9.75)	1.49**	4.43 (1.81, 10.82)
Gender expansive	2.17***	8.79 (3.85, 20.05)	1.69***	5.44 (2.83, 10.48)

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.



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

Huang, R., et. al. [Int. J. Cancer](#), 2021.



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.

Predictor variables	National psychological distress		Black poor mental health days			
	Model 1a*		Model 2a		Model 2c [†]	
	B	[95% CI]	B	[95% CI]	B	[95% CI]
Racial violence incidents (ref.=none)						
One incident	0.20	[0.01, 0.38]	0.02	[-0.14, 0.18]	0.03	[-0.10, 0.15]
Two+ incidents	-0.19	[-0.57, 0.20]	0.31	[0.08, 0.54]	0.26	[0.10, 0.43]
Autocorrelation parameters						
AR (1)	0.56	[0.21, 0.92]	0.07	[-0.07, 0.21]	0.04	[-0.12, 0.20]
MA (1)	-0.25	[-0.60, 0.10]				
52-wk lag	0.56	[0.32, 0.79]	0.16	[0.03, 0.29]	0.06	[-0.06, 0.19]
Model 1b*						
Log ₁₀ (national interest in racial incidents)	0.04	[-0.21, 0.29]	0.13	[0.05, 0.22]	0.13	[0.05, 0.21]
Autocorrelation parameters						
AR (1)	0.60	[0.23, 0.97]	0.04	[-0.09, 0.17]	0.01	[-0.14, 0.16]
MA (1)	-0.29	[-0.65, 0.08]				
52-wk lag	0.54	[0.29, 0.78]	0.16	[0.03, 0.29]	0.07	[-0.05, 0.18]

Estimates are unstandardized, and robust 95% CIs are shown. All models adjust for monthly unemployment (first differenced) and season and year fixed effects.

*Includes news-related search volume for suicide.

[†]Includes percent of female respondents and prevalence of depressive disorders.

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

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

In-hospital mortality	Rural			Urban		
	Weekday admissions	Weekend admissions	P-value	Weekday admissions	Weekend admissions	P-value
Unadjusted	31121 (5.16%)	37213 (6.17%)	0.077	41555 (6.89%)	44812 (7.43%)	0.002
Adjusted	12364 (2.05%)	14656 (2.43%)	0.127	36610 (6.07%)	39083 (6.48%)	0.010
Unadjusted ischemic	22738 (3.77%)	23884 (3.96%)	0.700	25150 (4.17%)	25693 (4.26%)	0.534
Adjusted ischemic	9771 (1.62%)	9771 (1.62%)	0.992	14415 (2.39%)	14354 (2.38%)	0.876
Unadjusted hemorrhagic	166764 (27.65%)	233048 (38.64%)	0.018	126415 (20.96%)	134557 (22.31%)	0.045
Adjusted hemorrhagic	154762 (25.66%)	222674 (36.92%)	0.040	118273 (19.61%)	127320 (21.11%)	0.026

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



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

COVID-19 Barriers	Common Responses and Themes
Barriers to COVID-19 prevention	<ul style="list-style-type: none">• Apathy, difficulty with social distancing, lack of information, mixed messages from authority figures, lack of PPE
Barriers to coping with COVID-19	<ul style="list-style-type: none">• 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)
Barriers to COVID-19 testing	<ul style="list-style-type: none">• Misunderstanding, fear, mistrust, restrictions on who can get a test (if available), cost and location of testing



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 ($n = 52,562$)

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

- 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



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:

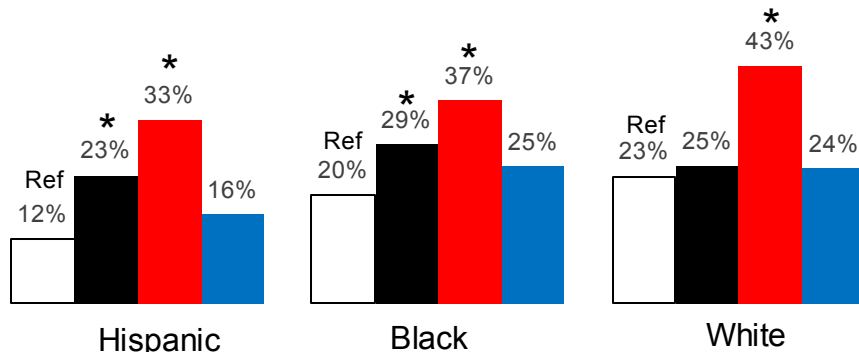
- **Lowest:** 53 mo. survival, women, widowed, and White, ≥ 76 at diagnosis, localized/regional staging
 - **Medium Low:** 72 mo. Latino, 50-75 y at diagnosis, regional staging
 - **Medium High:** 73.5 mo. Black, single, divorced or separated, 50-75 y at diagnosis distant staging)
 - **Highest** (92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



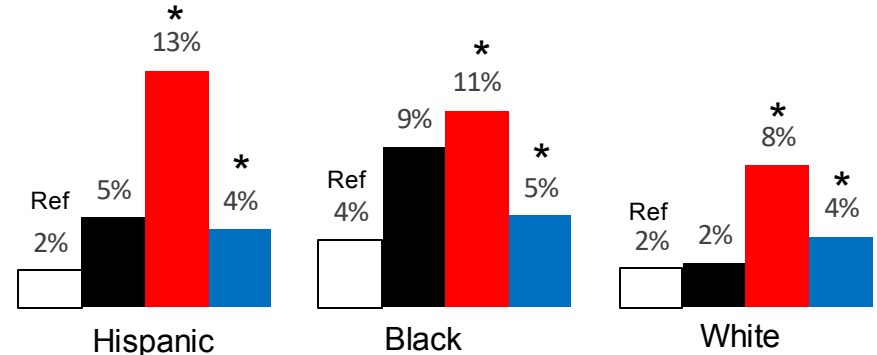
Variations in Substance Use and Disorders Among Sexual Minorities by Race/Ethnicity

- 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)

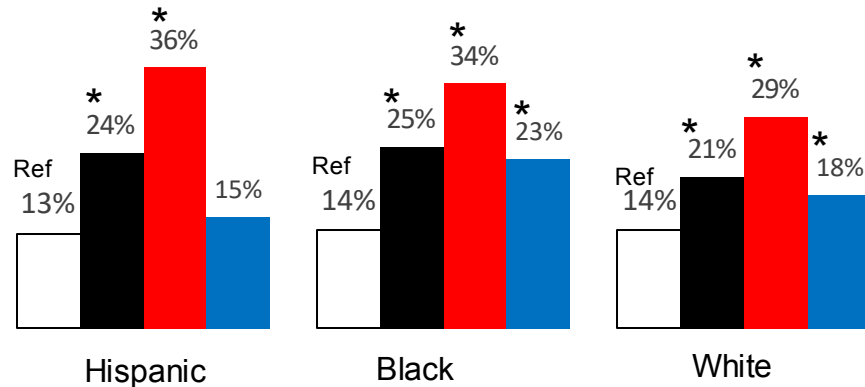
Prevalence of Tobacco Use Disorder (TUD)



Prevalence of Cannabis Use Disorder (CUD)



Prevalence of Alcohol Use Disorder (AUD)



Heterosexual
 Gay/Lesbian
 Bisexual
 Conflicting

- 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.
- 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



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

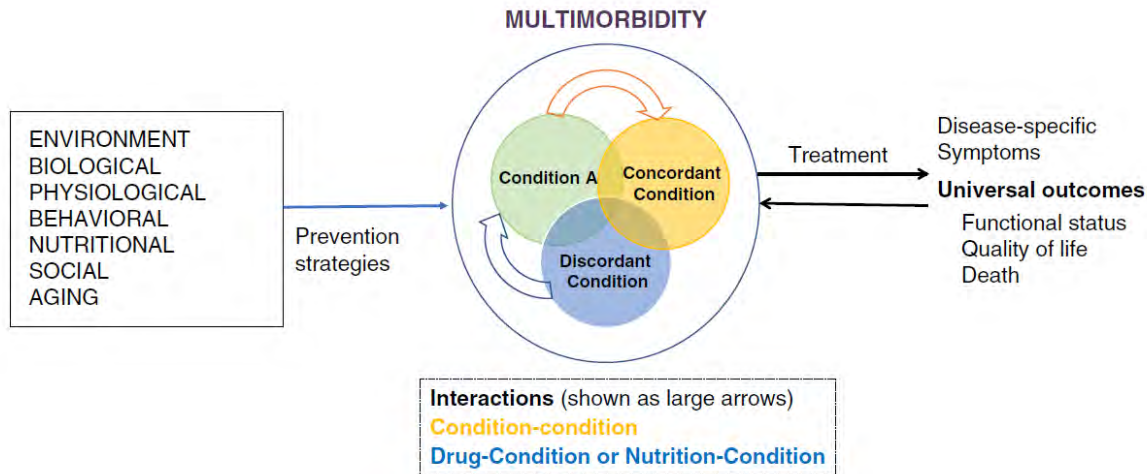
NHLBI Division of Intramural Research, NIMHD Director Lab

Coreas S.I., et al., Pediatrics, 2021.



National Institutes of Health Advancing Multimorbidity Research

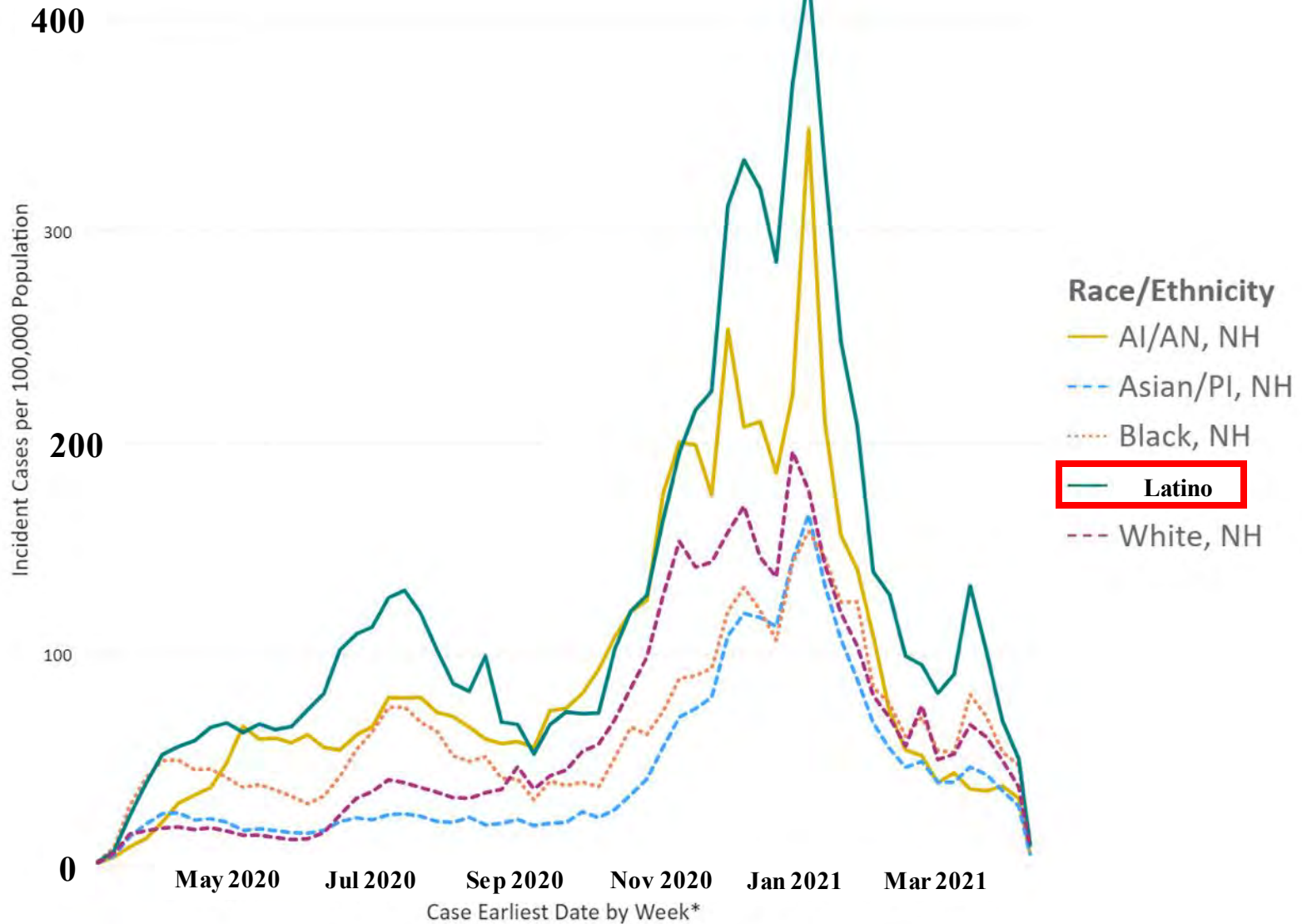
- To present a multimorbidity research framework and identify gaps in the research literature
- Planning committee members reviewed the literature and developed a guiding framework
- The framework incorporates the concept of concordant and discordant comorbidity, and includes potential causes, interactions,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



Salive, ME, et al. [Medical Care](#). 2021. Epub ahead of print.



COVID-19 Weekly Cases/100,000 Population by Race/Ethnicity



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

Race or Ethnicity	ED visits per 100,000 population
White	333
Black/African Am	463
Latino/a	588*
AI/AN	570*
Asian/PI	234*

National Syndromic Surveillance Program, MMWR-April 16, 2021; 70(15);566-569

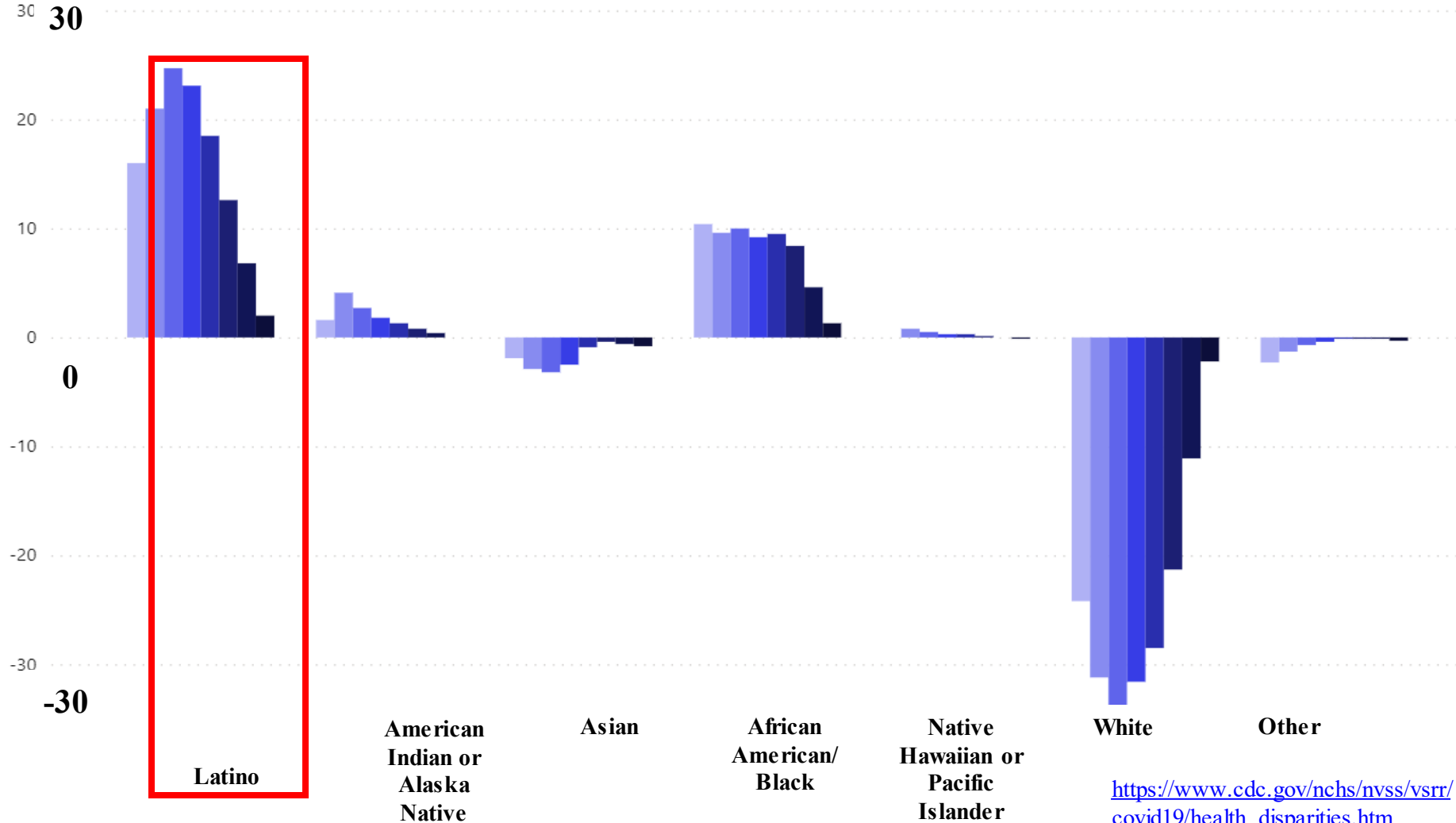


National Institute
on Minority Health
and Health Disparities



Age-specific differences between % COVID-19 deaths and population distribution

● 0-24 years
 ● 25-34 years
 ● 35-44 years
 ● 45-54 years
 ● 55-64 years
 ● 65-74 years
 ● 75-84 years
 ● 85 years and over



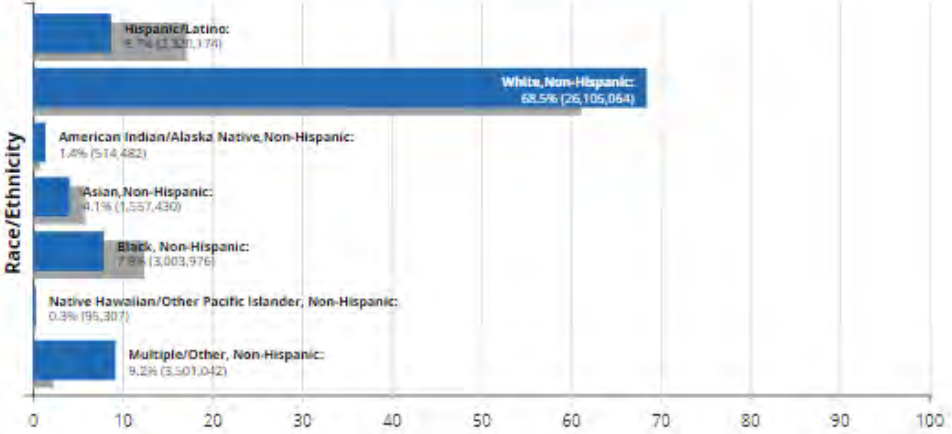
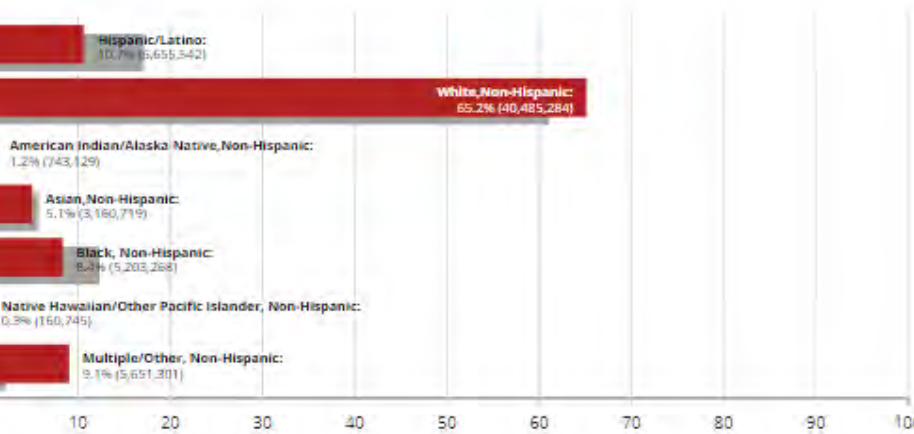
https://www.cdc.gov/nchs/nvss/vsrr/covid19/health_disparities.htm



Demographics of People Receiving COVID-19 Vaccinations in the U.S., April 8, 2021

Race/Ethnicity of People with 1+ Doses Administered

Race/Ethnicity of People with 2 Doses Administered



- Percent among Persons with at least One Dose
- Percentage of the US Population in this Demographic Category

- Percent among Persons who are Fully Vaccinated
- Percentage of the US Population in this Demographic Category

[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

	Medical School Enrollment 2020 (2014)	Medical School Graduates (%) 2019-2020	US Physicians (%) 2018 (2013)
American Indian/ Alaska Native	183 (<1%) -22	35 (<1%)	2,570 (<1%) -905
Asian	21,510 (23%) + 3%	4,513 (22%)	157,025 (17%) + 5%
African American	7,126 (8%) + 4%	1,344 (7%)	45,534 (5%) + 1%
Latino/Hispanic	6,295 (7%) + 1%	1,199 (6%)	53,526 (6%) + 1%
White	45,738 (49%) -7%	10,789 (53%)	516,304 (56%) + 8%
Total*	94,243	20,387	918,547

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

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U.S. STEM Ph.D. Recipients by Race/Ethnicity and Year

	1999	2004	2009	2014	2019
White	79%	77%	76%	74%	70%
Black/AA	4% (761)	5%	5%	5%	6% (1468)
Latino/a	4% (767)	5%	6%	6%	8% (2082)
AI/AN	119 (1%)	57 (<1%)	75 (<1%)	70 (<1%)	77 (<1%)
Asian	2009-11%	10%	10%	10%	2,821 -11%
> One Race	N/A	240 (1%)	445 (2%)	637 (3%)	871 (3%)
Other or unknown	212 (1%)	274 (2%)	216 (1%)	192 (1%)	280 (1%)
Total N*	18,305	16,388	20,464	23,434	25,288

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

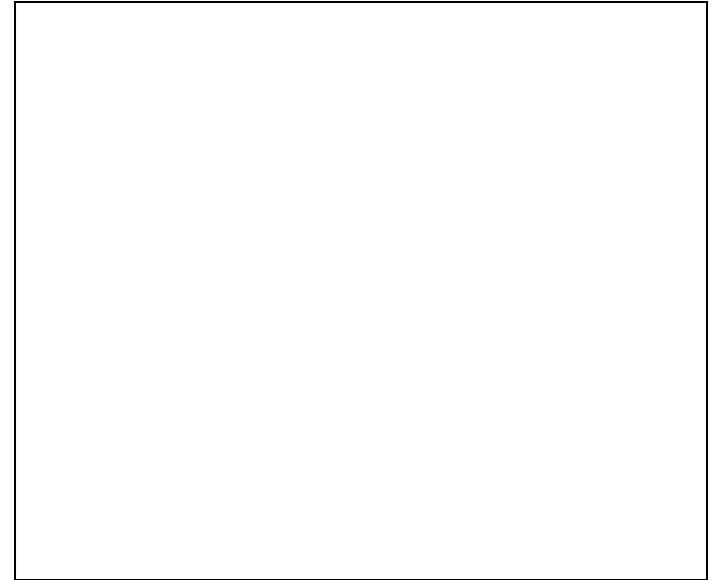
<https://nces.nsf.gov/pubs/nsf21308/data-table> s



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Discussion

