

Health Disparities



Yesterday

- By 1980, average life expectancy in America had reached 74 years—25 years longer than at the beginning of the 20th century. However, African Americans, Hispanic Americans, American Indians, Asian Americans, and Native Hawaiians/Other Pacific Islanders, who represented 25% of the U.S. population, continued to experience significant health disparities, including shorter life expectancy and higher rates of diabetes, cancer, heart disease, stroke, substance abuse, infant mortality, and low birth weight.
- There was a growing awareness that racial and ethnic minority groups experienced poorer health compared to the overall population of the country. Scientists believed that the disparities were a result of a complex interaction between factors such as biology and the environment, as well as specific behaviors that could not be meaningfully addressed due to a shortage of racial and ethnic minority health professionals, discrimination, and inequities in income, education, and access to health care.
- In 1985, a Task Force on Black and Minority Health convened by the Secretary, DHHS, asked the NIH to determine why minorities were experiencing higher rates of diseases, disability, and death than the overall U.S. population and to work to eliminate such health disparities.

Today

- In 2010, Congress stressed its commitment to health equity by elevating the National Center on Minority Health and Health Disparities (NCMHD) to the National Institute on Minority Health and Health Disparities (NIMHD). NIMHD leads the planning, review, coordination, and evaluation of NIH's minority health and health disparities research activities. *The NIH Health Disparities Strategic Plan and Budget is the national blueprint for research to eliminate health disparities and for the educational and outreach efforts needed to translate research advances to health improvements.*
- Current NIH priorities include:
 - basic research focused on health disparities experienced by racial and ethnic minorities, the rural and urban poor, and other medically underserved populations;

- population-specific community-based participatory research;
- enhancing capacity to conduct health disparities research;
- recruiting and retaining racial and ethnic minorities and other underrepresented groups into the scientific research workforce;
- establishing health education programs for special populations; and
- promoting the inclusion of women, minorities, and other medically underserved groups in clinical trials

Research: NIH is uncovering the causes of health disparities and determining how they can be eliminated.

- **HIV/AIDS:** The AIDS epidemic disproportionately affects racial and ethnic minorities. In 2007, African Americans comprised 13% of the U.S. population, but accounted for nearly half of persons living with HIV/AIDS. HIV/AIDS rates (cases per 100,000) were 77 among black/African Americans, 35 among Native Hawaiians/Other Pacific Islanders, 28 among Hispanics, 13 among American Indians/Alaska Natives, 9.2 among whites and 7.7 among Asian Americans.
 - The NIH-sponsored Center for AIDS Health Disparities Research (CAHDR) (http://www.mmc.edu/research/centers/chd/chd_mission.html) at Meharry Medical College is investigating the biological basis for HIV/AIDS disparities among racial and ethnic minority groups. Recent CAHDR advances have explained the role of cholesterol in HIV entry and replication within a cell. The CAHDR has also identified a microbial agent, beta-cyclodextrin (BCD), that can inactivate HIV and make cells resistant to infection by removing cholesterol from them. This discovery offers hope that compounds such as BCD can be used as microbicides to protect women against HIV infection.
- **Cardiovascular Disease (CVD) and Stroke:** Heart disease continues to be the leading cause of death in the U.S., and racial and ethnic minorities and individuals with low socio-economic status are strongly affected. Several large observational studies are examining the occurrence of CVD and its association with biological, demographic, social, environmental, and genetic determinants of risk in minority populations. They include the Strong Heart

Study of American Indians

(<http://strongheart.ouhsc.edu/>), the Jackson Heart Study of African Americans (<http://jhs.jsums.edu/jhsinfo/>), the Genetics of Coronary Artery Disease in Alaska Natives (<https://gocadan.sfbgenetics.org/>) and the Hispanic Community Health Study of Americans of Mexican, Puerto Rican, Cuban, and Central American descent (<http://www.csc.unc.edu/hchs/>). The Multi-Ethnic Study of Atherosclerosis (MESA) (<http://www.mesa-nhlbi.org/>) seeks to validate methods to detect CVD before it has produced clinical signs and symptoms in African Americans, Hispanic Americans, Asian Americans, and Americans of European heritage.

- **Cancer:** The National Cancer Institute offers a host of health disparities research and training programs, such as the Community Networks Program (<http://crchd.cancer.gov/cnp/overview.html>), the Comprehensive Partnerships to Reduce Cancer Health Disparities program (<http://crchd.cancer.gov/research/miccp-overview.html>), the Patient Navigation Research Program (<http://crchd.cancer.gov/pnp/pnrp-index.html>), and the Continuing Umbrella of Research Experiences (CURE) program (<http://crchd.cancer.gov/diversity/cure-overview.html>).
- **Addressing the Social Determinants of Health:** Recognizing that the biologic differences that cause health disparities are largely determined by a complex interplay of socio-economic, cultural, and environmental factors, NIMHD is spearheading NIH's research into the social determinants of health, and the application of faith-based approaches to understand health disparities. The NIH Centers for Population Health and Health Disparities conduct transdisciplinary research involving social, behavioral, biological, and genetic research to improve knowledge of the causes of health disparities and devise effective methods of preventing, diagnosing, and treating disease and promoting health.
- **Health Education:** Through Medline Plus and other outreach efforts, NIH educates the public about healthy lifestyles and many diseases and conditions including stroke, cancer, asthma, diabetes, drug addiction, mental illness, and cardiovascular, skin, musculoskeletal, and eye diseases. During *Stroke Awareness Month*, families across the Nation receive information about the symptoms of stroke and the need for prompt medical attention. The *Back-to-Sleep* campaign informs parents about the importance of placing infants on their back to sleep.

NIH's efforts to eliminate health disparities include the following key programs:

- *Centers of Excellence*—conduct research on health disparities in areas such as cancer, cardiovascular diseases, stroke, diabetes, nutrition, obesity, and maternal and infant health;
- *Community-Based Participatory Research*—enables partnerships among scientists and communities to conduct research and improve the health of communities;
- *Loan Repayment Program*—assists scientists to advance their careers in basic, clinical, and behavioral research focused on minority health or health disparities;
- *Minority Health and Health Disparities International Research Training* —supports young scientists conducting scientific research abroad;
- *The Bridges to the Future Program* —helps students in an associate's or master's degree program make the sometimes-difficult transition to the next level of training;
- *Minority Biomedical Research Support, Building Research Infrastructure and Capacity, Research Centers in Minority Institutions, and Research Endowment* —supports research and strengthens the biomedical research capability of the eligible institutions;
- *Competitive Research (SCORE) Programs*—supports the biomedical and behavioral research of faculty at institutions that serve minority populations ; and
- *Clinical Trial Networks* – enrolls a diverse population to ensure access and representation of the populations most affected by and vulnerable to the spread of HIV/AIDS (NIAID's HIV/AIDS Research Program) (<http://www.niaid.nih.gov/topics/hivaids/Pages/Default.aspx>).

Tomorrow

The Census Bureau predicts that racial and ethnic minority populations in the U.S. will grow to become half of the U.S. population in three decades. NIH has a research agenda in place to address the increasing health needs of racial and ethnic minorities, rural and urban poor, and other medically underserved populations in the midst of efforts to strengthen the healthcare system and improve access to care for millions of Americans. Eliminating health disparities is a priority for the NIH and involving diverse communities and partners will be critical in its effort directed at achieving health equity in America.

For more information, please contact the National Institute on Minority Health and Health Disparities (NIMHD):

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