



Overview of NIMHD Research on Women's Health

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National Academy of Medicine

Board on Population Health and Public Health Practice

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National Institute
on Minority Health
and Health Disparities

NIMHD and Research on Women's Health

- **Standardized collection of gender identity**
- **Life expectancy is longer for women**
- **Health outcomes are almost always better for chronic conditions**
- **Risk behaviors are generally lower**
- **SES factors provide adversity**
- **NIMHD grant applicants are >60% women and have higher funding rates than men**



Populations with Health Disparities

- **Racial and ethnic minority populations**
- **Less privileged socio-economic status**
- **Underserved rural residents**
- **Sexual and gender minorities**
- **People with disabilities**
- **Social disadvantage that results in part from being subject to discrimination or racism, and being underserved in health care**



NIMHD Research Priorities

- **Race/ethnicity and SES are the fundamental pillars of health disparities science**
- **Intersectionality of race and ethnicity and SES with rural populations, SGM persons, disabilities, any condition, and other demographic factors**
- **Re-evaluate reference population as Whites often do not have best outcomes— create aspirational goals for all based on national metrics**





<https://nimhd.nih.gov/funding/nimhd-funding/funding-strategy.html>



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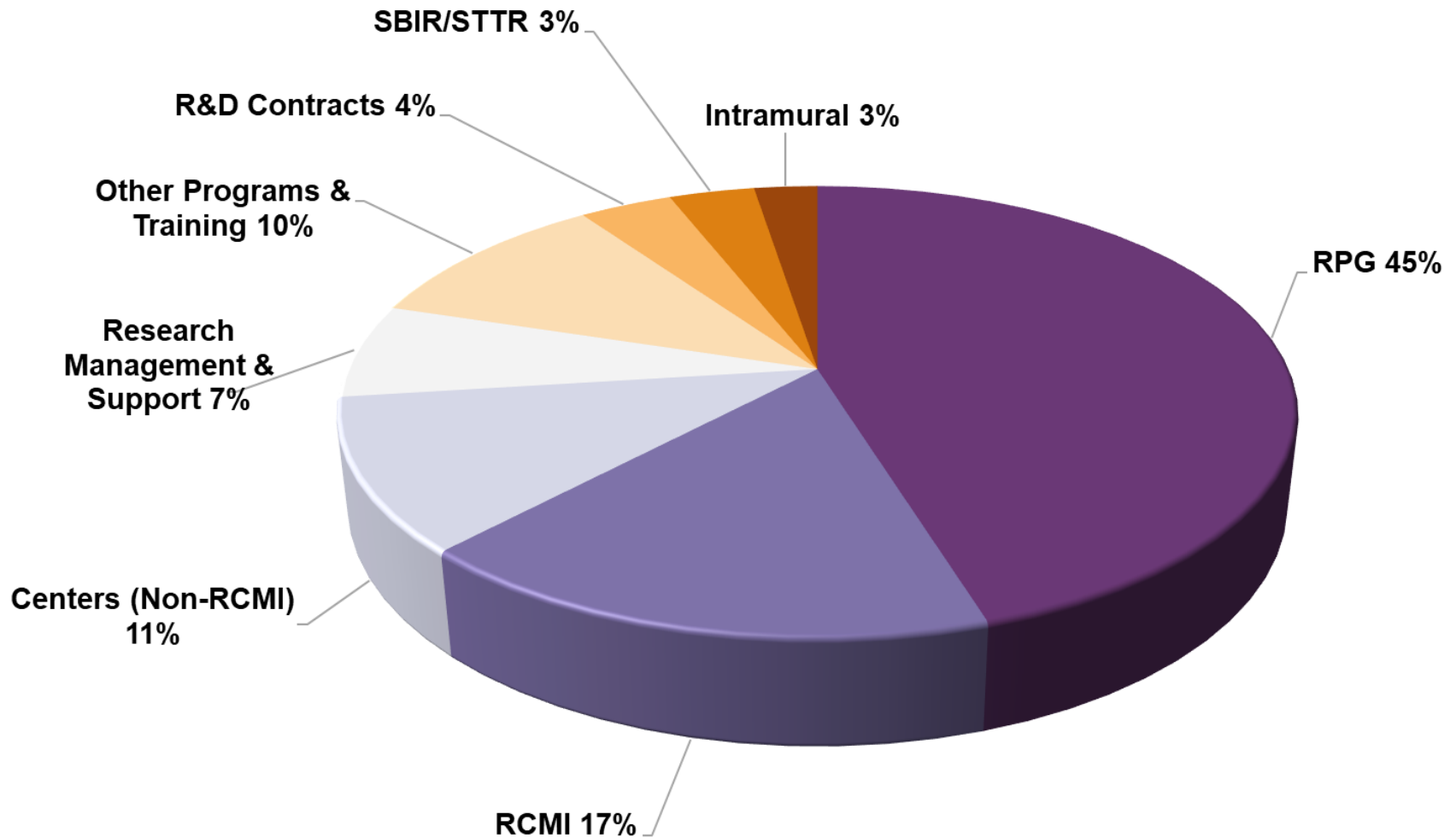
National Institute on Minority Health and Health Disparities Research Framework

		Levels of Influence*			
		Individual	Interpersonal	Community	Societal
Domains of Influence <i>(Over the Lifecourse)</i>	Biological	Biological Vulnerability and Mechanisms	Caregiver–Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient–Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies
Health Outcomes		 Individual Health	 Family/ Organizational Health	 Community Health	 Population Health

National Institute on Minority Health and Health Disparities, 2018

*Health Disparity Populations: Race/Ethnicity, Low SES, Rural, Sexual/Gender Minority
Other Fundamental Characteristics: Sex/Gender, Disability, Geographic Region

FY 23 Funding Distribution: \$525 M

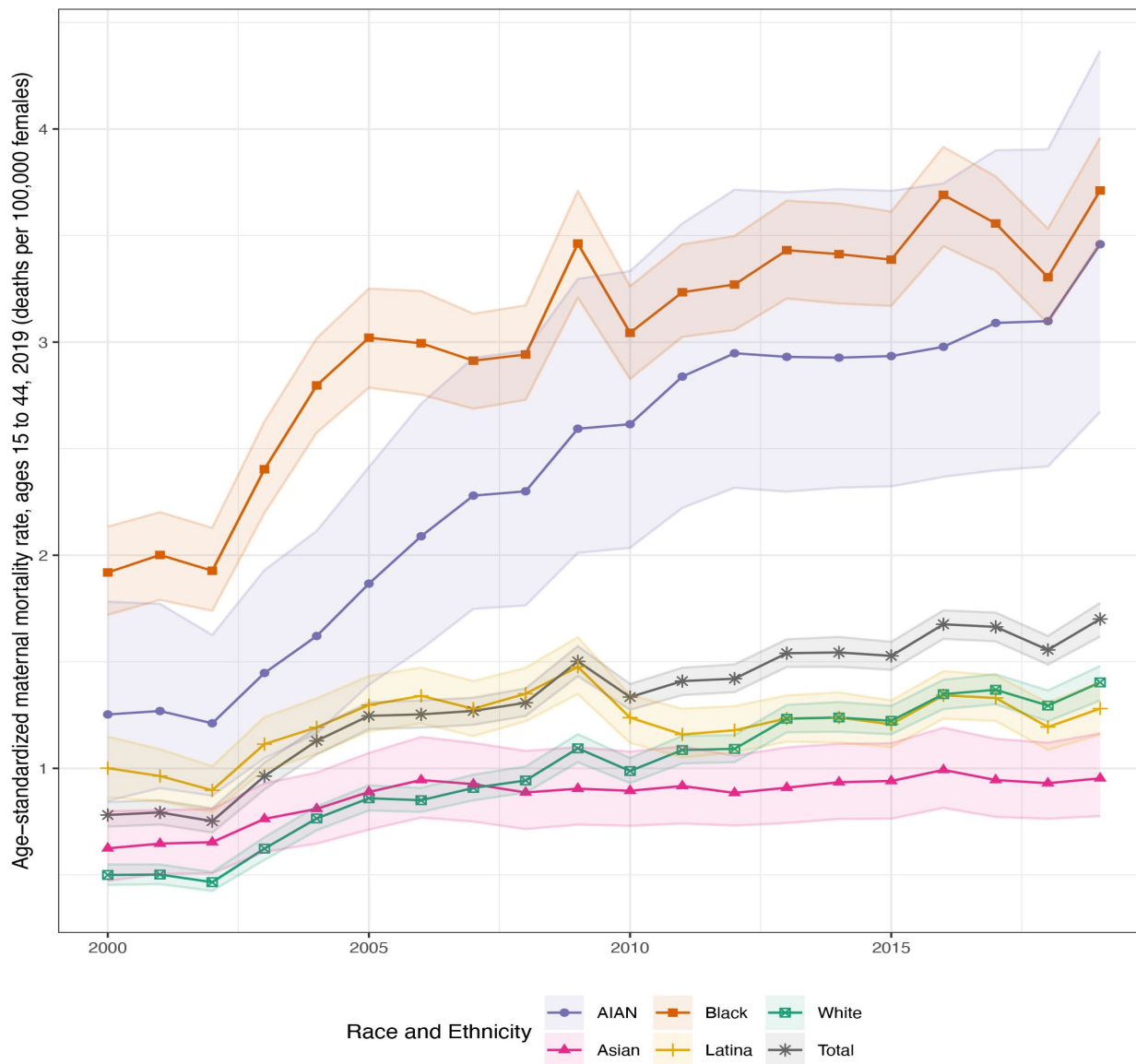


Selected Conditions with Disparities

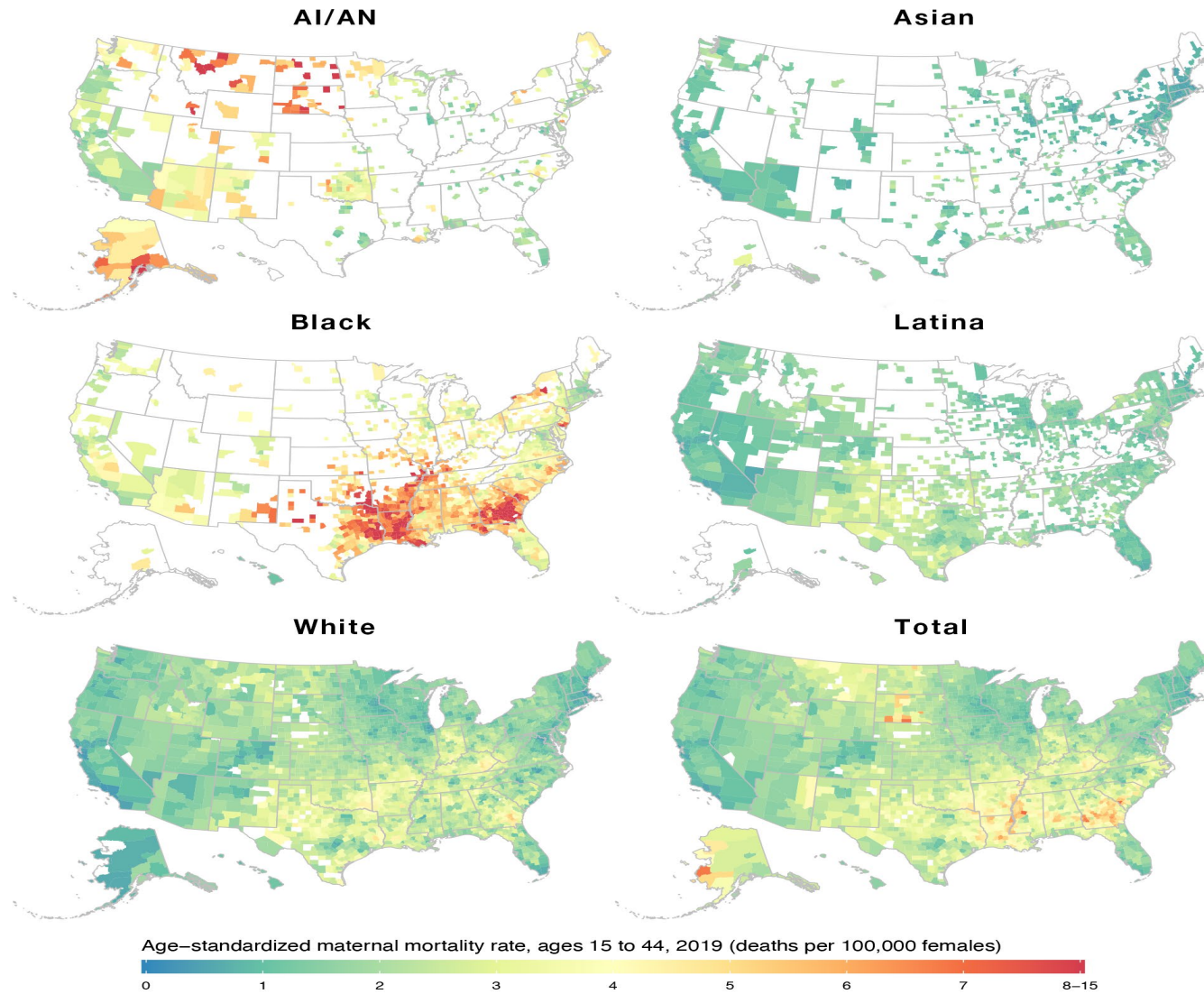
- **Diabetes in all minoritized populations**
- **Interpersonal violence**
- **Depression and Stress**
- **Dementia**
- **Inflammatory arthritis**
- **HIV/AIDS in Black women**
- **Breast cancer**
- **Cardiovascular disease**



Maternal Mortality, U.S., 2000-2019



Maternal Mortality, by County U.S., 2000-2019



Perception of Unfair Treatment

In the past year, have you experienced discrimination as part of daily life at least a few times?

- **American Indian and Alaska Native: 58%**
- **African American: 54%**
- **Latino/a: 50%**
- **Asian: 42%**

Kaiser Family Foundation, December 2023



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Racism as Research Construct

- *Interpersonal*. Most work done, good measures developed, associations established
- *Internalized*: How discrimination effects individuals who are not aware or sublimate; accept cultural or biological inferiority
- *Perceived societal discrimination*: What does an individual perceive happens in society
- *Second-hand effects of racism*: How does a victim of discrimination/racism impact their loved ones or colleagues



Patient-Clinician Communication Matters

- **Directly linked to higher patient satisfaction scores, better adherence and improved health outcomes**
- **Race concordant visits for African American patients are longer and more patient-centered**
- **In MEPS, African American and Latino physicians care for >50% of minorities, >70% LEP, and more Medicaid/uninsured patients**
- **In 2022, only 14% of medical school graduates and of practicing physicians were URM**



Promoting Health Equity in Health Care to Reduce Disparities

- **Expand Access:** Health insurance, place and clinician as fundamental: ACA experiment
- **Public Health Consensus:** CT Scan screening for lung cancer
- **Coordination of Care:** Systems, navigators, and target conditions—evaluating lung nodules
- **Patient-Centered Care:** PCMH, effective communication, cultural competence, primary care saves lives
- **Leverage health IT and EHR to address equity**
- **Performance measurement:** Risk, Equity Quality Measure to reward systems



Community Engaged Research to Reduce Health Disparities: What is Needed?

- **Shift models of care to population health built on strong primary care and community engagement**
- **Recognize the importance of health and not just health care**
- **Engage community resources in promoting health: access to real food and safe places**
- **Recognize and manage structural and interpersonal discrimination at all levels**



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