NIMHD Perspectives on Unequal Treatment Revisited

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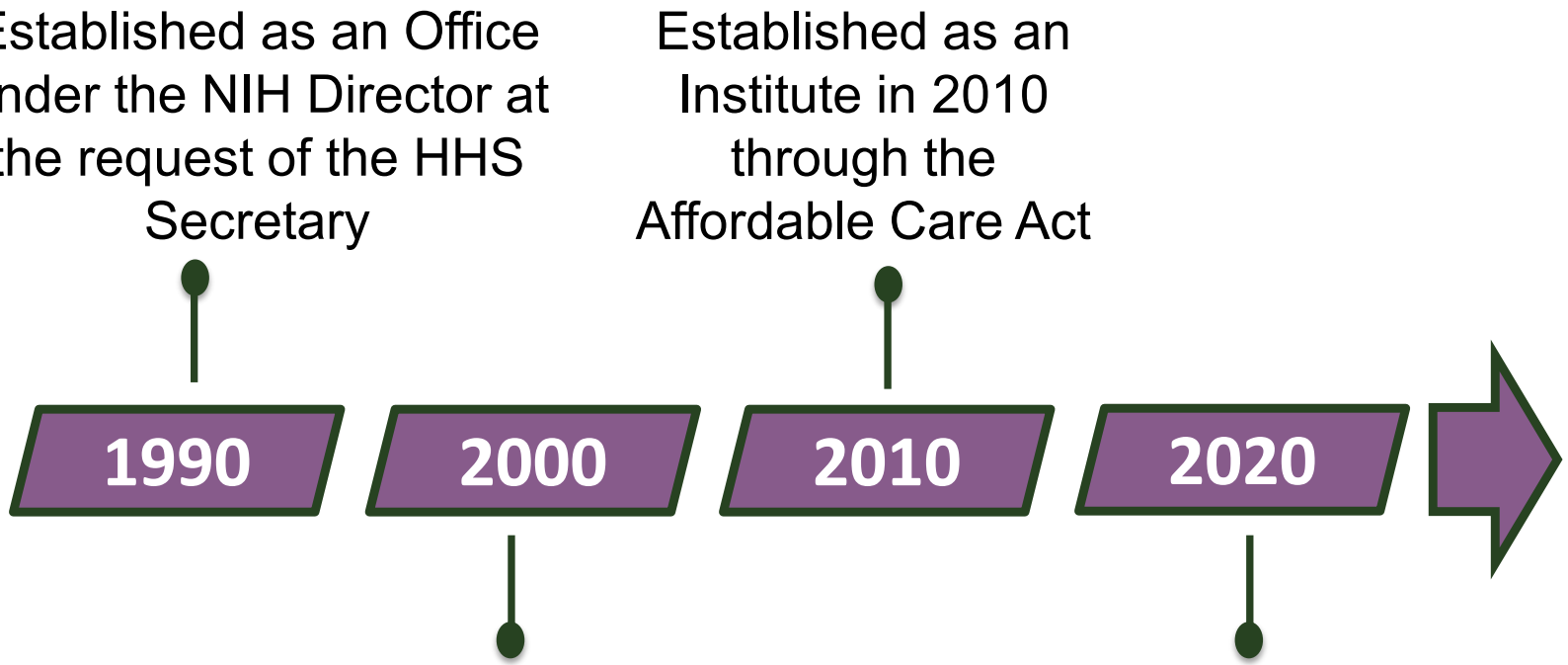
National Institute on Minority Health and Health Disparities

NIMHD History



Populations with Health Disparities

- **Racial and/or ethnic minority populations – Census**
- **Less privileged socioeconomic status**
- **Underserved rural residents (Congress added)**
- **Sexual and gender minorities (2016)**
- **Social disadvantage that results in part from being subject to discrimination or racism, and being underserved in health care**
- ***A health preventable outcome that is worse in these populations compared to a reference group defines a health disparity***

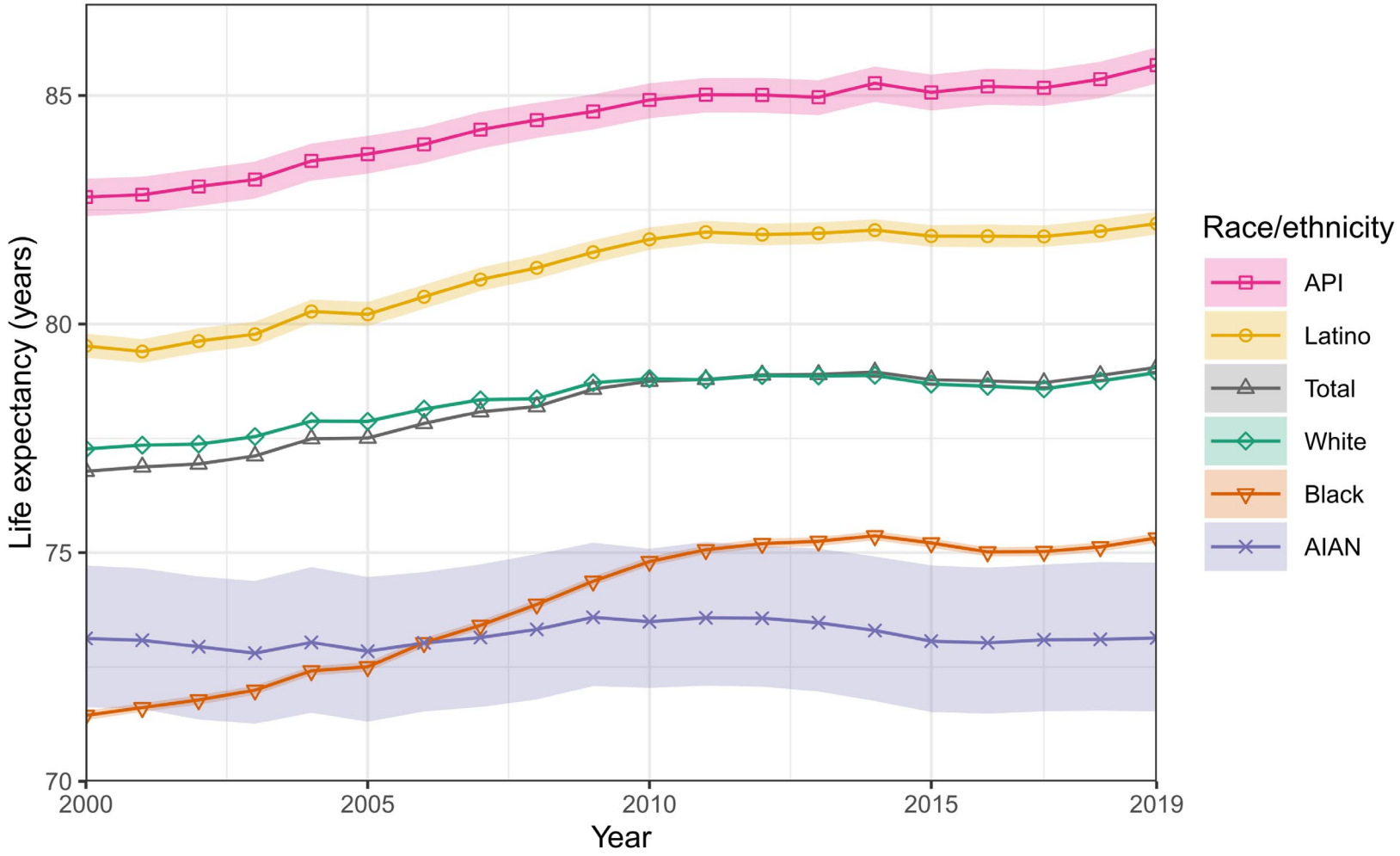
NIMHD Research Priorities

- **Race and/or ethnicity and SES are the fundamental pillars of health disparities science**
- **NIMHD research must prioritize these factors**
- **Intersectionality of race and/or ethnicity and SES with rural populations and SGM persons**
- **Re-evaluate reference population as Whites often do not have best outcomes**
- **Establish aspirational goals for all based on national metrics**

Race and Ethnicity and SES are Fundamental Factors in Determining Health

- **Race/ethnicity and SES predict life expectancy — not fully explained**
- **Asthma disproportionately affects African American and Puerto Rican individuals**
- **Most chronic diseases are more common in persons of less privileged SES — BMI ≥ 35**
- **Among persons with diabetes, all race/ethnic minority populations have less heart disease and more ESRD, compared to Whites**

U.S. Life expectancy by Race and Ethnicity



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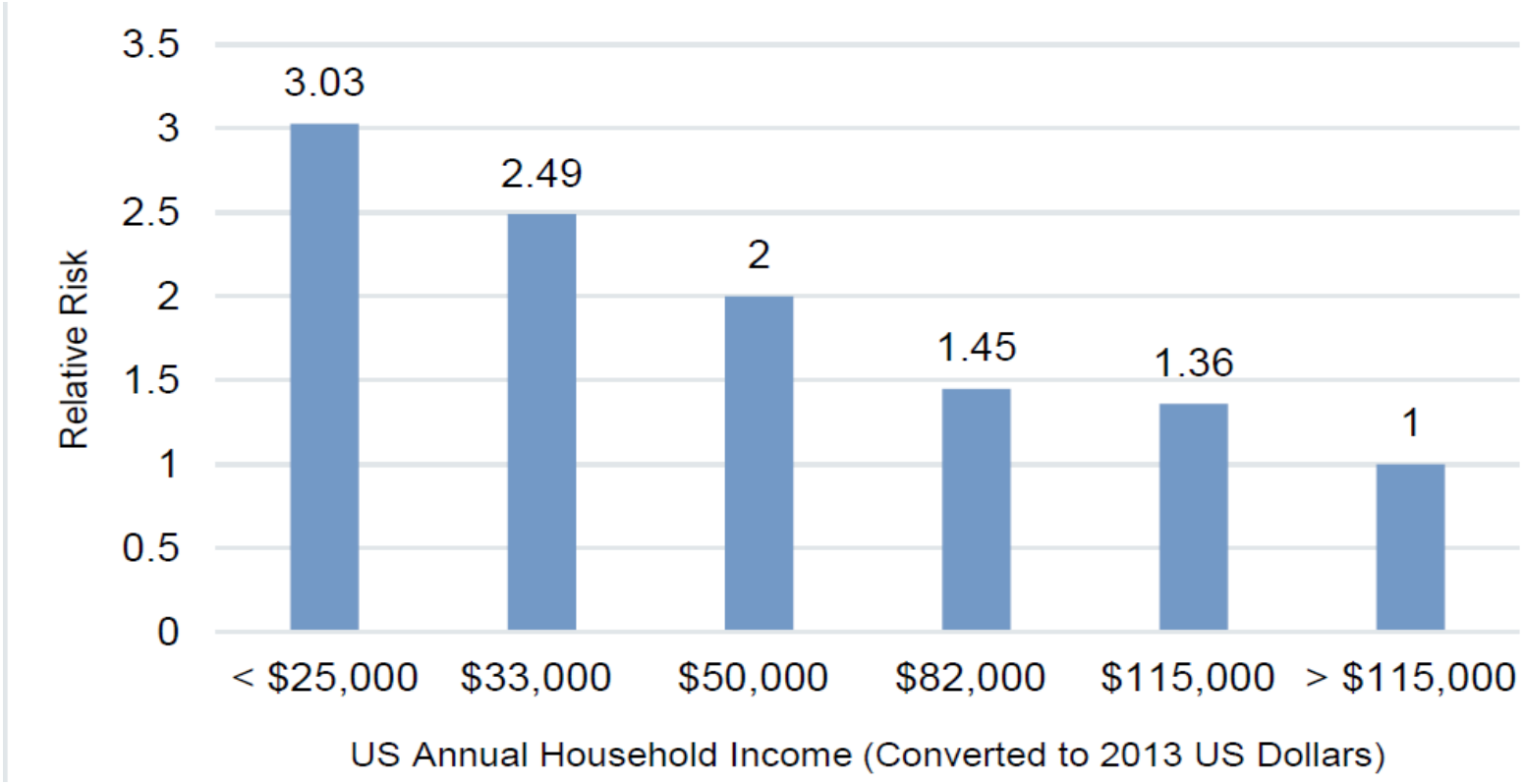
Relative risk of All-Cause Mortality by US Annual Household Income Level



Economic Burden of Health Inequities by Race and Ethnicity in the U.S. in 2018 in Billions of Dollars

Using National Prevalence from MEPS and Crude Death Rates Comparison to 90th/10th percentile Health Equity Goals

	American Indian or Alaskan Native	Asian	African American or Black	Latino or Hispanic	Native Hawaiian or Pacific Islander	Total *Compared to Healthy People 2030*
Excess Medical Care Costs	2.8	4.9	42.0	25.4	Not Available	75.1
Lost Labor Market Productivity Costs	4.7	0.9	31.5	22.0	Not Available	59.1
Excess Premature Deaths Costs	20.0	0.0	238.0	9.4	19.5	286.9
Grand Total	27.5	5.8	311.5	56.8	19.5	421.1

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National Institute on Minority Health and Health Disparities Research Framework

		Levels of Influence*			
		Individual	**Interpersonal**	**Community**	**Societal**
Domains of Influence *(Over the Lifecourse)*	**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

What Can Science Do to Reduce Inequities?

- Be an engine for promoting diversity of the scientific and clinical workforce
- Cultivate community engagement and build trust for sustainable relationships
- Standardized measurement of social and demographic factors that affect health
- Facilitate discovery science with big data
- Implement what we know can work to promote health equity

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