



The Pandemic as an Opportunity

NASEM Forum on Microbial Threats

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Eliseo J. Pérez-Stable, M.D.

Director, National Institute on
Minority Health and Health Disparities

eliseo.perez-stable@nih.gov



NIH National Institute
on Minority Health
and Health Disparities

Five Pandemic Lessons

- Racial and ethnic **disparities and health inequities** became front page
- Underlying **structural social determinants** are fundamental causes of these disparities
- Inclusive participation in studies requires **community engagement** and that takes time and infrastructure
- We fell way behind in the communication competition and need to regain **trust in science**
- **Racism and discrimination** are alive, structural and causing harm



Populations with Health Disparities

- **Racial and ethnic minorities defined by Census**
- **Less privileged socio-economic status**
- **Underserved rural residents**
- **Sexual and gender minorities**
- **Social disadvantage results in part from being subject to discrimination or racism, and from being underserved in health care**
- **A health outcome that is worse in these populations compared to a reference group defines a disparity**



Race/Ethnicity and Socioeconomic Status are Fundamental in Determining Health

- **Race/ethnicity and SES predict life expectancy and mortality that are not fully explained**
- **African Americans have more strokes when compared to Whites for same level of SBP**
- **Most chronic diseases are more common in persons of less privileged SES**
- **Among persons with diabetes, all race/ethnic minorities have less heart disease and more ESRD, compared to Whites, over 10 years**



Structural Social Determinants of Health

- **Access to affordable housing**
- **Green space and sidewalks**
- **Access to broadband internet and Wifi**
- **Transportation — public and individual**
- **Schools and educational institutions**
- **Employment and economic opportunity**
- **Public safety and criminal justice issues**
- **Access to healthy and affordable food**



National Institute on Minority Health and Health Disparities Research Framework

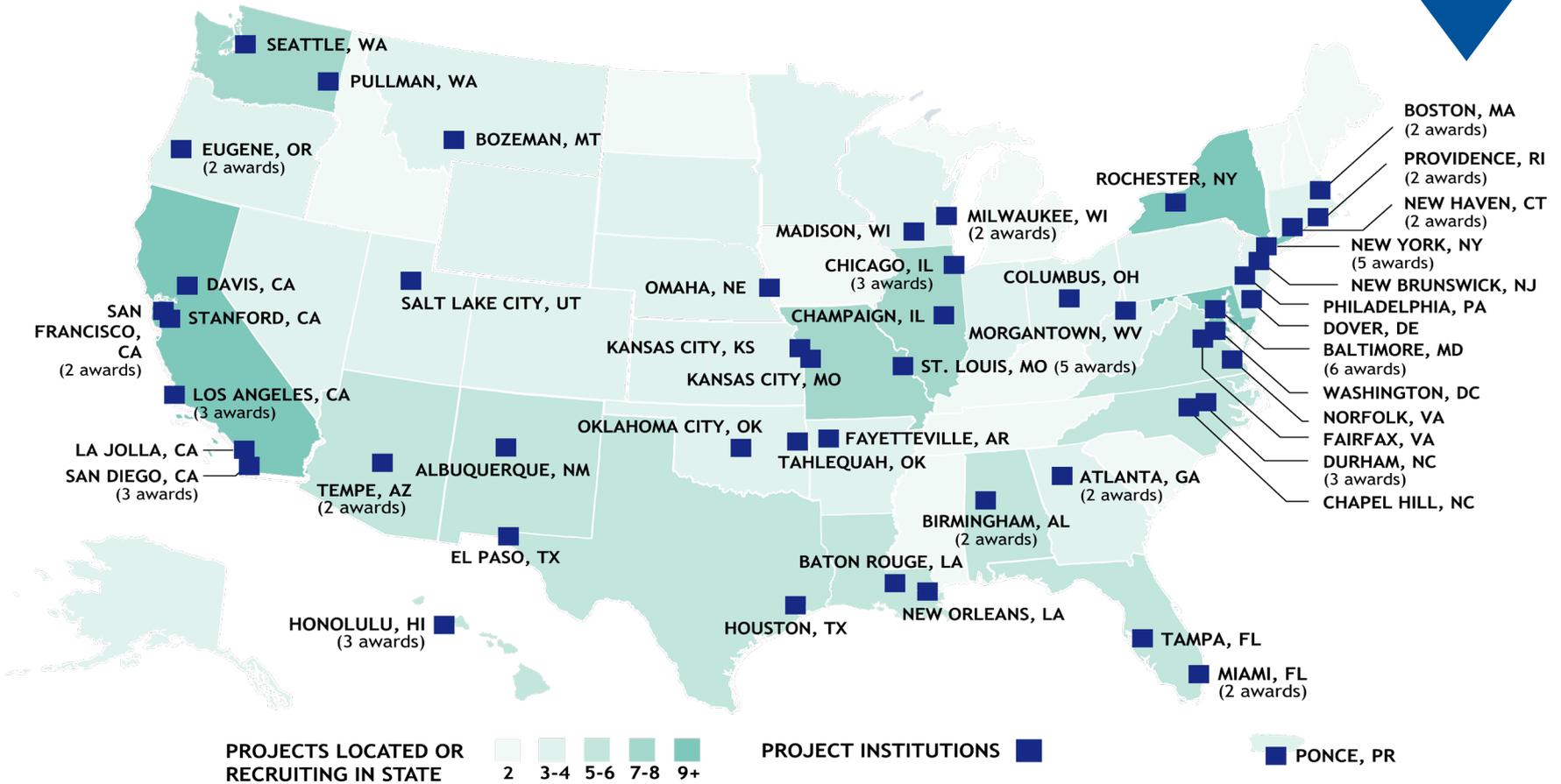
| | | Levels of Influence* | | | |
|--|----------------------------|---|---|---|--|
| | | Individual | Interpersonal | Community | Societal |
| Domains of Influence <i>(Over the Lifecourse)</i> | Biological | Biological Vulnerability and Mechanisms | Caregiver–Child Interaction Family Microbiome | Community 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

COVID has Shown the Way to Community Engagement: RADx-UP



RADx-UP by the Numbers

85

COVID-19 testing and SEBI projects

1

Coordination & Data Collection
Center

2 million

Tests distributed as of Aug 2021
(includes prospective, EHR, and SYCT)

56

States, DC, Tribal Nations, Territories

>400,000

Participants enrolled (includes EHR)

35

Projects submitting data to CDCC

18

Community Collaboration Mini Grants

9

Rapid Research Pilot Awards

20

Journal articles
(acknowledged RADx-UP project grant #)

First Study Enrollment **July 2020** ► Last Study Enrollment **November 2022**



CEAL Communication Metrics Summary

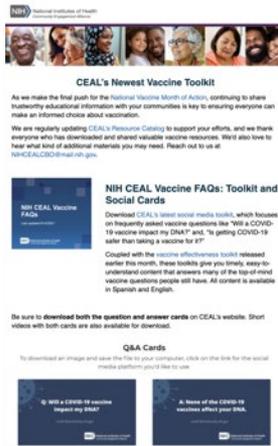
We estimate CEAL communications have had more than 1 billion views of CEAL materials!

Website



319,215
Web Visits

E-Newsletter



1,289
E-Newsletter
Subscribers

Social Media



52.65M
Potential
Impressions

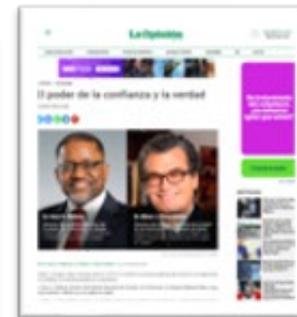
1.52M
Paid Event
Views

Digital Campaign



51.96M
Paid
Impressions

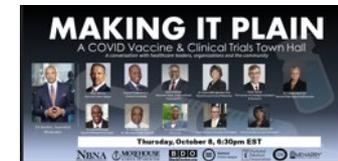
News Media



515.5M
Earned Media
Impressions

368M+
Paid
Impressions

Stakeholder & Congressional Engagement



>1.05M
Views

Perception of Unfair Treatment: 2015

In past 30 days, were you treated unfairly because of racial or ethnic background in store, work, entertainment place, dealing with police, or getting healthcare?

| | Percent Agree | |
|-------------------|---------------|--------|
| | All | Health |
| Latinos | 36% | 14% |
| African Americans | 53% | 12% |
| Whites | 15% | 5% |

Trust in clinician/institution? Role of Unconscious Bias?

Kaiser Family Foundation Survey of Americans on Race, November 2015.



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Racism as Research Construct

- *Interpersonal*: Most work done, good measures developed, associations established
- *Internalized*: How discrimination affects individuals who are not aware or sublimate; accept cultural or biological inferiority
- *Structural*: Organized system that categorizes, ranks, devalues, disempowers, and differentially allocates resources—residential segregation



NIH Initiative on Structural Racism

- NIMHD 2017 Workshop: *Structural Racism and Discrimination: Impact on Minority Health and Health Disparities* (<https://www.nimhd.nih.gov/.../structural-racism.html>)
- NIMHD structural racism and discrimination RFA has been published: <https://grants.nih.gov/grants/guide/rfa-files/RFA-MD-21-004.html> with wide support among all ICOs
- Common Fund Program allocated \$30 million for transformative R01s that will be funded in FY 2021 and includes projects to less-resourced institutions
- Planning for FY 2023 Common Fund Program
- All NIH Institutes have been asked to increase their commitments



Promoting Health Equity in Health Care to Reduce Disparities

- **Expand Access:** Health insurance, place and clinician as fundamental: ACA experiment
- **Public Health Consensus:** Equity in treatment when the evidence is compelling
- **Coordination of Care:** Systems, navigators, and target conditions
- **Patient-Centered Care:** Medical Homes, effective communication, cultural competence
- **Performance measurement:** Need Equity Quality Measure and monitor what CMS incentives do





Workforce Diversity is an Urgent Issue

- **About 7% of all NIH R01 grants are awarded to African American and Latino PIs**
- **14% of new US-granted STEM doctoral degrees are in URM scientists**
- **Medical school graduates in 2020: 7% Latino, 7% African American, <0.002% American Indian**
- **Care for more uninsured and Medicaid patients, intent to work in underserved areas despite debt**



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Five Pandemic Opportunities

- Systematic goal of reducing health **disparities and promoting health equity**
- Societal measures to improve health requires interventions in **structural social determinants**
- Infrastructure in **community engagement** is needed for public health pandemic responses
- Effective communication must be central in all efforts to promote **trust in science**
- Control of **racism and discrimination** is long-term and needs organizational change



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