Translating Research into Health Equity

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Presented at the 20th Anniversary of UAB Minority Health & Health Disparities Research Center

September 8, 2021

National Institutes of Health
Community Engagement Alliance

Translating Research into Health Equity
The Strategic Vision, Goals, and Objectives at NHLBI

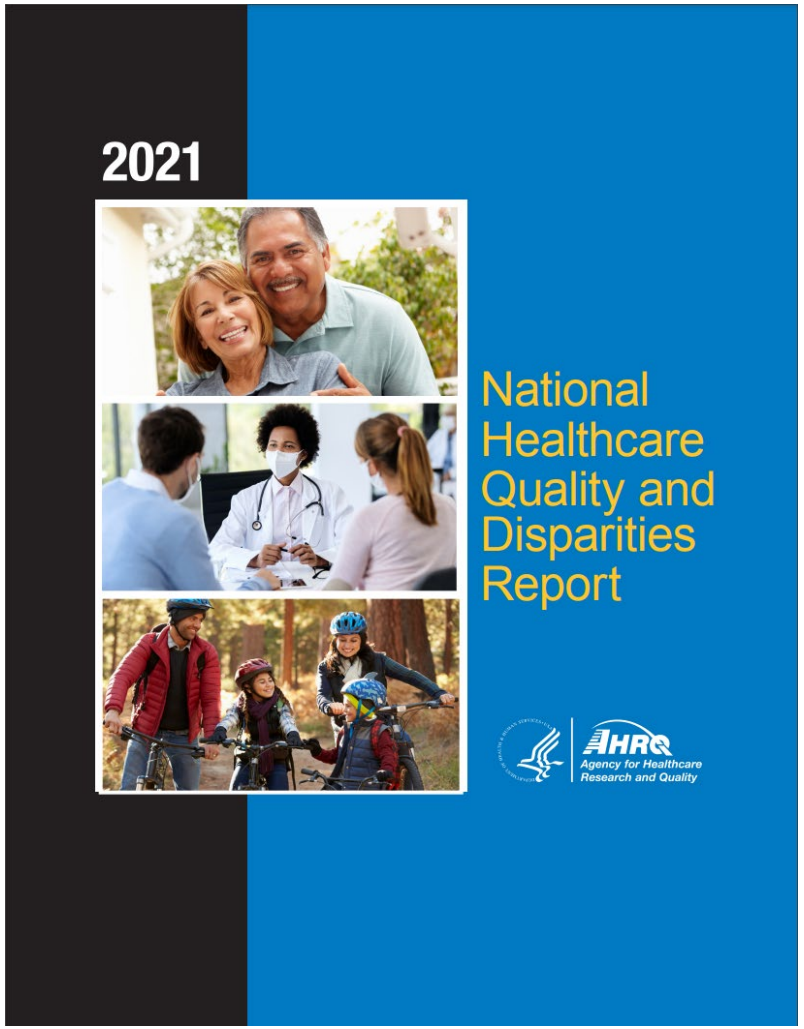
1. Understand normal biological function and resilience
2. Investigate newly discovered pathobiological mechanisms important to the onset and progression of HLBS diseases
3. Investigate factors that account for differences in health among populations
4. Identify factors that account for individual differences in pathobiology and in responses to treatments
5. Develop and optimize novel diagnostic and therapeutic strategies to prevent, treat, and cure HLBS diseases
6. Optimize clinical and implementation research to improve health and reduce disease
7. Leverage emerging opportunities in data science to open new frontiers in HLBS research
8. Further develop, diversify, and sustain a scientific workforce capable of accomplishing the NHLBI's mission

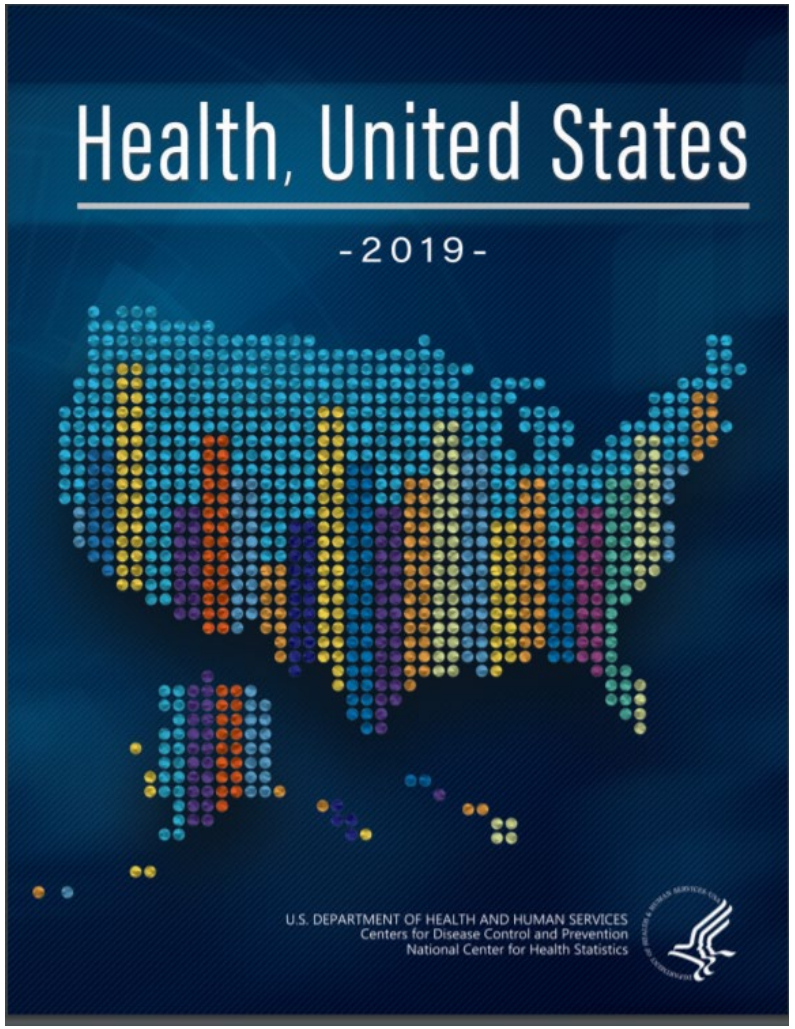
Translating Research into Health Equity

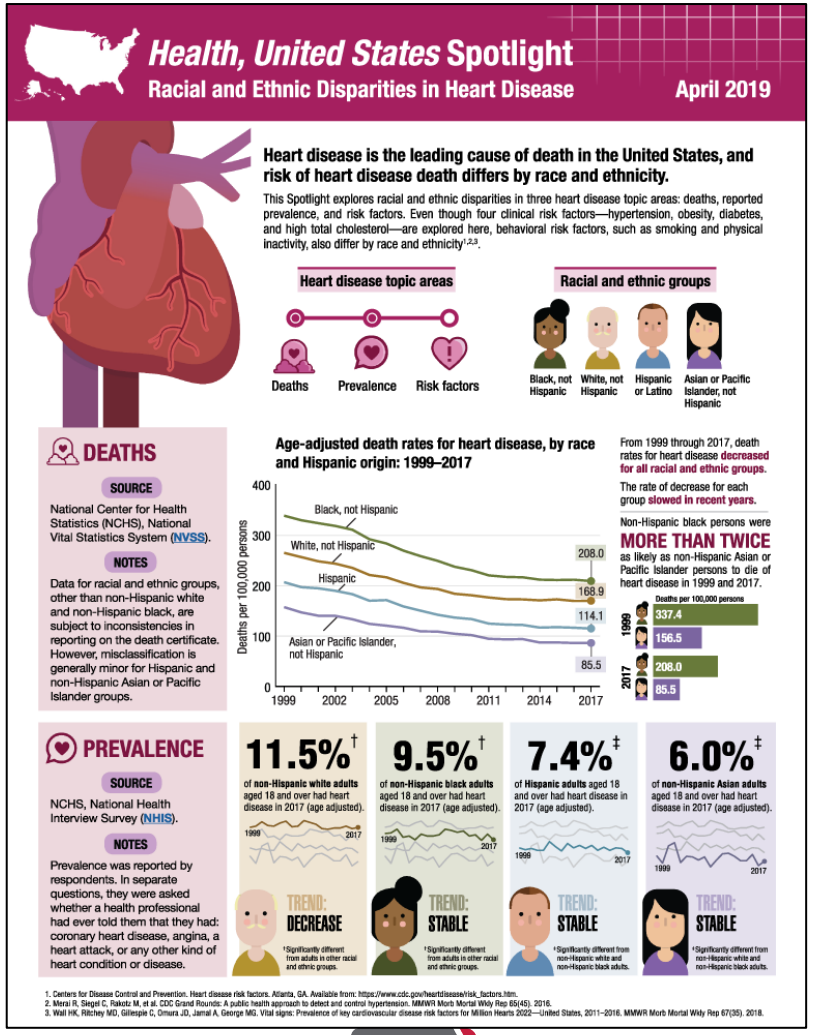
The Bottom Line Up Front (BLUF)

1. Know your local-level data and use it to inform action and monitor progress.
2. Go beyond individual-level factors; embrace the socioecological model.
3. Address social determinants of health (SDOH).
4. Identify and address root causes.
5. Address structural racism and other institutionalized practices that lead to inequities.
6. Engage with and learn from underserved communities.
7. Address misinformation & mistrust.
8. Empower communities to address disproportionate risk exposures.
9. Form strategic multi-disciplinary & multi-sectoral partnerships.
10. Prioritize dissemination and implementation research.

Important National Resources on Healthcare Quality & Disparities







https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2021qdr.pdf
https://www.cdc.gov/nchs/hus/hus_infographic.htm; https://www.cdc.gov/nchs/hus/index.htm

NIH National Heart, Lung, and Blood Institute

Explore Health, United States, 2020-2021

Births

Deaths

Health risk factors

Chronic conditions

Infectious diseases

Health care use

Health care access

Health expenditures

https://www.cdc.gov/nchs/hus/index.htm

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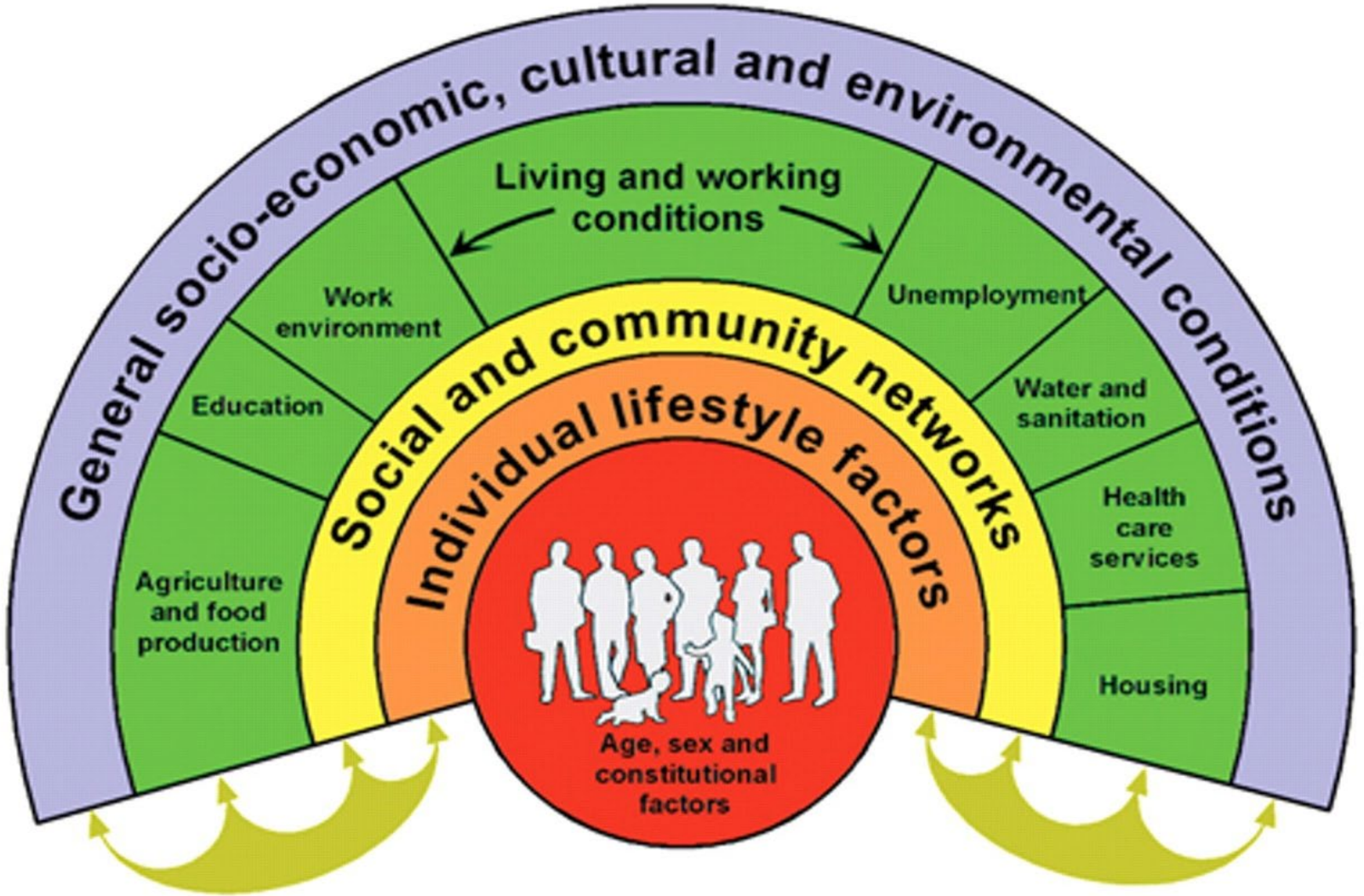
Embrace the socioecological model



LEVELS

1. Individual
2. Relationship
3. Community
4. Societal

Social Determinants of Health are Important

https://health.gov/healthypeople/objectives-anddata/social-determinants-health

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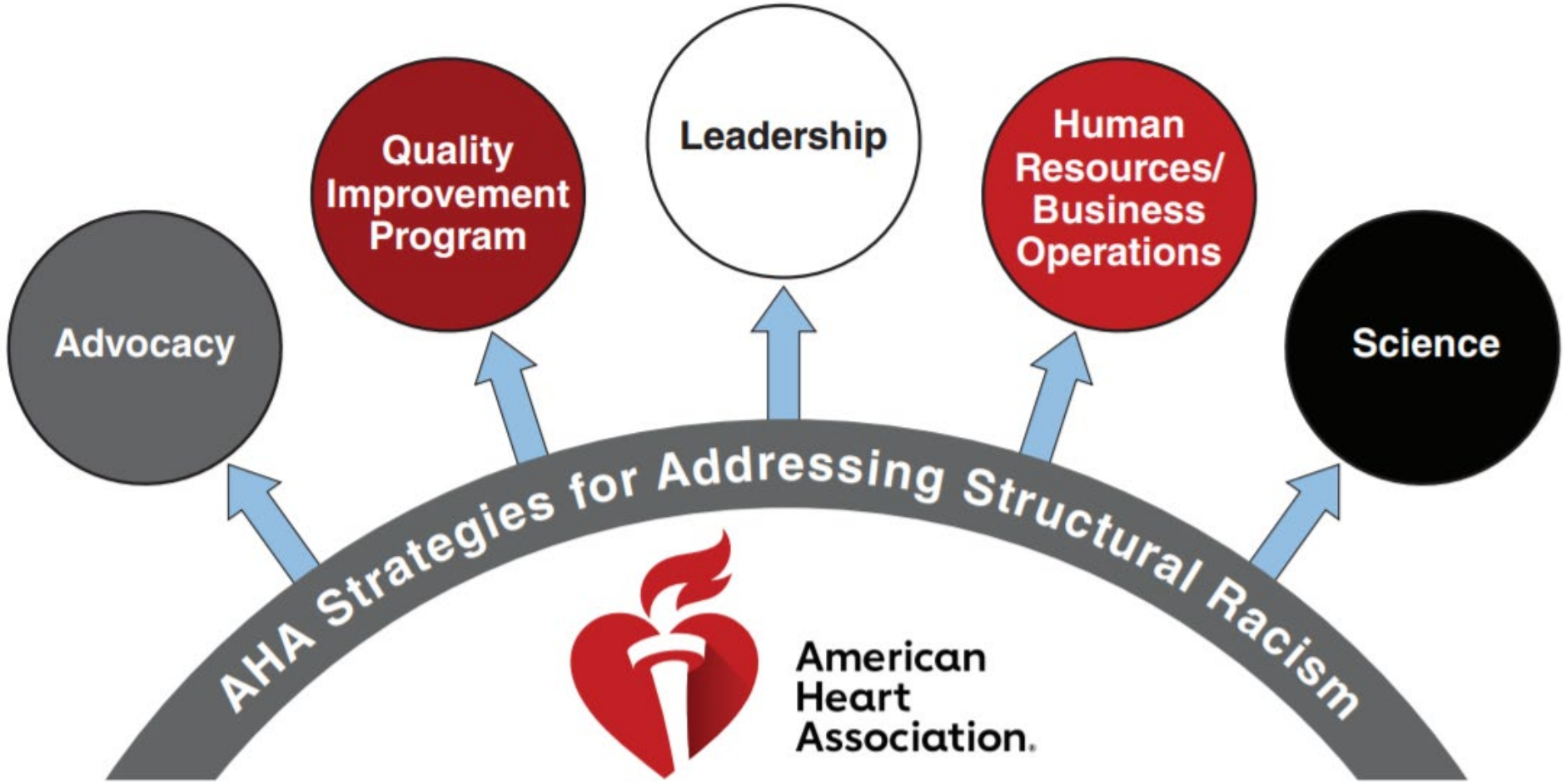
Important to Address Structural Racism



Churchwell et al. ***Circulation*** 2020;142(24):e454-e468

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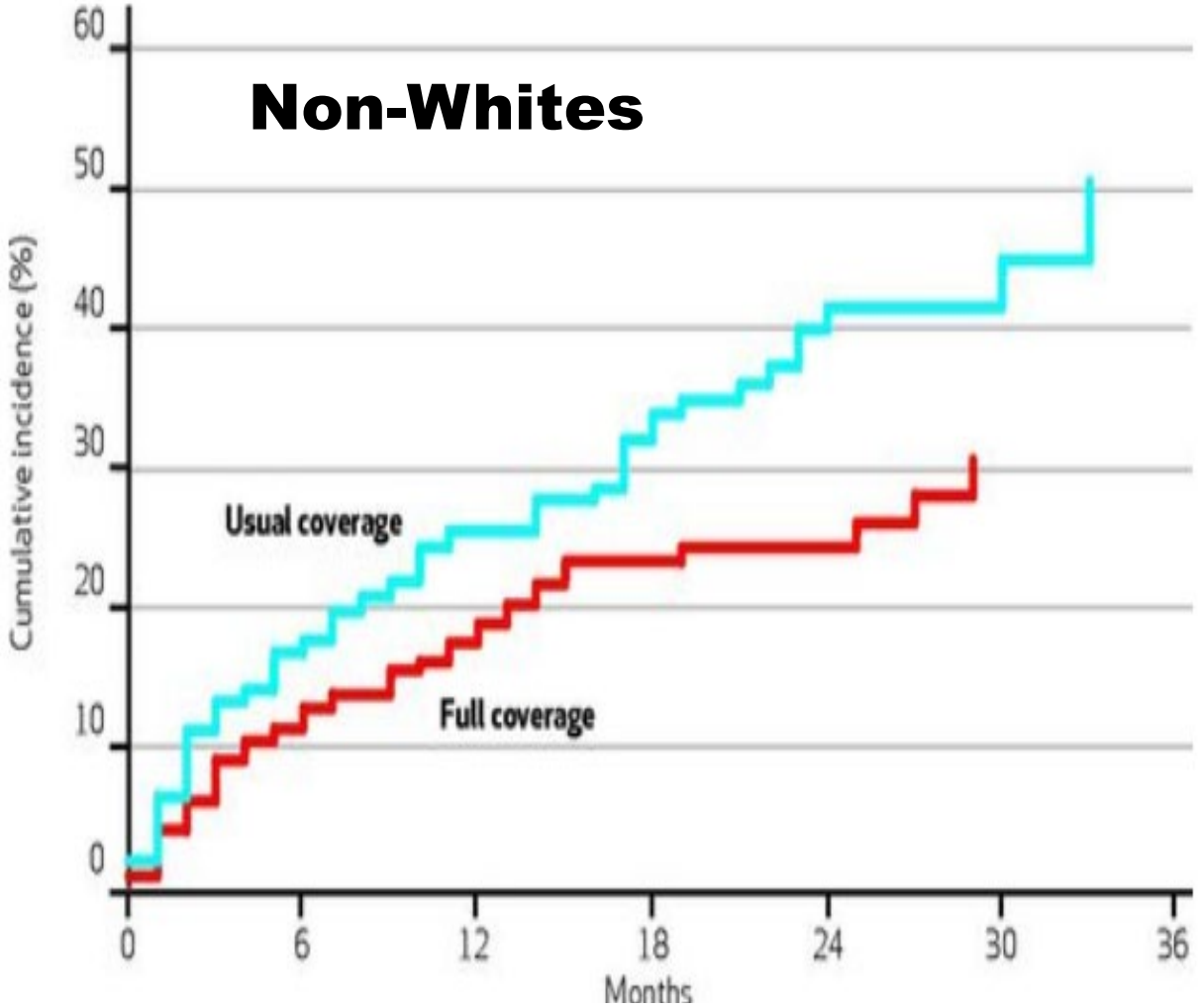
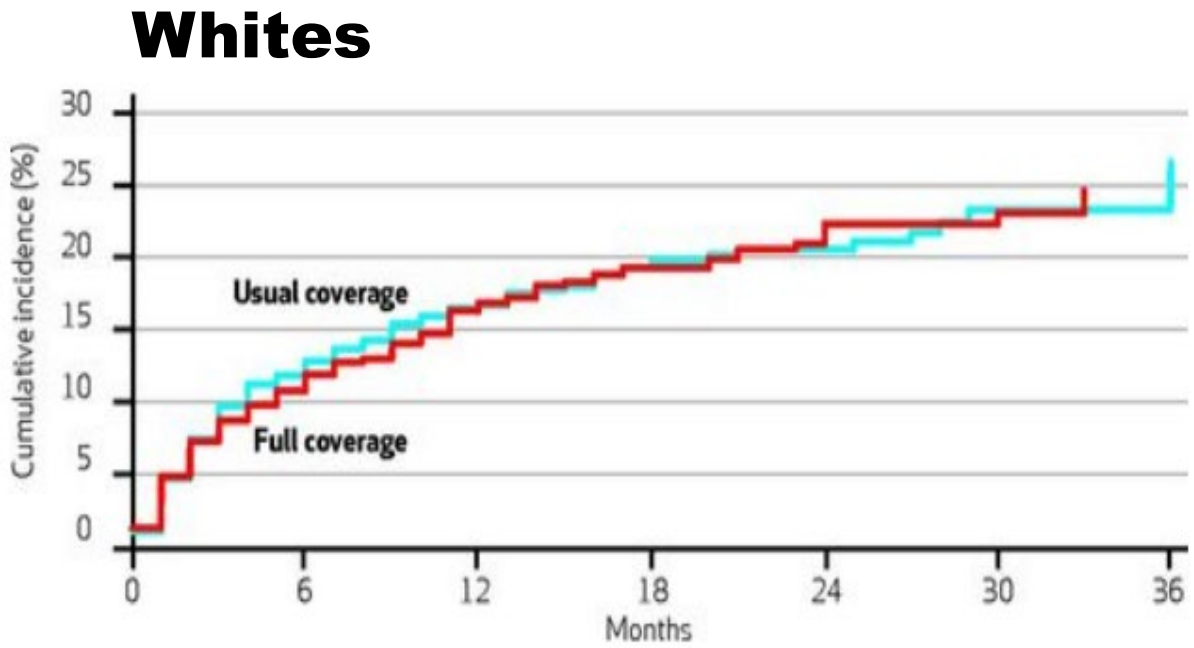
Eliminating medication copayments reduced disparities in cumulative incidence of first major vascular event or revascularization in Whites and Non-Whites

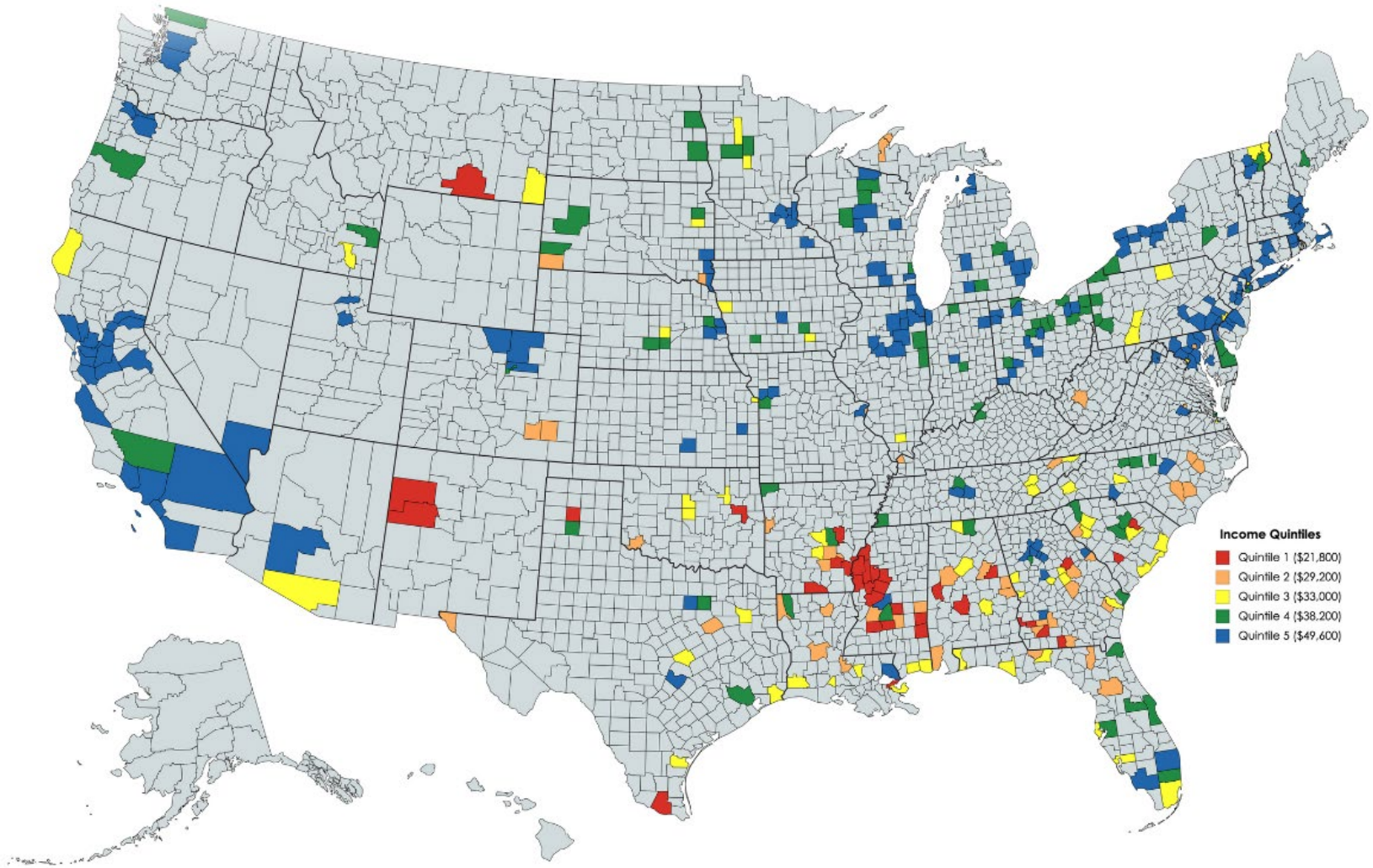




Choudhry, et al. *Health Aff* 2014;33(5):863-870

National Heart, Lung, and Blood Institute

Socioeconomic context is important and impacts several cardiovascular outcomes despite equal treatment; US, ALLHAT



N = 27,862 qualifying participants

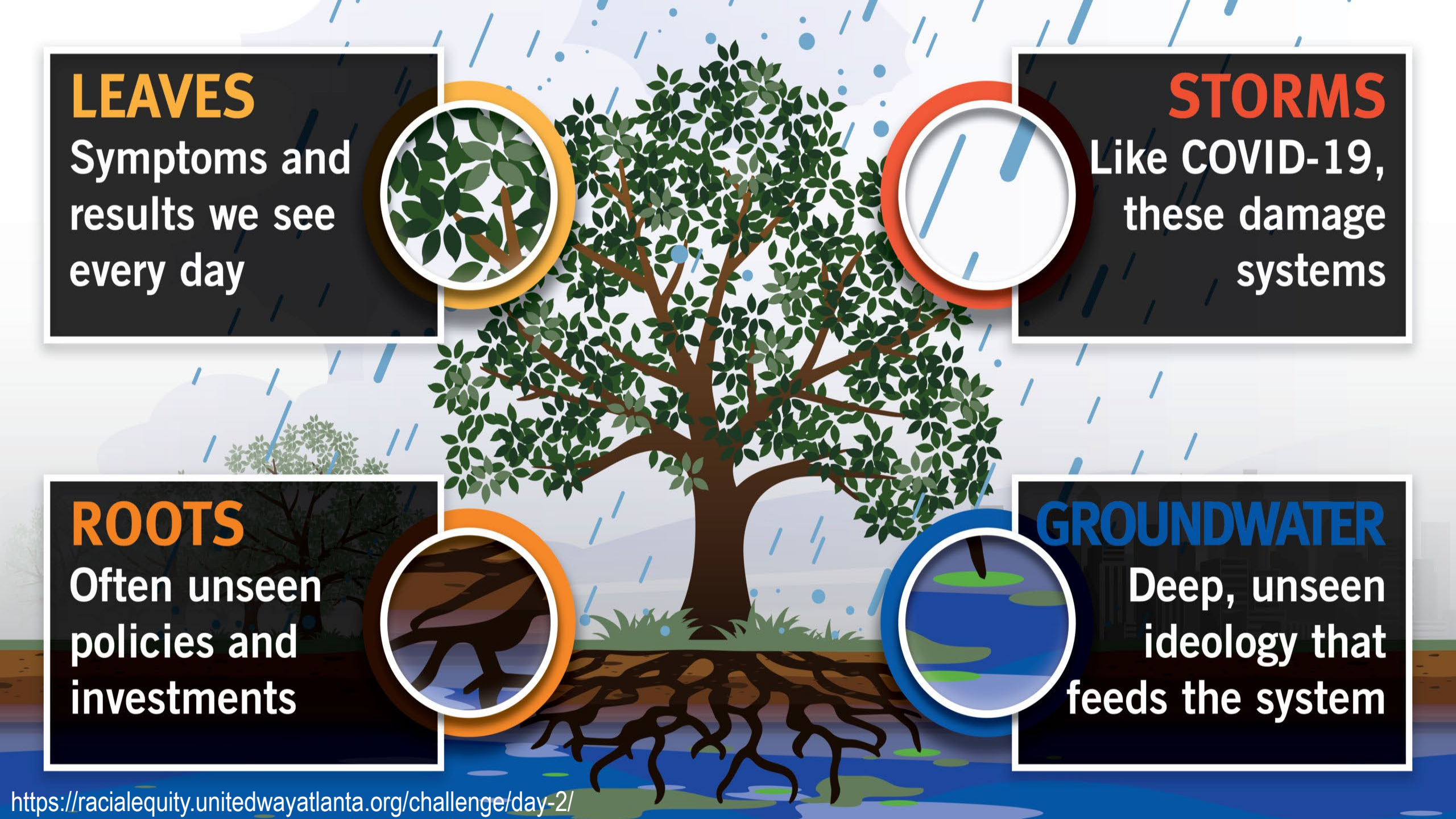
Quintile 1 (Red) N = 2169 (7.8%)

- More likely to be women, to be black, to be Hispanic, to have fewer years of education, to live in the South, and to have fewer CVD risk factors.

After adjusting for baseline demographic and clinical characteristics, Quintile 1:

- Less likely to achieve BP control (OR 0.48); greater all-cause mortality (HR: 1.25); heart failure hospitalizations/ mortality (HR, 1.26); ESRD (HR:1.86); **but lower** angina hospitalizations (HR, 0.70) and coronary revascularization (HR, 0.71).

Shahu, et al. *J Am Heart Assoc* 2019;8: e012277. DOI: 10.1161/JAHA.119.012277



https://racialequity.unitedwayatlanta.org/challenge/day-2/

Circulation Research

American Heart Association.

Special Report

Reducing Cardiovascular Disparities Through Community-Engaged Implementation Research

A National Heart, Lung, and Blood Institute Workshop Report

George A. Mensah, Richard S. Cooper, Anna Maria Siega-Riz, Lisa A. Cooper, Justin D. Smith, C. Hendricks Brown, John M. Westfall, Elizabeth O. Ofili, LeShawndra N. Price, Sonia Arteaga, Melissa C. Green Parker, Cheryl R. Nelson, Bradley J. Newsome, Nicole Redmond, Rebecca A. Roper, Bettina M. Beech, Jada L. Brooks, Debra Furr-Holden, Samson Y. Gebreab, Wayne H. Giles, Regina Smith James, Tené T. Lewis, Ali H. Mokdad, Kari D. Moore, Joseph E. Ravenell, Al Richmond, Nancy E. Schoenberg, Mario Sims, Gopal K. Singh, Anne E. Sumner, Roberto P. Treviño, Karriem S. Watson, M. Larissa Avilés-Santa, Jared P. Reis, Charlotte A. Pratt, Michael M. Engelgau, David C. Goff Jr, Eliseo J. Pérez-Stable

Mensah et al. *Circ Res* 2018 Jan 19;122(2):213-230

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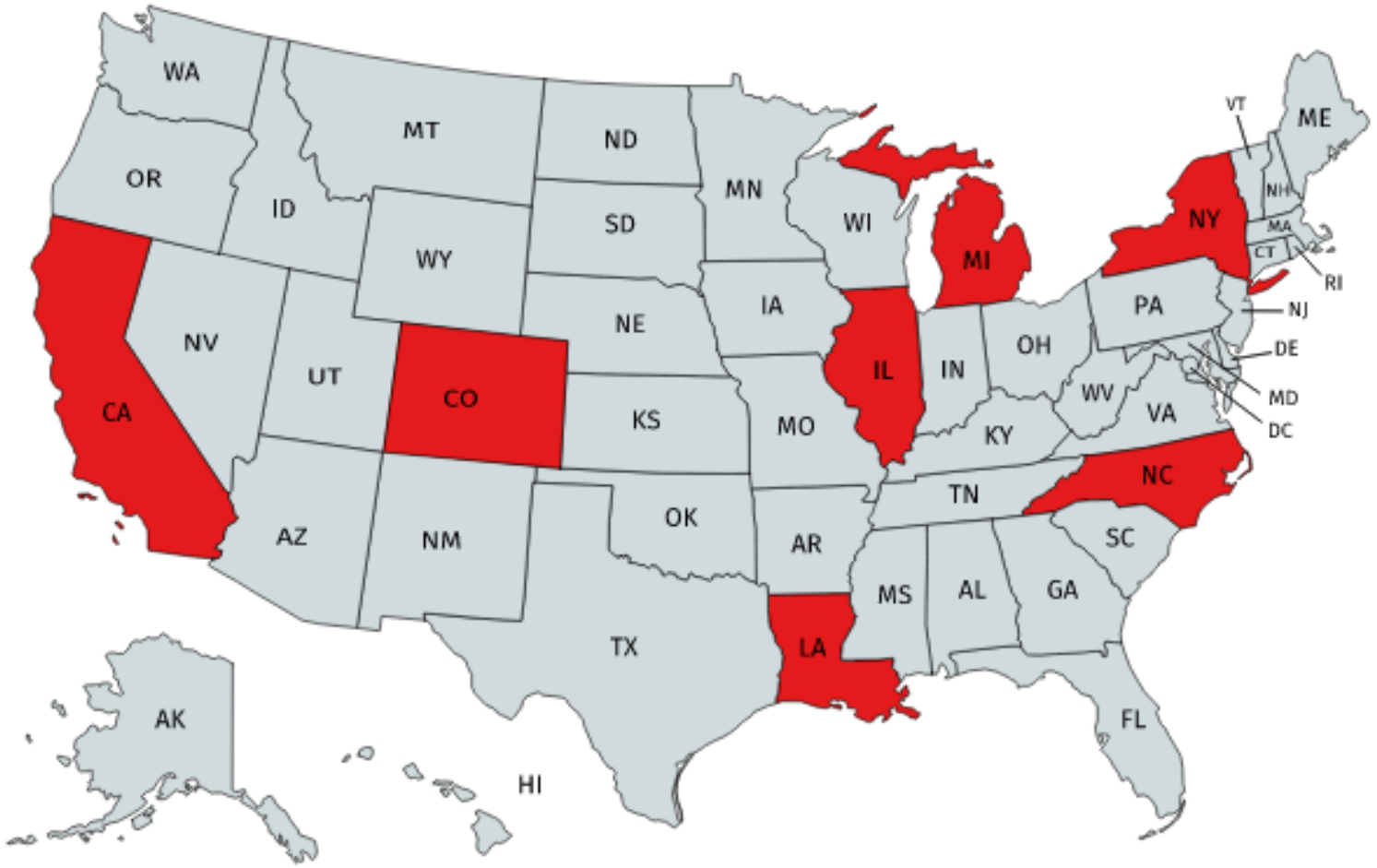
NHLBI DECIPHeR Alliance and Grantees



DECIPHeR Grantees

1. UCLA, CA
2. University of Colorado Denver, CO
3. University of Illinois at Chicago, IL
4. University of Michigan, MI
5. Northwestern Univ. at Chicago, IL
6. NYU School of Medicine, NY
7. Tulane University, LA
8. UNC, NC (Coordinating Center)

POC: Dr. Paul Cotton

NIH, NHLBI. RFA-HL-20-003 and RFA-HL-20-004

Mensah GA, Cooper RS, Siega-Riz AM, et al. *Circ Res*. 2018;122(2):213-230.

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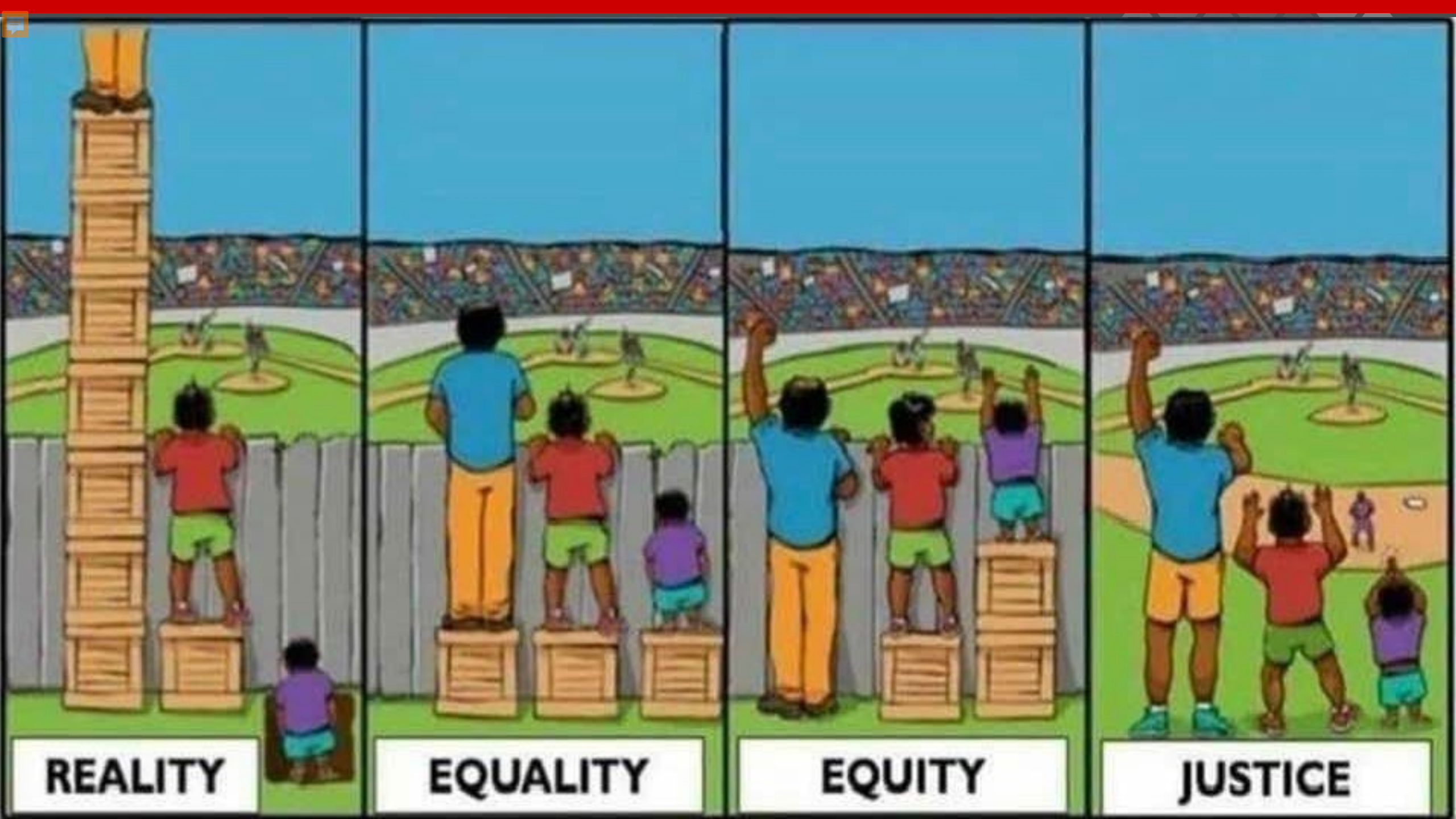
REALITY
EQUALITY
EQUITY
JUSTICE

Conclusions

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