

The Challenge of Minority Health and Health Disparities Portfolio Analysis

Deborah Duran, Ph.D., Tilda Farhat, PhD - Office of Science Policy, Planning, Analysis, and Reporting, National Institute on Minority Health and Health Disparities

Portfolio : Coding Grants

Coding NIH Grants

- NIMHD is legislatively mandated to coordinate trans-NIH activities and to lead the trans-NIH responses to many required minority health and health disparities reporting requirements.
- Legislative language requests separate reporting of the two areas; even though the terms are often used as synonyms of each other. In order to achieve accurate information regarding minority health and health disparities, a new coding system must be developed.
- RCDC is completely manually coded for health disparities and minority health within each Institute and Center (IC), no fingerprint exists. RCDC will not be able to capture broad concepts like minority health and health disparities without defined constructs
- Current minority health and health disparities coding across NIH is non-uniform, complicated, labor intensive, and confusing

Portfolio: Data Registry

Data Registry

- A health disparities data registry was a key recommendation of the IOM Health Disparities Report "*Examining the Health Disparities Research Plan of the National Institutes of Health: Unfinished Business.*"
- Depicts health disparity priority areas relevant to IC mission
- Collects data on: Disease/disorder | Population(s) impacted | Affected population characteristic (age, sex, etc.) | Data demonstrating disparity; benchmark population | Health determinant data | Promising strategies | Best practices
- Need centralized resource:
 - ✓ To identify health disparity areas
 - ✓ To identify diseases/conditions affecting minority health
 - ✓ To store best practices for improving minority health
 - ✓ To store best practices for eliminating/reducing health disparities

Portfolio Analysis Potential Utility

- **Enables an assessment of research gaps and opportunities for each IC and for each minority health and health disparity area**
- **Sets stage for eventual separate health disparities and minority health "fingerprints"**
- **Provides a depiction of what research NIH has funded and what research needs to be funded– by viewing both portfolios**



Challenges

- Complexities of defining, categorizing and coding health disparities and minority health research
- Complexities of defining, categorizing and identifying the multi-level causal processes and health determinants influencing population health
- Identifying and interpreting findings that build the strengths, consistency, temporal relationships or specificity of an association between health determinants and overall health outcomes in minority health and health disparity populations
- Assessing and evaluating best practices for addressing diseases/conditions for various disparate groups
- Determining level of rigor in scientific methods, measurements and analytic approaches that characterize minority health and health disparities research



Example of Information Collected from ICs for Data Registry (Spreadsheet)

| | | | Health Disparity Data | | | | | Health Determinants | | | | | | | Promising Strategies | Best Practices |
|-------------------------|--|---|------------------------------------|--|--|--|---------------------------|--|--|---|---|--|---|--|---|--|
| Disease/ Disorder | Population Impacted | Health Disparity | Affected population characteristic | Benchmark Population | Benchmark Population Data | Impacted Population Data | Data Source | Behavioral Risk Factors | Biological Risk Factors | Protective and/or Resiliency Factors | Health Care & Public Health System Factors | The Physical Environment | Social Environment and Social Resources | Health-related Quality of Life | Describe the most promising strategies for addressing a disparity in a health determinant(s) for the condition in question. | Any best practices proven to reduce or eliminate a health disparity indicator(s) |
| (e.g.: Cervical cancer) | (e.g.: American Indian or Alaska Native • Low SES) | (e.g.: higher incidence/prevalence • early onset) | (e.g.: youth • adult –male) | (e.g.: African American or Black • Disabled) | Provide data for the benchmark population, as a means for comparison | Provide data for any impacted populations to compare with benchmark population | Provide citation and link | (e.g.: Tobacco use • Diet and nutrition) | (e.g.: Biochemical • Genome and Epigenome) | (e.g.: Social support • Cultural resources) | (e.g.: Health insurance coverage/policies • Access to preventive services and/or quality health care) | (e.g.: Housing status • Neighborhood violence) | (e.g.: Employment status and security • Income) | (e.g.: Hearing health • Vision impairment) | (e.g., Culturally-tailored mammogram education program) | (e.g., Gardasil) |