
Fact Sheet

Health Disparities

Thirty Years Ago

- Americans enjoyed improved health and longer lives during the latter part of the 20th century. However, African Americans, Hispanics, Native Americans, and Asian/Pacific Islanders, who represented 25 percent of the U.S. population, continued to experience striking health disparities, including shorter life expectancy and higher rates of diabetes, cancer, heart disease, stroke, substance abuse, and infant mortality and low birth weight.
- Scientists believed these health disparities resulted from the complex interaction among several factors such as biology, the environment, and specific behaviors that were significantly impacted by a shortage of racial and ethnic minority health professionals, discrimination, and inequities in income, education, and access to health care.
- The **Report of the Secretary's Task Force on Black and Minority Health** asked the National Institutes of Health (NIH) to do more 1) to determine why minorities were experiencing an undue burden of diseases, disability, and premature death and 2) to eliminate health disparities.
- To achieve its strategic plan goals, NIH activities include 1) research focused on health disparities experienced by racial and ethnic minorities, the rural and urban poor, and other medically underserved populations; 2) conducting population-specific community-based research; 3) enhancing the capacity to conduct health disparities research nationally; 4) recruiting and retaining racial and ethnic minorities and other underrepresented groups into the scientific research workforce; 5) establishing health education programs for special populations; and 6) promoting the inclusion of women, minorities and other medically underserved groups in clinical trials.
- Research at the NIH advances the understanding of the development and progression of diseases and disabilities that contribute to health disparities for a number of diseases.
- **Diabetes:** The Pima Indians have the highest rates of diabetes in the world. For 30 years, the NIH Intramural Program collaborated with the Pima Indians of the Gila River Indian Community near Phoenix, Arizona and with the Indian Health Service in a unique research program. These studies provided knowledge that allowed researchers to 1) develop a definition of diabetes and diagnostic criteria used worldwide; 2) identify characteristics of insulin action and secretion; 3) document the relationship between diabetes and obesity; 4) increase understanding of the roles of high insulin levels and insulin resistance in diabetes; 5) gain insight into the influence of genetics in the development of diabetes, obesity, and even susceptibility to diabetic kidney disease; 6) demonstrate how *in utero* exposure to a mother's high blood sugar may increase the baby's risk for diabetes and unhealthy weight later in life; and 7) provide evidence of the beneficial effects of exercise and weight loss in lowering blood sugar and reducing weight.

Today

- In 2000, Congress established the National Center on Minority Health and Health Disparities (NCMHD) to lead, coordinate, support and assess the NIH effort to eliminate health disparities. One of the significant outcomes of the legislation was a **Strategic Plan and Budget for Eliminating Health Disparities** to enhance NIH efforts in 1) research, 2) research infrastructure, and 3) public information and community outreach. For the first time, with input from all of the Institutes and Centers (ICs), the NIH released a comprehensive health disparities plan. The plan raised health disparities to a critical national priority generating substantial awareness and interest in this important health issue.

- **Cardiovascular Disease (CVD):** Heart disease continues to be the leading cause of death in the U.S. Racial and ethnic minorities and individuals with low socioeconomic status are most adversely impacted. Several studies are underway to study CVD in these populations. The *Multi-Ethnic Study of Atherosclerosis* is conducting investigations that detect CVD non-invasively before it has produced clinical signs and symptoms in a cohort consisting of whites, African Americans, Hispanic Americans, and Asian Americans. The *Jackson Heart Study* is studying the physiological, environmental, social and genetic factors related to cardiovascular disease and the high rates of complications from hypertension in African Americans, including, stroke, kidney disease, and congestive heart disease. Other studies include the *Strong Heart Study* of American Indians, and the *Genetics of Coronary Artery Disease in Alaska Natives*.
- **Eye Disease:** Latinos living in the United States have higher rates of eye disease and visual impairments compared to other ethnic groups. The *Los Angeles Latino Eye Study* is the largest epidemiological study of visual impairment in Latinos conducted in the U.S. Researchers found that Latinos had high rates of diabetic retinopathy, an eye complication of diabetes; and open-angle glaucoma, a disease that damages the optic nerve. One in five individuals with diabetes was newly diagnosed during the study. One in five adult Latinos had cataract. Overall, Latinos were much more likely to receive general medical care than to receive eye care. This study re-affirms the importance of increased awareness about diseases of the eye.
- The NIH invests in research infrastructure to increase the capacity in institutions to conduct research relevant to health disparities, and provide research training of underrepresented individuals to foster a culturally diverse biomedical research enterprise. Several programs support the NIH efforts in these areas including:
 - *Centers of Excellence* conduct research on health disparities within several disease areas and conditions, such as, cancer, cardiovascular diseases, stroke, diabetes, nutrition, obesity and maternal and infant health.
 - *Community-Based Participatory Research* awards engage scientists and communities in health disparities research.
 - *Loan Repayment* awards promote research careers in basic, clinical, and behavioral research for young scientists from underserved communities.
 - *Minority Health and Health Disparities International Research Training awards* support young scientists conducting scientific research abroad.
 - *The Bridges to the Future Program* helps students transition from Associates to the Baccalaureate degree and from the Masters degree to the Doctoral degree.
 - *Minority Biomedical Research Support, Research Infrastructure in Minority Institutions, Research Centers in Minority Institutions, and Research Endowment* grants support research and strengthen the biomedical research capability of the eligible institutions.
 - *Comprehensive Centers on Health Disparities* strengthen institutional clinical and translational research capabilities.
- Numerous NIH health education campaigns bring useful health information to diverse communities such as:
 - *The HIV Communications Campaign* increases awareness of HIV treatment, and prevention among Hispanic Americans and African Americans.
 - *Real Men Real Depression*, launched in 2003, raises awareness about depression in Native American, Latino, Asian, and African American communities.
 - *The Back to Sleep* campaign marks its twelfth anniversary with renewed efforts to reduce Sudden Infant Death Syndrome (SIDS) in the African American community by reminding parents and caregivers to place infants on their backs to sleep.

Tomorrow

- Guided by the NIH strategic plan and other initiatives, the pace of translating new knowledge into prevention and treatment strategies to improve public health is expected to increase as are the number of scientists from underserved communities.
- The Census Bureau predicts racial and ethnic minority populations in the U.S. will double in size during the 21st century. The increased efforts by NIH will help ensure that the research agenda is in place to meet the increased health needs expected, and that racial and ethnic minority, rural and urban poor and other medically underserved populations, will all benefit equally. Innovative strategic partnerships among all segments of our society including the community will be critical in the NIH effort to eliminate health disparities.