Rationale

Health disparities related to race/ethnicity, socioeconomic status, rural residence, sexual orientation, and gender identity persist in the United States. For example, racial/ethnic minorities and low-income populations have higher incidence and mortality related to a wide range of chronic diseases, as well as higher rates of COVID-19 hospitalizations and deaths, than non-Hispanic White and higher income populations. Homicide is among the top 10 causes of death for non-Hispanic Black, Hispanic, and American Indian/Alaska Native men.

Compared to their urban counterparts, rural populations have higher age-adjusted mortality rates for heart disease, cancer, unintentional injury, chronic low respiratory disease, and stroke. Sexual and gender minority populations have higher rates of obesity, violence victimization, HIV and other sexually transmitted infections, psychiatric disorders, substance use disorders, and suicide than their heterosexual, cisgender peers. Although progress has been made in reducing disparities in some health outcomes for some populations, troubling patterns regarding increasing racial/ethnic and other disparities in excess deaths due to both COVID-19 and non-COVID-19 causes during the COVID-19 pandemic illuminate the urgency of addressing health disparities and the social and structural determinants that drive and sustain them. The modifiable nature of these determinants points to the critical role of prevention in reducing and eliminating health disparities.

Addressing health disparities is part of the mission of every National Institutes of Health (NIH) Institute, Center, and Office (IC). Enhanced collaboration and coordination among ICs could advance knowledge regarding evidence-based prevention strategies to reduce disparities and promote health equity.

Background

Reducing health disparities is a critical and growing priority for the NIH. “Improving Minority Health and Reducing Health Disparities” is a crosscutting theme in the NIH-Wide Strategic Plan for Fiscal Years 2021-2025 (PDF), spanning all aspects of NIH’s strategy. Aligned with this overarching strategic plan for NIH, the National Institutes of Health Minority Health and Health Disparities (NIMHD) Strategic Plan 2021-2025 (PDF) highlights the importance of prevention interventions that address upstream factors and social determinants of health as a means to reduce health disparities.

Consistent with these broader NIH strategies, in the current ODP Strategic Plan FY 2019-2023 (PDF), health disparities is one of the ODP’s three cross cutting themes. The ODP’s health disparity-related activities revolve around developing and testing interventions to reduce health disparities through the review of available evidence—to (1) identify key gaps in prevention science related to health disparities; and (2)
promote targeted research on appropriately tailored public health, clinical, and community preventive services and interventions in diverse settings and contexts.

In FY 2020, as part of a published portfolio analysis of NIH-funded prevention projects from FY 2016 to 2019, the ODP found that only 3.6% of projects included a randomized intervention to address a leading risk factor for death or disability in populations that experience health disparities. This significant research gap led the ODP to elevate the topic of health disparities from a cross cutting theme to a new Strategic Priority.

While a health equity lens will continue to permeate activities across the ODP’s other Strategic Priorities, the designation of health disparities as a distinct Strategic Priority will better position the ODP to facilitate and coordinate NIH-wide efforts in this area. A key activity of this Strategic Priority is ADVANCE: Advancing Prevention Research for Health Equity, a trans-NIH effort to develop and evaluate prevention interventions that address health disparities.

Fostering more research on health disparities across all ICs is a current priority for the NIH. Greater support of prevention intervention research that addresses social and structural determinants of health is one strategy to maximize the impact of NIH investments in health disparities research. The ODP is ideally poised to facilitate and coordinate the efforts of ICs to solicit and support this high-impact research, which requires integrating the latest knowledge and methodological advances in both prevention science and health disparities science.

The ODP has already demonstrated the utility of this leadership approach in trans-NIH efforts around health disparities, including the development of the Increasing Uptake of Evidence-Based Screening in Diverse Adult Populations (R01 Clinical Trial Optional) funding opportunity announcement with nine participating ICs, and the 2019 NIH Pathways to Prevention (P2P) Workshop: Achieving Health Equity in Preventive Services, which was co-sponsored by the ODP; National Institute on Minority Health and Health Disparities; National Cancer Institute; National Heart, Lung, and Blood Institute; and National Institute of Diabetes and Digestive and Kidney Diseases. The ODP’s new Strategic Priority on health disparities will allow the ODP to engage in health disparities prevention efforts, such as ADVANCE, with a more sustained, concentrated approach.
Objectives for FY 2022–2023

The objectives for Strategic Priority VII focus on mobilizing collaborative trans-NIH efforts to enhance the NIH portfolio on prevention research to address health disparities. These activities will include developing and coordinating trans-NIH funding opportunities; providing consultation and input to ICs leading their own prevention and health disparities initiatives and programs; and reviewing the state of the field regarding progress, gaps, and opportunities in research efforts to reduce health disparities and achieve health equity.

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<thead>
<tr>
<th>Objective VII.1:</th>
<th>Coordinate trans-NIH funding opportunity announcements to develop and test new interventions and new strategies to disseminate existing interventions that address the leading risk factors for death and disability in populations experiencing health disparities.</th>
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<tr>
<td>Objective VII.2:</td>
<td>Assess the NIH prevention research portfolio related to health disparities to identify research, infrastructure, and training gaps and develop strategies to address those gaps.</td>
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<td>Objective VII.3:</td>
<td>Serve as a resource on health disparities-related prevention research to ICs developing funding opportunity announcements, workshops, and other activities.</td>
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