Office of the Director
Office of Behavioral and Social Sciences Research (OBSSR)
Strategic Plan for Health Disparities Research, FY2002-2006

MISSION STATEMENT

The Office of Behavioral and Social Sciences Research (OBSSR) was established by Congress in the Office of the Director, NIH, in recognition of the key role that behavioral and social factors often play in illness and health. The OBSSR mission is to stimulate behavioral and social sciences research throughout NIH and to integrate these areas of research more fully into others of the NIH health research enterprise, thereby improving our understanding, treatment, and prevention of disease. The major responsibilities of the office and its director are to:

- Provide leadership and direction in the development, refinement, and implementation of a trans-NIH plan to increase the scope of and support for behavioral and social sciences research;
- Inform and advise the NIH director and other key officials of trends and developments having significant bearing on the missions of the NIH, DHHS, and other federal agencies;
- Serve as the principal NIH spokesperson regarding research on the importance of behavioral, social, and lifestyle factors in the causation, treatment, and prevention of diseases; and to advise and consult on these topics with NIH scientists and others within and outside the federal government;
- Develop a standard definition of "behavioral and social sciences research," assess the current levels of NIH support for this research, and develop an overall strategy for the uniform expansion and integration of these disciplines across NIH institutes and centers;
- Develop initiatives designed to stimulate research in the behavioral and social sciences arena, integrate a bio-behavioral perspective across the research areas of the NIH, and encourage the study of behavioral and social sciences across NIH's institutes and centers;
- Initiate and promote studies to evaluate the contributions of behavioral, social, and lifestyle determinants in the development, course, treatment, and prevention of illness and related public health problems;
- Provide leadership in ensuring that findings from behavioral and social sciences research are disseminated to the public; and,
- Sponsor seminars, symposia, workshops, and conferences at the NIH and at national and international scientific meetings on state-of-the-art behavioral and social sciences research.

OVERVIEW OF STRATEGY FOR ADDRESSING HEALTH DISPARITIES

Scientific research supported by the National Institutes of Health (NIH) has been of great benefit to the health of the population in the United States. Research to improve diagnosis, treatment, and prevention has led to improvements in health care for most Americans, and significant declines in morbidity and mortality from numerous diseases. As a result, the population can expect not only to live longer but also to be more productive and to enjoy a higher quality of life. However, these gains have not affected all segments of the population

equally. Minority populations in the United States continue to experience substantial disparities in the burden of disease and death when compared to the majority population.

Because the existence of racial and ethnic health disparities are to a large extent due to the influence of behavioral and social, rather than biological factors, the Office of Behavioral and Social Sciences Research (OBSSR) is committed to developing better knowledge of their specific causes and participating in finding solutions. The projects described in the OBSSR Strategic Plan for Health Disparities Research benefited from public comments received from the NIH Behavioral and Social Sciences Research Coordinating Committee and from leading extramural researchers in the behavioral and social sciences. In addition, the draft strategic plan was posted on the OBSSR website for comment, and some comments were received. Also, several topical areas described in the strategic plan grew out of a large OBSSR-sponsored public meeting and research agenda-setting activity that highlighted social and cultural influences on health and illness and promoted the integration of ideas and approaches in social and biomedical sciences (held June 27-28, 2000).

The projects represent directions that OBSSR would like to pursue in the next five years as funding allows. The projects fall into broad categories of background or risk factors, intervention research, training and communications, and are not listed in priority order. In addition, the OBSSR may pursue projects not identified here if opportunities for collaboration with the NIH Institutes arise.

AREA OF EMPHASIS: Racial/Ethnic and Socioeconomic Inequalities in Health

Rationale and Priority

Both socioeconomic status (SES) and race/ethnicity have been found to relate to a variety of health outcomes. The disparities in life expectancy and health status have been found to be widest between blacks and whites, with blacks having disproportionate mortality from cardiovascular and cerebrovascular diseases, cancer, homicide, infant death, diabetes, and AIDS. Health disparities also have been consistently found for individuals different in socioeconomic status. However, while it is well known that minority groups are disproportionately represented in low socioeconomic strata in the United States, less recognized is that at most levels of SES, morbidity and mortality rates are higher for blacks than for whites.

If black-white differences in health are not simply attributable to group differences in SES, research is needed to understand race and health and the role of SES in this relationship. Reasons for the continued excess risk for poor health among black versus white Americans, even within the "same" socioeconomic strata, may be two-fold: (a) limitations and errors of measurement and/or (b) real differences. Still undetermined is how best to conceptualize and measure socioeconomic position in general, and within racial/ethnic groups. Indeed classification of race/ethnicity is far from straightforward, e.g., the new Census approach includes the option of checking more than one box. Also in need of study are the roles of environment, family, workplace, and community context as they interact with SES, race/ethnicity, and health. Another largely unexplored area is the way that psychosocial, biological, familial, community and environmental risk factors can be utilized as potential targets for interventions designed to disrupt the negative effects of low SES or race/ethnicity on health.

Objective

The OBSSR plans to examine current research on the SES/race context as it affects health. Subsequently, it will develop initiatives to stimulate research on racial/ethnic and socioeconomic inequalities in health.

Action Plan

- Expand our understanding of the economic implications of racial and ethnic health disparities and encourage more research activities on this topic.
- Sponsor with NCMHD an NIH symposium on *Economic Perspectives on Health Disparities.* The conference will focus on the following topics: a) Effects of Health Disparities on Educational Investment; b) Impact of Health Disparities on Labor Market Outcomes; c) Racial Differences in Public and Private Health Care Expenditures for the Medicare Population; and d) Economic Implications of the Gap in Health and Longevity Between Blacks and Whites.

Performance Measures

Conduct conference
Develop research plans based on conference

Outcome Measures

Develop initiatives collaboratively with NIH ICs
Support research on race and health and the role of SES

Timeline

FY 2002	Hold NIH symposium and discuss options for encouraging more research activities on this topic.
FY 2003	Consider issuing PA or RFA

Objective

The OBSSR plans to examine the health of US-born population vs. the foreign-born population living in the US (immigrants).

Action Plan

- Collaborate with the National Center for Health Statistics (NCHS) on an analysis of data in the National Health Interview Survey to study the health of US-born population vs. the foreign-born population living in the US (immigrants), considering a broad range of health issues, including functional status, chronic conditions, health insurance coverage, and access to health care services.

Performance Measures

Establish agreement with NCHS
Prepare several draft analytic papers

Outcome Measures

Prepare papers for presentation and publication on health of US-born vs. foreign-born population

Timeline

FY 2002-2003	Continue collaborations with NCHS on analyses of NHIS data. (Interagency Agreement already has been established.
FY 2004-2006	Publish and present analytic papers.

Objective

Improve the quality of economic data (e.g., income and wealth) in health surveys that are widely used by researchers to study differences in health status across persons of differing socioeconomic status.

Action Plan

- Sponsor a workshop with the National Center for Health Statistics to consider how the latest methodologies for obtaining data on economic status can be applied to ongoing national health surveys such as the National Health Interview Survey (NHIS) and the National Health and Nutrition Examination Survey (NHANES).
- Promote the use of improved data on economic status in other health studies, including those funded through NIH grants.

Performance Measures

Conduct conference
Develop recommendations from conference on improved measurement
Develop strategy for promoting use

Outcome Measures

Improved measures
Adoption of measures in health surveys

Timeline

FY 2002	Hold workshop
FY 2002-2003	Collaborate with NCHS to incorporate improved measures in NHIS and NHANES
FY 2003-2006	Promote incorporation of improved measures in NIH-funded health studies.

AREA OF EMPHASIS: Behavioral Change Interventions to Diminish Racial/Ethnic Health Disparities

Rationale and Priority

While several interventions to improve health-enhancing behaviors in the areas of smoking, drinking, physical activity, and diet have been developed; most previous research has targeted easy-to-reach populations. The effectiveness of these interventions for vulnerable populations in diverse racial/ethic groups is still undetermined. While a variety of theoretical

models (health belief model, theory of reasoned action, trans-theoretical model and stages of change, etc.) have been developed to describe the process of health behavior change, still unknown is the relevance of different theories for changing particular behaviors in various minority populations. In addition to research on individual level behavior change, gaps remain in the development and testing of community level interventions for a diversity of racial and ethnic communities.

Currently underway are 15 studies supported by an OBSSR- coordinated, trans-NIH RFA to evaluate theory-based interventions targeting initiation and long term maintenance of change in two or more health-related behaviors. Future research plans include extension of the research program from individual level interventions to those that address larger communities.

Objective

The OBSSR plans to pursue a) research that has demonstrated that a number of health problems cluster together at the neighborhood and larger community levels, including violence, low birth weight, infant mortality, child maltreatment, and the risk of premature adult death; and b) results from epidemiological and experimental studies that show a direct association between the social environment and health.

Action Plan

- To aide in the development of behavior change interventions that would be effective in communities with low SES populations, invite leading researchers to an NIH workshop to identify the dimensions of community that should be measured in order to compare social environments and health across communities and to develop early warning signs with respect to changes in the quality of health environments.
- Develop two sets of core summary measures: those that can be created from existing data on communities (e.g., community poverty rate, crime statistics and high school graduation rates) and those that would require primary data collection possibly integrated into larger epidemiologic studies.

Performance Measures

Conduct the workshop
Development of community measures

Outcome Measures

Develop research initiative collaboratively with NIH ICs on social environment and health
Support research projects on this topic

Timeline

FY 2002	Hold workshop and develop research agenda
FY 2003	Develop summary measures
FY 2004-2006	Promote use of summary measures in NIH-funded studies

AREA OF EMPHASIS: Health Disparities and Health Care Systems

Rationale and Priority

Differences in the quantity and quality of health care provided to members of racial/ethnic groups are critical to understanding disparities in health. Members of minority racial/ethnic groups are less likely than majority group members to receive health-care services. For example, blacks are less likely than whites to receive common diagnostic procedures and treatments or to receive intensive interventions such as by-pass surgery. Furthermore, racial disparities exist in important qualitative aspects of medical care, e.g., receiving care from a private physician vs. hospital outpatient or emergency departments.

Increased conceptual and empirical efforts are needed to identify and understand the processes leading to differentials in health care and to develop intervention strategies. Disparities in the quantity and quality of health care may result from the interaction of several factors. Among these are:

- Differential mix of health care services available to and accessible by racial/ethnic communities. Physicians may tend to avoid areas with large minority populations when establishing private practices; distances to health care services may be greater for those living in minority communities; outreach and health promotion activities of agencies may be less effective. A related question is how the currently evolving health care system, e.g., HMOs, is affecting health disparities.
- Inadequate economic resources may result in foregoing or postponing medical services. For example, Hispanic adults are substantially more likely to be uninsured than white or black adults.
- Cultural, attitudinal, or communication-style differences between minority individuals and health-care providers may lead to miscommunication, misunderstanding, and deficiencies in health care.
- Minority individuals may express their disease symptoms in different ways from majority individuals, which may lead to errors in diagnoses and treatment.
- Prejudice and discrimination may influence decisions about providing health care services.

Objective

OBSSR plans to assess the state-of-the-science and develop an agenda for research on racial/ethnic group health discrepancies and health care systems. Research initiatives arising from this assessment are likely to address gaps in both basic and intervention research on racial/ethnic group interactions with health care systems.

Action Plan

- Explore potential NIH-AHRQ collaboration in the area of health disparities, specifically differential treatment of racial and ethnic minorities within health care systems, and how OBSSR can facilitate such collaboration across the ICs. Possibilities include collaborating on the mandated AHRQ health disparities report, facilitating communication and information exchange between the individual NIH ICs and AHRQ, and collaborating on an initiative on measuring aspects of "community" relevant for studying health care systems.

Performance Measures

Identify areas of common interest

Outcome Measures

Develop research initiative collaboratively with AHRQ and NIH ICs
Support research projects on racial/ethnic group health disparities and health care systems

Timeline

FY 2002-2006 Continue collaboration with AHRQ, begun in FY 2001

AREA OF EMPHASIS: Racial Bias and Health

Rationale and Priority

Life expectancy of members of many minority groups in the United States continues to be significantly shorter than that of white Americans. Although significant gains have been made in recent years to increase longevity and decrease the impact of chronic diseases, minority populations have benefited much less than the white population. These disparities in health exist for many reasons but racial bias appears to contribute significantly to differences in health care. For example, a recent study of racial factors that contribute to differentials in diagnosis and treatment demonstrated that racial bias is a significant influence on the likelihood that cardiac catheterization will be recommended for patients with chest pain.

The influence of racial bias is not limited to access to health care. Prejudice and discrimination can be sources of acute and chronic stress, which have been linked to conditions such as cardiovascular disease and alcohol abuse. Discrimination can restrict the educational, employment, economic, residential and partner choices of individuals, affecting health through pathways linked with what psychosocial scientists refer to as human capital. Environmental influences from industry, toxic waste disposal sites, and other geographic aspects linked with poverty and minority status can result in serious disadvantages to minority groups' health.

Evidence is insufficient to evaluate the magnitude of the relationship between racial biases and health. In addition, much of the empirical work investigating the effects of prejudice and discrimination and health has focused on African Americans. Few studies have addressed systematically how prejudice and discrimination affect other racial minority groups such as Native Americans, Asian Americans and Latinos. Prejudice and discrimination have helped

shape the social position of each racial and ethnic group in the U.S. and, consequently, they may have unique associations with health for each group. Finally, an insufficient focus on the impact of societal forces has hindered our ability to understand and effectively address the influence of racial biases on health disparities. The growing evidence that health, socioeconomic status, and macro-economics are inextricably linked emphasizes the importance of undertaking a program of research to examine the relative magnitude of the influence racial bias in the context of the other factors thought to affect minority health.

Objective

The OBSSR plans to assess the state-of-the-science on racial bias and health and develop program initiatives to stimulate research on areas identified as gaps in knowledge.

Action Plan

- Assess the state-of-the-science on racial bias and health through a conference with the leading researchers in the field.
- Follow this conference with a smaller workshop in which participants will recommend a scientific agenda outlining the next steps necessary to understand how racial bias may impact on health and how the effects might be ameliorated.

Performance Measures

Hold conference
Develop research agenda

Outcome Measures

Develop research initiative collaboratively with NIH ICs
Support research on the impact of racism on health

Timeline

FY 2002	Hold conference and agenda-setting workshop
FY 2003	Collaborate with ICs to refine research agenda
FY 2004-2006	Consider issuing PA or RFA

AREA OF EMPHASIS: Infrastructure Development: Training and Developing Scientists, Including Minority Scientists

Rational and Priority

In order to understand and address health disparities, it is critical that we build a cadre of scientists who can approach scientific questions from a multidisciplinary perspective, and who possess a thorough understanding of the influence of behavioral and social science factors on health and illness.

Objective

Increase the number of scientists who study health disparities from a multidisciplinary perspective and increase the pool of minorities interested in pursuing research careers in the behavioral and social sciences in general, and health disparities in particular.

Action Plan

- Review the literature to determine what factors are important in keeping minority students interested in research careers.
- Promote the use of an OBSSR web site designed to link minority students and junior faculty with NIH-funded Principal Investigators who are willing to mentor through the "Research Supplements for Underrepresented Minorities" administrative supplement program.
- Collaborate with the NIH Undergraduate Scholars Program (UGSP) to expand the program to offer scholarships to students from disadvantaged backgrounds to pursue undergraduate degrees in the life sciences AND behavioral and social sciences. This includes exploring training opportunities for minorities in NIH behavioral and social science intramural labs.
- Collaborate with the NIH Center for Scientific Review and relevant professional societies to develop a program designed to train behavioral and social scientists (including minorities) in the NIH review process, with particular focus on how to be a reviewer on a study section.

Performance Measures

Develop collaborative relationships with NIH programs supporting training of minority scholars

Outcome Measures

Use of website linking minority scholars with PIs
Support for training minority scholars through various programs

Timeline

FY 2002	Promote redesigned OBSSR website; expand co-funding of UGSP
FY 2002-2003	Design the review training program with CSR and hold pilot session

AREA OF EMPHASIS: Public Information/Outreach: Improving NIH Public Health Messages

Rationale and Priority

Critical to the mission of NIH is ensuring that research findings and health messages are clearly communicated to all segments of the public. NIH health messages are a powerful tool for diminishing health disparities through education.

Objective

Working in cooperation with the NIH Office of Communications and Public Liaison (OCPL), OBSSR will draw on the experience of the Institutes and Centers to determine how the OBSSR might be helpful in improving health communications targeted to various racial/ethnic populations.

Action Plan

- Assess the state-of-the-science in communicating health information to diverse racial and ethnic populations.

- Work in cooperation with the Institutes and Centers to organize a task force to review relevant communication theory and research and identify knowledge gaps in developing health communications for specific populations.
- Following an assessment of the current scientific literature and a review of the recommendations of the task force, work with NIH Institutes and Centers to implement the recommendations. If significant knowledge gaps are identified, develop an initiative to stimulate research in the needed areas.

Performance Measures

Develop collaborative relationships with ICs
Report on knowledge gaps

Outcome Measures

Develop research initiative collaboratively with ICs
Support research on how to communicate health information to diverse racial/ethnic populations

Timeline

FY 2002	Hire senior Program Analyst with expertise in public health communications
FY 2003	Assess science and organize task force
FY 2004-2006	Implement recommendations along with ICs.

OBSSR Health Disparities Budget
(Dollars in Millions)

	FY 2002			FY 2003		
Institute / Center	Research	Infrastructure	Outreach	Research	Infrastructure	Outreach
OBSSR	$1.35	$0.00	$0.00	$1.40	$0.00	$0.00