“The IHER will not only enhance and guide Mount Sinai’s ability to combat the current COVID-19 pandemic but will also strengthen and illuminate disparities research underway and train the next generation of diversity scholars. Our extensive expertise in population health and serving one of the most socioeconomically, demographically, and culturally varied populations in the world, make us uniquely positioned to take on this enormous challenge.”

Dennis S. Charney, MD
Anne and Joel Ehrenkranz Dean,
Icahn School of Medicine at Mount Sinai
President, Academic Affairs
Mount Sinai Health System
Message from Directors

All too often, underserved and non-white populations are the very last to benefit from the latest advancements in science and medicine. In the aftermath of centuries of racist and discriminatory policies and practices, these same communities live shorter lives and bear a heavier burden of common diseases like high blood pressure, asthma, diabetes, cancer, mental illness, and COVID-19. The health of our patients and the communities we serve is critically important to us.

Health equity is the idea that everyone should have all of the resources needed to be healthy, including nutritious food, stable housing, safe places to play and exercise, good education, fair-paying jobs, clean air and water, quality healthcare, and freedom from exploitation and racism. Progress towards health equity requires that the myriad causes of health and healthcare disparities be understood and addressed.

The Institute for Health Equity Research (IHER) brings together a multidisciplinary team of experts to address the longstanding disparities in health and health care that are pervasive in our country. Our team conducts paradigm-shifting research to engage at-risk communities, facilitate access to life-changing resources, and inform life-saving interventions. It is only by learning from and with the people most affected by systemic inequities that we can shed light on health-related problems that disproportionately impact at-risk groups across disease areas, while factoring in race, ethnicity, age, sexual orientation, gender identity, ability, poverty, and place of residence. This impactful work will give voice to the voiceless as we strive to ensure a more equitable future for all.

We are excited by all that we have accomplished during the Institute’s first year with the support of collaborators and our donors. We will continue to build partnerships and expand our networks as we foster the development of health equity science within Mount Sinai and in the world beyond.

Warmly,

Carol Horowitz, MD, MPH
Director of the Institute for Health Equity Research, Professor of Population Health Science and Policy, Professor of Medicine, and Dean for Gender Equity in Science and Medicine at Icahn School of Medicine at Mount Sinai (ISMMS).

Lynne Richardson, MD
Co-Director of the Institute for Health Equity Research, Professor of Emergency Medicine, and Population Health Science and Policy, and Vice Chair for Academic, Research and Community Programs at ISMMS.

About the Institute for Health Equity Research (IHER)

About Us

The Icahn School of Medicine at Mount Sinai has created the Institute for Health Equity Research (IHER) to study and understand the effects of health issues including COVID-19, affecting at-risk communities including those that are non-white, low-income, immigrant, uninsured, and LGBTQ+, across all ages, genders and abilities. The disproportionate impact of COVID-19 in underserved populations has highlighted the importance of rigorously studying disparities, and translating discoveries into sustainable, scalable initiatives and policies that benefit communities in New York and the nation. IHER will study how systems have led to groups of individuals being disproportionately and unjustly impacted by inequitable policies and practices that lead to excesses in illness, suffering and death. The Institute will work collaboratively with an extensive network of patients, providers, payers, policymakers, and industry leaders to produce discoveries that translate into sustainable, scalable initiatives that impact real-world policies, systems and environments.

Our Mission

To examine the causes and magnitude of health and health care disparities affecting Black, Latinx, low-income, immigrant, uninsured, LGBTQ+, and other vulnerable populations across all ages, abilities, and genders in order to devise, test, and implement innovative solutions to eliminate disparities in health while fostering long-term collaborations with community organizations and policymakers.
The Four IHER Core Areas

1. Health Care Delivery Science
   - Eliminate disparities in how diseases are diagnosed and treated while embedding equity in all measurements of health care quality across the health system.

2. Community Engagement
   - Optimize the health and lives of groups most significantly and unjustly impacted by racism, poverty, and other inequities through representative and durable community partnerships.

3. Data and Research
   - Investigate and address how biological, social, financial, neighborhood, and health care factors have contributed to poor health outcomes for racial, ethnic, and gender minorities, as well as socioeconomically and physically disadvantaged groups, across a wide range of diseases and conditions.

4. Research Workforce
   - Transform the composition and focus of our research workforce to reflect the diversity of our society and ensure that all research is conducted through an equity lens.

2020 Accomplishments

Health Care Delivery Science Core

Embedding Equity into Quality
IHER is working with health system IT experts to design Disparities Dashboards to monitor the equitableness of the care received by BIPOC (Black, Indigenous, and people of color) patients across the healthcare system.

Eliminating Harmful Racially-Biased Clinical Algorithms
Competently caring for diverse populations requires knowledge of group-specific data on risks and outcomes; evidence-based clinical decision tools based on the best available data can facilitate equitable care. However, inappropriately using race in clinical algorithms based on flawed evidence has caused harm to certain racial groups. IHER leaders, Drs. Bickell and Richardson, convened a multidisciplinary task force that has completed a comprehensive review of all clinical algorithms across the Mount Sinai Health System to identify and eliminate those that are not based on valid evidence.

Investigating Language Equity
The Mount Sinai Health System serves one of the most diverse patient populations in the world, making the consistent use of appropriate language interpreter services (LIS) imperative. Dr. Gordon Ngai is leading a novel study examining the correlation between LIS usage records and patients with a preferred language other than English. Findings will inform interventions to assure that all patients have access to qualified interpreter services when receiving care at Mount Sinai.

Eliminating Cancer Disparities
Dr. Nina Bickell is leading a systematic investigation of racial, ethnic, and language disparities in the care received by cancer patients. Dr. Bickell also leads a citywide collaborative of academic institutions and community advocates, funded by Stand Up to Cancer, that is working to achieve equity in cancer clinical trials by increasing the proportion of Black and Latinx participants in cancer clinical trials.
In March of 2020, when COVID-19 first began to devastate communities, New Yorkers were left with many unanswered questions about how the pandemic would impact their local communities. As IHER members have long-standing community partners, we invited them to join us to take action. Over 100 agreed, and we became a research-to-action network. We surveyed individuals in 9 languages and community leaders and build programs together. Here, we highlight one of our many initiatives.

New Yorkers Spoke Up!

New Yorkers cited the need for more resources, including Food, Health Services, Mental Health Services and Housing. We connected them with services.

"We need homeless youth services for over 21. Trauma, PTSD, abuse, housing instability, systemic racism, makes some youth take longer to ‘stabilize’ [...]"

"...the greatest impact the pandemic has been my overall mental health and well-being. I have created a survival apparatus around anxieties to endure the uncertainties and unknowns brought by the pandemic."

In their own words

Continuing dialogue on topics most concerning New Yorkers.

We trained dozens of community members and leaders to learn how to conduct research that matters to them, and linked them with researchers.

Over 2/3 of our 3,000+ respondents experienced anxiety, 1/2 had a symptom of depression, 9/10 had stress and 1/3 had PTSD related to COVID.

We built a new model to help community members come together virtually to identify future research topics based on their priorities and concerns. We helped them build projects including improving vaccine confidence and memorializing heroes and loved ones lost from COVID.

Understanding Root Causes and Leading Multifocal Interventions to Eliminate Disparities

Many factors determine how long and how well people live. IHER is shattering the traditional silos researchers operate in to elucidate reasons for, and address disparities. By building, using and sharing user-friendly, and reliable datasets, we are learning and addressing how these factors influence health.

Example: Black/African ancestry adults have more kidney failure, driven by healthcare and environmental factors. This risk is increased 10-fold by gene changes that developed in Africa to prevent people from dying from sleeping sickness, but are also linked to kidney failure. With community leaders, IHER faculty studied the interplay of these risks and found that exposure to air pollution (also more common in Black people) and this genetic change combined to increase the risk of kidney failure. Our team of scientists, clinicians, advocates, and patients are using these findings to influence patient and provider behaviors, develop therapies, and help patients avoid dialysis.

Transforming Clinical Trials to Address Disparities.

Too often, the populations most impacted by poor health are not included either as intellectual partners in or as participants of interventions to improve health. IHER is changing that. We are leading several national and international efforts in which diverse community members and advocates help select interventions that address root causes of disparities. With community, industry and academic leaders and funders, we are ensuring the populations we enroll in studies are fully representative populations.
2020 Accomplishments
Research Workforce Core

**Health Disparities Consultation Service**
The Institute offers a consultation service to researchers working on COVID-19 and other research projects in diverse populations, who lack formal training in disparities research. Institute experts provide insight and guide inquiries, strategies, study design, analysis, and research methods. This service is designed to foster long-term collaborations across departments, institutions, and community-based organizations.

**The Center for Scientific Diversity** brings a rigorous, antiracist, research-driven, evidence-based, and culturally competent approach to its mission to increase the research success and ensure equitable advancement of underrepresented faculty investigators nationwide. The Center is led by Dr. Emma Benn, who recently authored *Power and Privilege: Reshaping the Opportunity Structure for Equitable Leadership in Statistics and Data Science*.

**Exceptional Scholars Program** provides early stage investigators from groups underrepresented in science with internal funding to help maintain momentum or accelerate their success towards an established career as a federally-funded investigator. In addition to the funding, the Institute for Health Equity Research connects awardees to key institutional career development resources and programs as well as to external networking resources.

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**Our Team**

Co-directed by two senior scientists, Carol Horowitz, MD, MPH, and Lynne Richardson, MD, the Mount Sinai Institute for Health Equity Research brings together a multidisciplinary team of experts to address the longstanding disparities in health and health care that are pervasive in our country. Our team conducts paradigm shifting research to engage at-risk communities, facilitate access to life-changing resources, and inform life-saving interventions.
The Institute for Health Equity Research (IHER) Leadership and Core Leads:

- Nita Vangeepuram, MD (Associate Director, Community Engagement Core)
- Nina Bickell, MD (Professor and Director, Health Care Delivery Science Core)
- Emma Benn, DrPH (Director, Center for Scientific Diversity (CSD), Research Workforce Core)
- Gordon (KaMing) Ngai, MD (Director of Immigrant, Cultural, and Linguistic Studies)

IHER Task Force

To impact policies and systems and make transformational change, IHER must have external partners and advisors. Our IHER task force includes leaders of advocacy organizations, business, industry, academia, government and entertainment. Richard A. Friedman, Co-Chairman, of the Mount Sinai Boards of Trustees is Chair of the newly formed IHER Task Force that will guide, publicize, and inform on the research underway.

- Gerry Cardinale
  Founder and Managing Partner at RedBird Capital Partners

- R. Martin Chavez
  Vice Chair and Partner at Sixth Street

- Edith Cooper
  Former Managing Director and Global Head of Human Capital Management at Goldman Sachs & Co.

- Kimberley Harris
  Executive Vice President of Comcast Corporation and General Counsel of NBC Universal

- Mellody Hobson
  Co-CEO and President of Ariel Investments

- Ken Mehlman
  Partner, Global Head of Public Affairs and Co-Head Global Impact at KKR

- Pablo Legorreta
  Founder and Chief Executive Officer of Royalty Pharma

- Lisa Opoku
  Global Chief Operating Officer for Engineering at Goldman Sachs & Co.

- Jodie Patterson
  Author and LGBTQAI Advocate

- Ruth Simmons, PhD
  President of Prairie View A&M University

"We’re entering a new normal way of life, and IHER will focus on health disparity issues that can no longer be ignored. I’m proud of And’s willingness to take on this initiative to serve our community.”

Richard A. Friedman,
Co-Chairman, of the Mount Sinai Boards of Trustees and Chair of the IHER Task Force.
Grants and Research

COVID-19:
- Evaluating the Comparative Effectiveness of Telemedicine in Primary Care: Learning from the COVID-19 Pandemic (PCORI); to describe the features of telemedicine programs in primary care during the COVID-19 pandemic and to leverage natural experiments to provide rigorous evidence on the effects of these programs in different patient populations.
- Biology and Longitudinal Epidemiology of PETAL (Prevention and Early Treatment of Acute Lung Injury) COVID 19-Observational Study (NIH): A national multicenter study of adult patients hospitalized with COVID-19.
- COVID Evaluation of Risk for Emergency Departments (CDC): A national multicenter cohort study to understand the risk of acquiring COVID-19 infection associated with providing emergency department care during the pandemic in emergency department staff.
- PRIORITY: Study of medical, social and financial impact of COVID-19 in emergency department patients.
- Community Engagement Alliance (CEAL): Through community engagement, increase vaccine acceptance and uptake, reduce vaccine related disparities, and promote inclusion of diverse populations in COVID-19 clinical trials.
- Serological Sciences Network Capacity Building Centers (NIH): IHER will recruit a longitudinal cohort of Emergency Department patients with detailed patient-reported and community-level social determinants data and serial SARS-CoV-2 serologic testing to investigate the medical, social, and financial impact of COVID-19.

Engagement:
- Developing and implementing Virtual Engagement and Research Capacity Building during COVID19 pandemic (PCORI): Collecting data on the communities most at risk during the COVID-19 pandemic whose challenges remain largely unrecognized and whose questions remain largely unanswered. This participatory research aims to identify community interests and needs and engage communities in a collaborative effort that brings together NYC residents, community leaders, clinicians, researchers, funders, and policymakers.
- Stand Up to Cancer (SU2C) Health Equity Initiative for DISRUPT: Diversity and Inclusion in Research Underpinning Prevention and Therapy Trials (only one in the US): Community engaged, multilevel, multicenter project to change institutional policies and established practice at centers involved in cancer treatment research. (A charitable program of the Entertainment Industry Foundation). Developing peer led support for low income, diverse patients to better control multiple chronic diseases by understanding and addressing social determinants of health.

Data/Research:
- Nurse-led intervention to improve outcomes for patients with undiagnosed or untreated hypertension in the emergency department: A national foundation-funded program for nursing scholars and innovators to accelerate leadership in nursing-science research.
- Translating Scientific Evidence into Practice Using Digital Medicine and Electronic Patient Reported Outcomes (NIH): Creation of a Digital Transformation Network for Inflammatory Bowel Disease (IBD) to reduce digital disparities in care and clinical trials catering to diverse populations and communities.
- Genomic risk in clinic care to promote health equity in New York City patients (NIH): Investigate the impact of individualized genomic risk communication to patients and their physicians.
- Studying impact of whole Genome Sequencing as Screening in a Diverse Cohort of Healthy Infants.
- Elucidating Genetic and Environmental Second Hits in Racial and Ethnic Minorities with APOL1 High-Risk Genotypes (NIH): Using genetic, clinical and environmental data to explore how common environmental exposures like air pollution and heavy metal exposures intersect with genes to contribute to kidney disease disparities. Using computer simulation modeling to help policymakers select and adopt the most cost-effective, neighborhood-specific food policies and programs.
- Assessment of Policies through Prediction of Long-term Effects on Cardiovascular Disease Using Simulation (APPLE CDS) (NIH): Using computer simulation modeling to compare the effects of food policies and programs on Cardiovascular Disease -related outcomes and health care costs for adults in New York City (NYC), leading to specific recommendations that can be shared with the NYC Department of Health and Mental Hygiene and community-based organizations to help them select and adopt the most cost-effective, neighborhood-specific food policies and programs.
Media Coverage

For nearly 170 years, Mount Sinai has relied on the generosity of donors to pursue innovations in patient care, conduct groundbreaking research, and unlock discoveries that have resulted in better health outcomes for our patients and our communities. While Mount Sinai has always been committed to ensuring that all people have equal access to health care, we are keenly aware of the challenges we face to make this a reality. The Institute for Health Equity Research is part of Mount Sinai’s full commitment to addressing this immense challenge as we work toward a better and healthier future for our communities. We are on the cusp of a new era in science and medicine with unlimited potential to tackle the most important challenges of our time, and we hope you will consider joining us in those efforts with a gift to the Institute.

THANK YOU!
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