

# Project Information ?

1R01MD010354-01

DESCRIPTION DETAILS RESULTS HISTORY SUBPROJECTS

**Project Number:** 1R01MD010354-01

**Contact PI / Project Leader:** [MERWIN, ELIZABETH I.](#)

**Title:** REDUCING HEALTH DISPARITIES IN SMI, RURAL AND MINORITY POPULATIONS

**Awardee Organization:** DUKE UNIVERSITY

## Abstract Text:

DESCRIPTION (provided by applicant): Disabled persons under the age of 65 who qualify for Medicare (MD<65) appear to have unique challenges in obtaining health care, poor health outcomes, and high costs of care although research on the population remains limited. Comorbid and serious mental illness appears to strengthen the association between disability and poor health outcomes. This study addresses the effects of disability and comorbid mental illness of the MD<65 by examining self-care capacity, its relationship to health status, and over a 14-year period, to selected illness trajectories and health outcomes, considering community capacity to support health, quality of health care, and intersecting effects of gender, race, and rurality. The health care experiences of three groups of the MD<65 will be compared: the physically disabled (PHYS), physically disabled with co-morbid mental disorders (CMD), and seriously mentally ill disabled (SMI) and then contrasted with Medicare recipients 65 and older. The study design and analyses are guided by an empirically supported multi-factorial health outcomes model developed by the two PIs. Investigators will use the Medicare Current Beneficiary Survey (MCBS) and Medicare Claims data (MCD) employing multilevel analyses, will first examine the influence of community capacity on self-care capacity and health status for 47,680 Medicare recipients, MD<65 with PHYS, CMB, and SMI contrasted with MD>65. Next, detailed 14-year longitudinal profiles of received health care will be constructed for those with cardiovascular disease (CVD) and diabetes mellitus (DM), co-morbidities prevalent in the disabled. Employing a longitudinal, population analytic design investigators will estimate survival on health/illness trajectories for selected outcomes including mortality in each group. At each level of analysis investigators will also examine the influence of gender, race, and rurality to assess the extent to which intersecting effects of each identity further affect morbidity and mortality disparities seen. The aggregation of Medicare claims data with other datasets we will use in the proposed research will enable us to identify community level and health system factors that contribute to worsening health, increased utilization, and high health care costs which, in turn will enable investigators to make specific recommendations for individual and system level health care interventions. The proposed research will provide key information about MD<65 as a whole and how health and mental health comorbidities accrue and influence the development of disparities in health outcomes in each group.

## Public Health Relevance Statement:

PUBLIC HEALTH RELEVANCE: People under the age of 65 who qualify for Medicare appear to have significant preventable morbidity and mortality and high health costs, yet little is known about what contributes to their poor health outcomes. Comorbid mental health problems including severe mental illness increase the complexity of care needed and appears to worsen long-term health outcomes. Excess morbidity and mortality is too often the result of self-care failures and inadequate prevention and health care. Understanding these inequities in Social Security disabled Medicare recipients under 65 years will inform design of early and more effective interventions to ensure changes in health behaviors or services that reduce morbidity and mortality in the Medicare

disabled population.

### NIH Spending Category:

Basic Behavioral and Social Science; Behavioral and Social Science; Brain Disorders; Clinical Research; Health Services; Mental Health; Mental Illness; Patient Safety; Prevention; Rural Health; Serious Mental Illness

### Project Terms:

Accounting; Address; Affect; African American; Age; American; beneficiary; Cardiovascular Diseases; Caring; Characteristics; Color; Communities; comorbidity; comparison group; cost; County; Data; Data Set; design; Development; Diabetes Mellitus; Diagnosis; disability; Disabled Persons; Disadvantaged; disparities in morbidity; Distress; effective intervention; Effectiveness; End stage renal failure; enhancing factor; Ensure; Ethnic Origin; experience; Face; Failure; Female; Gender; Health; Health behavior; Health Care Costs; health care quality; health disparity; health literacy; Health Policy; Health Services; Health Status; Health system; Healthcare; Healthcare Systems; improved; Individual; Intervention; Life; Medical; Medicare; Medicare claim; Mental disorders; Mental Health; Mentally Ill Persons; Methods; Minority; Modeling; Morbidity - disease rate; mortality; mortality disparity; Outcome; Patient Self-Report; Patients; Physically Handicapped; Population; population health; Poverty; Prevention; Provider; public health relevance; Qualifying; Quality of Care; Race; Recommendation; Research; Research Design; Research Personnel; Risk; Risk Behaviors; Rural; Sampling; Self Care; Self Management; severe mental illness; Shapes; Social Security; standard of care; Subgroup; Surveys; System; treatment disparity; Unemployment; Woman; Work

<b>Contact PI Information:</b>		<b>Program Official Information:</b>	<b>Other PI Information:</b>
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<b>Organization:</b>	<b>Department / Educational Institution Type:</b>	<b>Congressional District:</b>	
<b>Name:</b> DUKE UNIVERSITY	NONE	State Code: NC	
<b>City:</b> DURHAM Country: UNITED STATES (US)	SCHOOLS OF NURSING	District: 01	
<b>Other Information:</b>			
<b>FOA:</b> <a href="#">PA-13-302</a>	<b>DUNS Number:</b> 044387793	<b>CFDA Code:</b> 307	
<b>Study Section:</b> Health Disparities and Equity Promotion Study Section (HDEP)	<b>Project Start Date:</b> 8-APR-2016	<b>Project End Date:</b> 30-NOV-2019	
<b>Fiscal Year:</b> 2016 <b>Award Notice Date:</b> 8-APR-2016	<b>Budget Start Date:</b> 8-APR-2016	<b>Budget End Date:</b> 30-NOV-2016	
<b>Administering Institutes or Centers:</b>			
NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES			
<b>Project Funding Information for 2016:</b>			
<b>Total Funding:</b> \$792,714	<b>Direct Costs:</b> \$594,249	<b>Indirect Costs:</b> \$198,465	

Year	Funding IC	FY Total Cost by IC
2016	NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES	\$792,714

Categorical Spending by IC:

[Click here for more information on NIH Categorical Spending](#)**History:**Total project funding amount for 5 projects is **\$2,976,173\***

\* Only NIH, CDC, and FDA funding data.

Project Number	Sub #	Project Title	Contact Principal Investigator	Organization	FY	Admin IC	Funding IC	FY Total Cost by IC
5R01MD010354-04		REDUCING HEALTH DISPARITIES IN SMI, RURAL AND MINORITY POPULATIONS	MERWIN, ELIZABETH I. et al.	DUKE UNIVERSITY	2019	NIMHD	NCMHD	\$217,024
7R01MD010354-05		REDUCING HEALTH DISPARITIES IN SMI, RURAL AND MINORITY POPULATIONS	MERWIN, ELIZABETH I. et al.	UNIVERSITY OF TEXAS ARLINGTON	2019	NIMHD	NCMHD	\$527,271
5R01MD010354-03		REDUCING HEALTH DISPARITIES IN SMI, RURAL AND MINORITY POPULATIONS	MERWIN, ELIZABETH I. et al.	DUKE UNIVERSITY	2018	NIMHD	NCMHD	\$719,582
5R01MD010354-02		REDUCING HEALTH DISPARITIES IN SMI, RURAL AND MINORITY POPULATIONS	MERWIN, ELIZABETH I. et al.	DUKE UNIVERSITY	2017	NIMHD	NCMHD	\$719,582
1R01MD010354-01		REDUCING HEALTH DISPARITIES IN SMI, RURAL AND MINORITY POPULATIONS	MERWIN, ELIZABETH I. et al.	DUKE UNIVERSITY	2016	NIMHD	NCMHD	\$792,714

**Subprojects:**

Project Number	Sub #	Project Title	Contact Principal Investigator	Organization	FY	Admin IC	FY Total Cost by IC
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No Subprojects information available for 1R01MD010354-01

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