U.S. Department of Health and Human Services
National Institutes of Health
National Center on Minority Health and Health Disparities (NCMHD)
National Advisory Council on Minority Health and Health Disparities (NACMHD)
February 27, 2007

Meeting Minutes

The 14th meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD/Council) of the National Center on Minority Health and Health Disparities (NCMHD) of the National Institutes of Health (NIH) of the U.S. Department of Health and Human Services (HHS) convened at the Marriott Hotel- Bethesda Suites, 6711 Democracy Boulevard, Bethesda, Maryland. NACMHD Executive Secretary Donna A. Brooks called the meeting to order at 8:33 a.m. Dr. John Ruffin, Chairman of the NACMHD, presided and Dr. Warren Jones served as Chair-designee for the meeting.

Council Members Present:
John Ruffin, Ph.D., Director, NCMHD/Chair, NACMHD
Regina M. Benjamin, M.D., M.B.A.
Thomas E. Gaiter, M.D.
Pamela V. Hammond, Ph.D., FAAN
Jeffrey A. Henderson, M.D., M.P.H.
Warren A. Jones, M.D., FAAFP
Steven R. Lopez, Ph.D.
Nilda Peragallo, Dr.P.H., R.N., FAAN

Ex Officio Members Present:
Michael J. Fine, M.D., M.Sc.

Ad Hoc Members and Special Guests Present:
Caroline Kane, Ph.D., University of California, Berkeley
Eric Muñoz, M.D., New Jersey Medical School

Executive Secretary:
Donna A. Brooks

CLOSED SESSION
This portion of the meeting was closed to the public in accordance with the determination that it dealt with matters exempt from mandatory disclosure under Sections 552b(c)(4) and 552b(c)(6), Title 5, U.S.C., and Section 10(d) of the Federal Advisory Committee Act, as amended, U.S.C. Appendix 2.

The Council considered 31 applications requesting an estimated $27,569,859 in total costs. Applications that were noncompetitive, unscored, or were not recommended for further consideration by the scientific review groups were not considered by Council. The Council by way of en bloc voting, concurred with the first-level peer review on 31 applications.

2007 Council Operating Procedures
A motion to approve the Operating Procedures for 2007 was unanimously approved.

The closed session adjourned at 9:20 a.m.

OPEN SESSION

Call to Order and Welcome
Ms. Brooks called the Open Session to order and turned the meeting over to Dr. Ruffin.

Opening Remarks and Introductions
Dr. Ruffin welcomed participants to the Open Session of the 14th NACMHD meeting. He noted that the slate of new NACMHD members has been approved by Department of Health and Human Services Secretary Michael Leavitt, and that nominees will be notified shortly. He also explained that Drs. Kane and Muñoz would participate in the meeting as nonvoting advisers, providing guidance and continuity based on their past service on the Council. Introductions of members, guests, and attendees followed.

Consideration of September 2006 Minutes
A motion to accept was seconded and unanimously approved.

Future Meeting Dates and Administrative Matters

Future meeting dates: All meetings are held on Tuesdays.
- 2007: June 26 and September 18.
- 2008: February 19, June 10, and September 16.

Administrative matters: Dr. Ruffin asked that all roster changes be sent to Ms. Brooks.

NCMHD DIRECTOR'S REPORT, Dr. John Ruffin
Before Dr. Ruffin began his report, Dr. Jones commended him for winning the King Legacy Award for National Service. Other winners have included former U.S. Secretary of State Colin Powell and former U.N. Secretary General Kofi Annan.

Dr. Ruffin thanked the Council and NCMHD staff for their commitment to ensuring that the Center continues to meet its goals. He provided an overview of the Fiscal Year (FY) 2006 budget and programs. The NCMHD budget was $195.2 million, and more than 90 percent of that amount was used to support programs including:

- ***The Centers of Excellence*** program total funding in 2006 was $58 million. Two new requests for applications (RFAs) were released to develop comprehensive research centers and exploratory research centers. The Council conducted the second level of review for the comprehensive centers applications during the closed session of this meeting.

- ***Endowment Program***: This program is unique to NCMHD among all the Institutes and Centers (ICs). The budget of $31.9 million supported new and continuing awards. Six new awards were made and will help to support fellowships, scholarships, recruitment and training projects. These endowment funds are helping to increase biomedical research capacity, especially at minority-serving institutions.

- ***Minority Health and Health Disparities International Research Training (MHIRT) Program***: About $5.1 million has been provided for MHIRT, which has already provided international biomedical training and research opportunities for approximately 45 scholars and 175 students.

- ***Loan Repayment Program (LRP)***: There are approximately 767 active participants in the program. The budget of $11.8 million supported approximately 250 new and continuing awards for health professionals conducting research on minority health issues. This program will be expanded to include a young investigator initiative aimed at retaining researchers. In addition, a plan is being developed to electronically track participants' progress after program completion.

- ***The Research Infrastructure in Minority Institutions Program***: This program provided $18.4 million for infrastructure support to 21 minority-serving institutions. A new RFA has been released, and applications are due in April.

- ***Community-Based Program:*** A total of $12 million in continued funding was made available to support 25 community-based participatory research grants. An RFA addressing the program's second phase is being crafted and will be released later this year for FY 2008 funding.

- ***Co-funded projects***: These include partnerships with other NIH Institutes and Centers and other federal agencies. A total of $36.8 million supported joint projects focused on minority health and health disparities.

In addition, $5.2 million went toward the SBIR and STTR programs, and $1.7 million has been devoted to the Director's Roadmap.

The budget for FY 2007 has been increased to $199.4 million.

The NCMHD in collaboration with the National Institute of General Medical Sciences (NIGMS) will coordinate a trans-NIH Roadmap Health Disparities strategic planning committee as a part of the second implementation phase for the NIH Roadmap. The

committee is charged with carefully considering the current NIH health disparities portfolio to determine whether important gaps exist and if so, develop a strategic plan for how they should be filled. The priority areas that have been identified to be addressed as collaborative trans-NIH initiatives are: regenerative medicine, pharmacogenomics and bioinformatics.

NCMHD AD HOC COMMITTEE REPORT RESPONDING TO THE IOM REPORT ON THE NIH HEALTH DISPARITIES PLAN, Roger Bulger, M.D.
Dr. Bulger explained that NCMHD convened the ad hoc committee to respond to the IOM report, *Examining the Health Disparities Research Plan of the National Institutes of Health: Unfinished Business*. A copy of the ad hoc committee's report was included in each Council member's information packet.

The NCMHD ad hoc committee agreed that IOM had understood the Center's unique dual focus: (1) serving as the central point of coordination and direction for all NIH minority health and health disparities research and (2) implementing its own legislatively mandated programs.

IOM had noted that the Center has excellent leadership but needs to do more to push its agenda, build awareness of the issues, and enhance research capacity. Dr. Bulger emphasized that additional staff, especially at the senior level, is needed to accomplish this. He also suggested that the NCMHD budget be expanded to ensure that minority health and health disparities are better addressed across NIH. In addition, he said that the NIH Health Disparities Strategic plan needs additional clarification, and that NCMHD should develop a database to provide information that can be used to shape this roadmap.

NIH HEALTH REFORM ACT OF 2006: OVERVIEW, Mr. Doug Hussey
Mr. Hussey explained that the purpose of the Act was to facilitate trans-NIH research. This broad mandate will be interpreted through implementation efforts directed by an ad hoc working group of IC Directors and senior staff to be chaired by NIH Deputy Director Raynard S. Kington, M.D., Ph.D.

The law establishes, and uses the Common Fund to support a Division of Program Coordination, Planning, and Strategic Initiatives within the Office of the Director. A formula has not been established to fund divisional growth, but the budget will be reviewed when the Common Fund reaches 5 percent. A Council of Councils will advise the Division about research supported by the Common Fund. The Act also: (1) establishes a Scientific Management Review Board to periodically review and make recommendations concerning NIH's organization and (2) requires a public process for reorganizing NIH programs. Other provisions authorize, but do not appropriate, increases in NIH funding for each of the next 3 years. The law also promotes the use of the new biennial report, which eliminates or subsumes many current reporting requirements.

2007 BIENNIAL ADVISORY COUNCIL REPORT CERTIFYING COMPLIANCE WITH NIH INCLUSION GUIDELINES: *Derrick Tabor, Ph.D.*
Dr. Tabor explained that every IC must report biennially on the inclusion of minorities in its research projects. Each report is included in an overall NIH report to Congress. The NCMHD report was included in each Council member's information packet and requires certification before submission to NIH.

Dr. Tabor highlighted key aspects of the inclusion policy. Public Law 103-43, the Health Revitalization Act of 1993, mandated that minorities and women be included in all aspects of clinical research. In June 2001, NIH clarified the definition of clinical research, emphasizing its patient-oriented nature. The Office of Management and Budget Directive 15 of 1997 modified the ethnic and racial categories. The inclusion report now includes the following categories for denoting Hispanic ethnicity: "Hispanic or Latino," "non-Hispanic or Latino," and "unknown." All segments of the NIH research establishment must comply with the inclusion policy. This includes reviewers, researchers, and grant management officials at the sponsoring institution as well as at NIH.

Certification
A motion to certify the report was seconded and unanimously approved.

***Alcohol Research and Health:* Ting-Kai Li, M.D., Director, National Institute on Alcohol Abuse and Alcoholism (NIAAA)**

Dr. Li explained that NIAAA conducts research to increase understanding of how alcohol impacts normal and abnormal biological functions and behavior across the human lifespan. Alcohol use is the third most common modifiable cause of death in the United States. It also is among the 10 leading causes of disability and death, ranking first among American Indians, fifth among blacks, and seventh among whites.

About 8.3 percent of the NIAAA budget is dedicated to minority health research. The focus is tripartite: (1) building the capacity of minority-serving institutions to conduct relevant research, (2) transferring knowledge to practice and experiential/clinical findings to research, and (3) building multidisciplinary, multi-ethnic collaborating teams to address specific research areas. The Institute has entered into two new collaborations with NCMHD to design, test, and deliver interventions that prevent underage drinking among minority youth populations. NIAAA also continues to support two Collaborative Alcohol Research Centers at Minority Institutions.

The 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) tracked differences in alcohol use related to factors such as race, ethnicity, gender, and religion; the 2004-2005 followup NESARC wave tracked the same characteristics. Findings from both waves and other recent studies indicate that alcohol abuse has increased among black, white, and Hispanic males and females. Abuse also has increased among Asian females, which is a new phenomenon.

NIAAA research demonstrates that alcoholism involves the interplay of genetic and environmental factors. About 60 percent of the factors are genetic and are either alcohol-specific or nonspecific (e.g., linked to depression). Some protective genetic factors linked to alcohol metabolism and lower rates of alcohol abuse appear more commonly among Asians than among whites, Hispanics, and African Americans.

HIGHLIGHTS OF SCIENTIFIC PROGRAMS

Overview on Helicobacter Pylori Research: **William Coleman, Ph.D., Senior Investigator, Laboratory of Biochemistry and Genetics, National Institute of Diabetes, Digestive, and Kidney Diseases (NIDDK)**
Dr. Coleman updated the Council on digestive disease research he is conducting with support from NCMHD and NIDDK. He observed that the 20th century research contributions of Robin Warren and Barry Marshall to the study of *Helicobacter pylori* shifted the paradigm of research and treatment of digestive disorders.

H. pylori infects between 50 and 90 percent of the world population in early childhood, and as much as 20 percent of the infected population develop gastritis or duodenal and gastric ulcers; about 1 or 2 percent of this group develop gastric cancer. In the United States, infection is most common among Mexican Americans and non-Hispanic blacks and may be linked to the relatively high rates of stomach cancers among these groups. In addition, 10 percent of the American population will develop peptic ulcers linked to *H. pylori*.

Dr. Coleman focused on the mechanisms underlying *H. pylori* colonization of human gastric mucosa. His team has been studying *H. pylori* persistence versus clearance and T-regulatory cells using both IL-10 mouse model and the analysis of stomach flushes. Their specific aim has been to identify *H. pylori* genes that are selectively induced *in vivo* during mouse or macrophage infection, using *in vivo* expression technology (IVET). The innovative IVET techniques created by the team have helped in identifying *H. pylori* virulence and survival factors that can be used to develop vaccine candidates. The team also has developed a related recombinant gene library.

Engaging Low-Income Residents in Designing Coordinated Benefits to Improve Socio-Economic Determinants of Health: **Marion Danis, M.D., Section on Ethics and Health Policy, Department of Clinical Bioethics, NIH Clinical Center**
Dr. Danis plans to engage groups drawn from low-income populations in an exercise to prioritize socioeconomic and health interventions needed to optimize their well-being and reduce minority health disparities. The study, which is co-funded by the Washington, D.C., government, is based on the premise that medical care alone does not suffice to reduce health disparities. To achieve optimal health status for low-income populations, socioeconomic factors also must be addressed.

Dr. Danis will begin by completing her literature review of pertinent socioeconomic interventions. Thus far, the review has identified those providing benefits in the areas of

education, income/employment, health care, nutrition, and transportation. She also will conduct actuarial analyses to assign costs to the interventions. Groups of study participants then will be asked to select and prioritize the options within a proposed budget. Participants will receive stipends and will be drawn from an ethnically mixed sample of 400 Medicaid enrollees in four of the city's political wards. Human subject research protections will be provided by an institutional review board and through the use of voluntary consent and anonymous data collection methods.

The selection and prioritization of interventions will be done using a simulation exercise, Reaching Economic Alternatives that Contribute to Health (REACH). Computerized and paper versions will be available and low-literacy assistance and translators will be provided. When the exercise is completed, data will be collected and bivariate and multivariate analyses will be conducted to: (1) describe participant characteristics and preferences and (2) correlate the characteristics and benefit choices.

Dr. Danis expects the project to provide a variety of affordable, coordinated benefit packages that address socioeconomic factors and that can be used to reduce health disparities among the low-income residents of Washington, D.C. Ultimately, the results should offer a template that can be used to create a new generation of coordinated benefit packages for low-income urban populations.

Reducing Tobacco-Related Health Disparities Through Applied Social Marketing Research, Donna Vallone, Ph.D., M.P.H., Senior Vice President, Research and Evaluation, American Legacy Foundation

Dr. Vallone explained that Legacy was established as part of the Master Settlement Agreement between the tobacco industry and a coalition of States and Territories. Legacy's mission is to build a world where young people reject tobacco and anyone can quit. The organization promotes teen rejection of tobacco through the truth® campaign. Delivered primarily through television advertising, this social marketing campaign targets "open-to-smoking high-sensation-seeking youth" aged 12-17.

With support from the NCMHD LRP, Dr. Vallone is investigating whether predictors of tobacco use, such as sensation-seeking, differ across race/ethnicity. She also will explore how these predictive factors relate to awareness of the truth® campaign and tobacco-related knowledge, attitudes, and beliefs.

Dr. Vallone's work thus far has focused on the Brief Sensation-Seeking Scale (BSSS-4), a scale frequently used to measure sensation- seeking among youth. She assessed the effectiveness of the scale across African American, Hispanic, and white youth. Her findings suggest that BSSS-4 is not an effective scale for measuring sensation-seeking among African American youth. Further, every item in the four-item scale was less sensitive in predicting sensation-seeking among young African Americans. An article on this study that she coauthored will be published in the journal *Addiction*. Her future research will tackle how best to modify the scale.

Dr. Vallone and her colleagues also are developing a conceptual model to study disparities in accessing tobacco-related communications that are linked to socioeconomic position. In addition, she plans to conduct new studies comparing the relationship between exposure to truth® and pro- and anti-tobacco industry beliefs as modulated by race and ethnicity.

Pathways Regulating Oral Cancer Invasion: **Allison Berrier, Ph.D., Katrina Visiting Faculty Scholar, Assistant Professor, Louisiana State University (LSU) Health Sciences Center, New Orleans, Louisiana**

Dr. Berrier is the first scholar supported by the NCMHD Katrina Visiting Faculty Program. This project helps scientists dislocated by the hurricane to continue their research, increase their awareness of NCMHD-supported programs, and create a foundation for future collaborations that bridge intramural and extramural investigators. In addition to completing her research, Dr. Berrier will be mentoring minority students in Louisiana and building NIH intramural-extramural collaborations.

After the flooding of her lab at LSU, Dr. Berrier continued her research at the National Institute of Dental and Craniofacial Research. She hopes to contribute to the development of novel treatments for oral cancer. This cancer disproportionately impacts males and African Americans, and no improvements in 5-year survival rates have been reported in the past 25 years. Her investigation targets the molecular pathways inducing invasion by tongue cancer cells and focuses on cancer cell migration. Squamous carcinoma cells remodeling and migration occurs through the basement membrane in a process that is dependent upon integrin receptor function and matrix protease activity. She hopes to establish an *in vitro* invasion assay that mimics this process and can be used in treatment models.

PUBLIC COMMENT

Hearing no requests to comment from the audience, Dr. Jones opened the floor to Council members. Dr. Muñoz and others agreed that the next 5 years will be critical for the field of minority health. They also commended Dr. Ruffin and NCMHD for their exemplary work thus far.

Closing Remarks

Dr. Jones thanked the Council members for their ongoing support of NCMHD. Dr. Ruffin applauded Dr. Jones, the NCMHD staff, and the Council. He concluded by encouraging the Council members to maintain their active commitment to the field.

Adjournment of Open Session

Ms. Brooks adjourned the meeting.

I hereby certify that to the best of my knowledge, the foregoing minutes are accurate and complete.

John Ruffin, Ph.D., Chair, National Advisory Council on Minority Health and Health Disparities, and Director, National Center on Minority Health and Health Disparities, NIH

Donna A. Brooks, Executive Secretary, National Advisory Council on Minority Health and Health Disparities