**U.S. Department of Health and Human Services**
**National Institutes of Health**
**National Center on Minority Health and Health Disparities**
**National Advisory Council on Minority Health and Health Disparities**

**February 21, 2006**

# Meeting Minutes

The National Advisory Council on Minority Health and Health Disparities (NACMHD) met on February 21, 2006, at the National Center on Minority Health and Health Disparities (NCMHD), National Institutes of Health, 6707 Democracy Boulevard, Suite 800, Bethesda, Maryland. Donna A. Brooks, Executive Secretary, NACMHD, called the meeting to order at 8:35 a.m. John Ruffin, Ph.D., presided, welcoming new and old members to the Council's eleventh meeting.

**Council members present:**
*John Ruffin, Ph.D., Director, NCMHD, Chair*
Caroline Kane, Ph.D.
Nilda Peragallo, Dr.P.H., R.N., FAAN
Warren Jones, M.D., FAAFP
Steven R. Lopez, Ph.D.
Pamela V. Hammond, Ph.D., FAAN
Thomas E. Gaiter, M.D.
Grace L. Shu, M.D., Ph.D.
Carl Franzblau, Ph.D.
Louis Sullivan, M.D.
Augustus A. White III, M.D., Ph.D.
Ruth E. Johnson, J.D.
Pitambar Somani, M.D., Ph.D.
Melvina McCabe, M.D.
Jeffrey A. Henderson, M.D., M.P.H.
Regina M. Benjamin, M.D., M.B.A.

**Ex Officio members present:**
David Abrams, Ph.D.
Michael J. Fine, M.D., M.Sc.
Kevin R. Porter, M.D.

**Executive Secretary:**
Donna A. Brooks

*CLOSED SESSION – NCMHD*

This portion of the meeting was closed to the public in accordance with the determination that it was concerned 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.

**REVIEW OF APPLICATIONS**

The Council considered 1 application requesting an estimate $115,426 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 one application.

The closed session adjourned at 9:05 a.m.

*OPEN SESSION*

**CALL TO ORDER AND OPENING REMARKS**

The meeting reconvened at 9:35 a.m. Dr. Ruffin welcomed new members—Steven Lopez, Ph.D., Professor in the Department of Psychology, University of California; Nilda Peragallo, Dr. P.H., Dean and Professor in the School of Nursing, University of Miami; and Jeffrey Henderson, M.D., President and CEO of Black Hills Center for American Indian Health. After an overview of the agenda, he invited Council members and other attendees to introduce themselves.

**REVIEW OF CONFIDENTIALITY AND CONFLICT OF INTEREST**

As Chair designee, Dr. Kane reviewed several Advisory Council policies and procedures. Dr. Kane reminded the Council that its meetings are open to the public and that closed sessions were reserved for the review of grant applications. She reminded members that the Advisory Council's standards of conduct were in their desk folder. She reviewed the confidentiality and conflict of interest policies citing a few examples of potential conflicts and urged members to reconcile any potential conflicts in advance and to consult the official standards of conduct for more details.

**CONSIDERATION OF SEPTEMBER 2005 MINUTES**

The Advisory Council approved the September 2005 Minutes without changes.

**FUTURE MEETING DATES**

Tuesday, June 13, 2006
Tuesday, September 12, 2006
Tuesday, February 20, 2007
Tuesday, June 12, 2007
Tuesday, September 11, 2007
Tuesday February 19, 2008
Tuesday, June 10, 2008
Tuesday, September 16, 2008

## NCMHD DIRECTOR'S REPORT

***Personnel Issues.*** Deputy Director Mimi Kanda recently resigned. Dr. Kanda made significant contributions to the Center, including shepherding the development of Strategic Plan. Her services were greatly appreciated. A search committee to recruit a new deputy director has been established; Council members will receive search announcements to distribute. Dr. Bulger will serve as Acting Deputy until the new person is appointed.

The Office of Management Assessment report has been provided to the NCMHD Director for implementation. Recommendations by Booz-Allen Hamilton on its organizational assessment of NCMHD will be implemented simultaneously. This is an opportunity for NCMHD to build a stronger organization.

***Hurricane Katrina Relief.*** NCMHD has been involved in the Department of Health and Human Services relief efforts to address the health needs of racial and ethnic minorities in the Gulf Coast, while recognizing the need in the affected area for long-term support. Dr. DeLoris Hunter, a PHS Commissioned Corps Officer, has been deployed to the Gulf area three times. To date, the NCMHD contributions have been included the expertise provided by its Centers of Excellence. One activity was a week-long telemedicine healthcare program in New Orleans. Another Katrina-related initiative has been the development of a visiting faculty program under which NIH has extended invitations to displaced medical faculty to enable them to continue their research or learn about NIH funding opportunities until they can return to the Gulf area. Dr. Allison Berrier, attending this meeting, is one of the furloughed faculty members participating in the NIH program.

***Budget.*** The NCMHD FY 2005 budget was $194.9 million. More than 90 percent of the budget was spent on programs. Fiscal Year 2005 programs included:

*Minority Health and Health Disparities International Research Training Program (MHIRT):* 24 awards were made for $5.1 million.

*Loan Repayment Program:* Presently 487 participants, total funding was $10.6 million. The racial and ethnic composition: 46 Asian Americans/Pacific Islanders; 78 Hispanic Americans; 162 African Americans; 12 Native Americans/American Indians/Alaska Natives; 179 Caucasian; and 8 recipients who didn't self-identify.

*Research Endowment Program.* Eleven awards (including non-competitive renewals) totaling $35.9 million were made.

*Research Infrastructure in Minority Institutions (RIMI):* Five new awards were made; bringing the total to 21 for a total of $17.4 million.

*Community-Based Participatory Research Program:* 25 awards were made for a total of $4.5 million.

*Centers of Excellence/Project EXPORT Program:* Five new awards were made for a total of $8 million.

*SBIR Program:* In 2005, awards totaling $5.4 million were provided.

*Co-Funded Program:* NCMHD continues to co-fund programs with other NIH Institutes/Centers. New initiatives include the National Children's Study—a long-term collaboration on environmental effects on child health, and the Bench-to-Bedside program with the Clinical Center.

Dr. Ruffin indicated that the Senate appropriation hearings are scheduled for March.

***IOM Assessment of NIH Health Disparities Strategic Plan.*** The plan will be released soon. Dr. Ruffin will try to arrange for a briefing and distribution of copies to members. Many members participated in the plan's preparation.

***National Academy of Sciences Assessment of NIH Minority Research Training.*** The third report marking the final phase of this assessment was released last summer. Dr. Ruffin is co-chairing the Trans-NIH committee working on action steps for implementation. Dr. Ruffin reminded members that Phase 1 determined what training programs NIH had available. Phase 2 developed a strategy for evaluating the programs. In Phase 3, the National Academy of Sciences evaluated the plan.

This concluded the report of the NCMHD Director, followed by questions and comments from the Council members on various areas (communication, increased funding).

## FIC HEALTH DISPARITIES STRATEGIC PLAN
**Sharon Hrynkow, Ph.D, Acting Director, Fogarty International Center**

Dr. Hrynkow gave an overview of the collaboration between the Fogarty International Center (FIC) and NCMHD which has two goals: (1) to support and advance the NIH mission through international partnerships and (2) to address global health challenges through innovative and collaborative research and training. Dr. Hrynkow observed that globalism is on the rise, and NIH is the only Federal agency that accepts applications from foreign entities. Global health, she said, *is* minority health. For example, AIDS, as a communicable disease, is a worldwide phenomenon. In other areas, collaborative efforts could be expanded on mental health (depression) issues, international/national training partnerships, MHIRT programs, and clinical research training abroad. In 2004-2005, NCMHD teamed with FIC and the Ellison Foundation to support American medical/public health students' work in several developing countries.

What have we learned? Examples include the importance of tempering expectations with reality with regard to AIDS training programs, and the importance of reaching students early in their education. Where do we go from here? Dr. Hrynkow recommended maintaining existing collaborations, expanding links to minority institutions, bringing new players to the field, developing framework programs in global health that support curricula development for undergraduates and graduates, and gluing together multiple schools within universities. An RFA for framework programs in global health is open until April 2006.

Recent NIH efforts on indigenous people's health link NIH with Health Canada, cutting across NCMHD and FIC interests. A potential 2007 initiative teams NIH with counterparts in Australia, Canada, and New Zealand. Lastly, planning is underway for a meeting in summer 2006 on global and minority health.

**NIH CLINICAL CENTER HEALTH DISPARITIES INITIATIVES**
**John Gallin, M.D., Director, NIH Clinical Center**

To illustrate the substantial new facilities NIH has created to supplement its research and patient care, Dr. Gallin presented photographs of the NIH campus including the Mark O. Hatfield Clinical Research Center, NIH Clinical Center, Children's Inn, and Safra Family Lodge. Among statistics cited, the NIH Clinical Center served 94,614 active patients and 105,004 outpatients, and had 6,619 admissions in 2005. Dr. Gallin listed a range of Clinical Center historical accomplishments before discussing "what makes us different." Unique aspects include: all patients on a protocol, no charge to patients and travel expenses supplemented, highly educated nurses, patient investment in clinical research process, unique patient cohorts, portfolio of protocols, specialized infrastructure, long-term and high-risk studies, GLP, and ability to handle emergencies and scientific opportunities.

Dr. Gallin provided slides on the FY 2005 Interventional/Clinical Trials by Phase, indicating they were heavily weighted toward Phases 1 (toxicity) and 2 (activity); the NIH Curriculum in Clinical Research, including numbers of participants; and the distribution of sites worldwide in which 5,000 students have participated in the Clinical Research Training programs. New intramural/extramural partnerships cover such areas as:

- Clinical research training outreach,
- Clinical Center as a national phenotyping center,
- Sabbatical programs, and
- Intramural/extramural Bench-to-Bedside awards.

Bench-to-Beside begun in 1999, this program has made 81 awards, awarded $15.9 million, and supported 39 new clinical protocols, 133 publications, and 7 licenses/patents pending. Commended in 2004 by the NIH Director's Blue Ribbon Panel, the program has been endorsed by the Advisory Board on Clinical Research, which recommended expanding the program to test intramural and extramural

collaboration. Several sources have contributed to the $3.1 million available for 2006 awards.

Four areas of minority health and health disparities have been funded: obesity in African American children, pulmonary hypertension in sickle cell disease, drug addiction in local minority populations, and breast cancer among African American women. The future calls for identifying a stable source of funds, monitoring project success, and expanding collaborations.

## HURRICANE KATRINA UPDATES

### National Council of La Raza
### Janet Murguia, President

The largest Hispanic advocacy and civil rights organization for Latinos, La Raza is grateful for $200,000 in funding received from the NCMHD through the HHS Katrina initiative, which helped leverage $500,000 for La Raza relief efforts in various Gulf communities. The organization is issuing a report on March 2, 2006, discussing the impact of the disaster on the 100,000-150,000 Latinos in the Gulf region and stressing the lessons learned from the response. The report highlights disconnects in the response—information that will be helpful for future planning. Ms. Murguia made the following points:

- FEMA's performance was inadequate regarding assistance for Latinos. The guidelines on eligibility for benefits were unclear, and access to shelters was unequal. Unlike 9/11, eligibility rules were not suspended to provide relief, resulting in confusion on who could get services.
- Since cultural barriers make Latinos reluctant to ask for help, responders need to make specific efforts to reach out to Spanish-speaking residents. Many Latinos are afraid to jeopardize citizenship applications by applying for help.
- Hurricane warnings did not reach everyone and were not translated into Spanish or other languages. Cultural competency is a major need.
- The Red Cross, which commands the majority of funding for relief, lacked cultural awareness, diverse staff, and bilingual volunteers, resulting in inability to communicate with Latino victims and considerable confusion. Protocols should be put in place to ensure the Red Cross can communicate with all residents.
- Additional protocols must be put in place to ensure equity. A current problem involves contractors who are taking advantage of local people. There is no entity ensuring labor/environmental safety in rebuilding efforts for the local community.
- The issues that Katrina surfaced have not been resolved. We need to move forward on lessons learned.
- The Urban League and NAACP have been terrific partners with the National Council on La Raza regarding Katrina relief.

**National Urban League**
**Marc H. Morial, President and CEO**

Mr. Morial joined the meeting via speaker phone, apologizing for his inability to attend in person. He noted Katrina evacuees were dispersed in every state except Hawaii. The Urban League has worked to help victims connect with housing, health resources, and jobs; its major focus has been on stabilizing displaced people. Many former Gulf residents are unable to return to devastated areas—a factor with major implications for the local economy. Restoration of the public health system is critical for people's ability to return to the area. Dr. Sullivan commented that the League's report should clearly describe health impacts and the scope of health needs in devastated areas.

**NCMHD Regional Coordinating Center, David Satcher, M.D, Interim President, Morehouse School of Medicine, and Dominic Mack, M.D., M.B.A., Project Director, Regional Coordinating Center**

Dr. Satcher described the newly established Regional Coordinating Center (RCC) housed at the Morehouse School of Medicine National Center for Primary Care, which focuses on underserved populations and elimination of health disparities. Through the Southeast Regional Clinicians' Network, the RCC collaborates with 146 community health centers. Strategic aims for the Katrina II Program include connecting Project EXPORT Centers with community health centers, identifying health needs through advanced screenings and surveillance systems, developing models of balanced community health systems and a statewide Project EXPORT Center of Excellence in Louisiana, establishing electronic health records technology, developing replicable models of telemedicine and telepsychiatry to deliver health care services, and involving researchers and young minority students in producing high-quality science.

Dr. Mack described the strategic response infrastructure of the Regional Coordinating Center, its regional initiatives, and services for New Orleans Health Recovery Week. Statistics for the Recovery Week indicated a total of 16,823 patient visits. Dr. Mack has developed electronic health records for which he provides consultation and software. A final PowerPoint slide indicated the disproportionately catastrophic impact of Hurricane Katrina compared with other recent natural disasters.

## NCMHD EXTRAMURAL PROGRAM HIGHLIGHTS

**Loan Repayment Program - Deborah Parra-Medina, Ph.D., University of South Carolina**

Dr. Parra-Medina's research, "Heart Health and Ethnically Relevant (HHER) Lifestyle Study," aimed to "develop and demonstrate a replicable process for identifying, assessing, and revising dietary and physical activity counseling tools relevant to financially disadvantaged women." Conducted in seven phases, the project resulted in a counseling guide for counselors on low-fat living and dieting. The guide was evaluated by actual patients, who advised keeping materials brief, avoiding medical jargon,

depicting real women, and using bright colors. Dr. Parra-Medina presented sample pages on walking and low-fat living.

Under the 4-year HHER Lifestyle Program to test culturally appropriate, theory-based intervention to reduce dietary fat and increase moderate physical activity, the project is recruiting and training health care providers from two community health centers to randomize 312 patients and conduct baseline, 6-month, and 12-month assessments. There are currently five clinic sites at Eau Claire and two at Family Health Centers. Community partners have participated in the research by providing input and feedback on methods, conducting recruitment, implementing the study, and providing budgetary and other resources.

**MHIRT Program, Eloy Rodriguez, Ph.D., Cornell University**

In the presentation on "MIRT/MHIRT at Cornell (1995-2005) Health Disparities and Biomedicinal Discovery Program," Dr. Rodriguez described his international program in cooperation with universities in Peru and the Dominican Republic. Aimed at the preparation of undergraduate minority students from a variety of U.S. universities, the Cornell MHIRT program focuses on ethno medicine (alternative medicine), medicinal plants, and phytochemical analyses in the Amazon, and on health disparities, epidemiology, and biochemistry in the Caribbean. There are field laboratories for the students in both Peru and the Dominican Republic. Dr. Rodriguez's goal is to create "a passion for science" in the students. He also emphasizes awareness of other languages and cultures. Dr. Rodriguez illustrated his discussion with photographs of the sites, specimens, and participating students, while describing accomplishments of program graduates. A unique feature of this program, he said, is the team effort.

Dr. Rodriguez stated the program usually lasts 10 weeks, but starts 3 months in advance with development of the students' own projects. Local researchers in the host countries are involved to avoid concerns in developing countries about exploitation of resources. The target group of students is sophomores or juniors in order to stimulate an early interest in chemistry. Some graduate students serve as teaching assistants but are also involved in research.

**Centers of Excellence Program, Arlene Caban Pocai, Ph.D., Albert Einstein College of Medicine**

Dr. Caban Pocai described the Bronx CREED (Center to Reduce and Eliminate Ethnic and Racial Health Disparities) program, noting partnerships it enjoys with a variety of community, clinical/medical, and subcontractors within the Albert Einstein College of Medicine. Bronx CREED's major study has been "Los Caminos: Developing Culturally Sensitive Paths to Diabetes Self-Management," in recognition that the rate of diabetes has more than doubled in New York over the past decade. A preliminary "Vision Is Precious" study dealing with diabetic retinopathy sampled 598 diabetic adults who had not had a dilated eye exam in a year. It resulted in a 74 percent increase in retinopathy

screening within 6 months of the telephone survey, and invitations to Hispanic participants to attend focus groups.

The Los Caminos focus groups on barriers to diabetes self-management identified themes of sexual dysfunction, intergenerational issues, stress and depression, and issues with health care systems. Based on results, investigators developed a survey to evaluate diabetes quality of life, perceptions of discrimination in health care, depression, and acculturation. Dr. Caban Pocai indicated that Hispanic people often have a fatalistic attitude toward diabetes and other diseases, such as cancer. Other attitudes stem from spiritual beliefs. However, responses vary according to gender, language, and education.

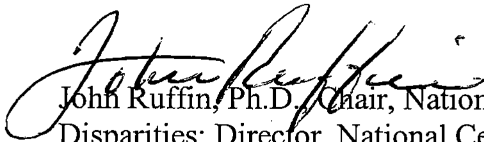
## ADVISORY COUNCIL MOTION ON HEALTH CARE WORKERS DISPLACED BY HURRICANE KATRINA

The motion discussed and tabled in the morning session regarding displaced health care workers was distributed to Council members. No vote could be taken, however, because of lack of a quorum. Members agreed to send any changes desired or comment to Dr. Ruffin or Dr. Kane. Dr. Kane will craft a *sense of the Council* letter.

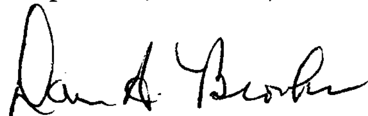
Dr. Ruffin thanked participants and expressed appreciation for new members' active participation. He commended the NIH Institutes/Centers contributions and said such presentations would continue. The open session was adjourned at 5:10 p.m.

Certification

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; Director, National Center on Minority Health and Health Disparities, NIH



Donna A. Brooks, Executive Secretary, National Center on Minority Health and Health Disparities, NIH