

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
NATIONAL INSTITUTES OF HEALTH (NIH)
NATIONAL CENTER ON MINORITY HEALTH
AND HEALTH DISPARITIES (NCMHD)

NATIONAL ADVISORY COUNCIL ON MINORITY HEALTH
AND HEALTH DISPARITIES (NACMHD)

Marriott Bethesda North Hotel and Conference Center
5701 Marinelli Road
Bethesda, MD
8:00 a.m. - 4:30 p.m.

February 23, 2010

23rd MEETING EXECUTIVE SUMMARY

Council Members Present

John Ruffin, Ph.D., Director, NCMHD
Faye A. Gary, Ed.D., R.N., FAAN; Chair NACMHD
Paula A. Braveman, M.D., MPH
Michael J. Fine, M.D., MsC
Mona Fouad, MD, MPH
Alvin E. Headen, Jr., Ph.D.
Wayne J. Riley, M.D., MPH, MBA, MACP
Brian D. Smedley, Ph.D.
Stephen A. Smith, M.B.A.
José Szapocznik, Ph.D.
Jose R. Valdez, D.B.A.
Luther S. Williams, Ph.D.

Ad Hoc Members

Dr. Patricia Henderson
Dr. David Baines
Dr. Pamela Hammond
Dr. Eloy Rodriguez

Invited Speakers

Dr. Francis Collins, Director, NIH
Dr. Lucy Roberts, OER

Executive Secretary

Ms. Donna A. Brooks

CLOSED SESSION

The first portion of the meeting was closed to the public in accordance with the provisions set forth in Section 552(b)(4) and 552(b)(6), Title 5 U.S.C., and Section 10(d) of the Federal Advisory Committee Act, as amended, U.S.C. Appendix 2.

Executive Secretary, Ms. Donna A. Brooks called the meeting to order and turned the proceedings over to NCMHD Director, John Ruffin, Ph.D. Dr. Ruffin made a few opening remarks and turned the meeting over to NACMHD Chair designee, Dr. Faye Gary.

Dr. Gary reviewed the Council's operating procedures for 2010 which were accepted unanimously. She also reviewed the policies and procedures on confidentiality and conflict of interest and the standards of conduct for the Council.

The Council considered 46 applications requesting an estimated \$26,227,825 in total costs. The Council considered applications for one ARRA initiative --*The Biomedical Research Development and Growth to Spur the Acceleration of New Technologies Program*, the NCMHD Centers of Excellence program, the SBIR/STTR program and the Scientific Conference Grant program. Voting en bloc, the Council concurred with the first-level peer review of the following: 23 Centers of Excellence applications, 5 ARRA Grants, 12 Small Business Innovation Research and Small Business Technology Transfer (SBIR/STTR) program applications, and 6 Scientific Conference Grants (R13).

Ms. Brooks introduced Dr. Lucy Roberts from the Office of Extramural Research, who discussed changes in the peer review system and administered the Advisory Councils Peer Review Enhancement Survey for the Council members to complete.

Ms. Brooks adjourned the closed session upon completion of the survey.

OPEN SESSION

CALL TO ORDER & WELCOME

Ms. Brooks called the Open Session to order at 10:00 a.m. , noting that the Council had convened in Closed Session earlier to review grant applications in accordance with provisions set forth in *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* . She then turned the meeting over to NCMHD Director and NACMHD Chair, Dr. John Ruffin.

OPENING REMARKS AND INTRODUCTIONS

Dr. Ruffin welcomed participants to the Open Session of the NACMHD's 23rd meeting. He reviewed the agenda for the day. Dr. Ruffin introduced two new staff members: Ms. Valeria McDougal, a management analyst, who was not present, and Dr. Shanita Williams, from Morehouse School of Medicine, the first Fellow in the NCMHD Intramural Research Program's Disparities Research Education Advancing our Mission (DREAM) program. He

welcomed four non-voting ad-hoc members, Drs. Eloy Rodriguez, Patricia Henderson, David Baines, and Pamela Hammond.

General Introductions and Announcements

Following Dr. Ruffin's opening remarks the Council members introduced themselves and provided updates on their professional achievements, new programs and available professional opportunities at their respective institutions. Council members unanimously expressed support for the work of the Center and Dr. Ruffin's leadership.

CONSIDERATION OF MINUTES

A motion to approve the minutes of the September 2009 meeting as written was unanimously approved by Council members.

FUTURE MEETING DATES

- **Future Meetings:** Tuesday, June 8, and Tuesday, September 14, 2010.

REPORT OF THE NCMHD DIRECTOR

Dr. Ruffin presented the NCMHD Director's Report to the Council with an overview of how the Center spent its \$205.6 million appropriations budget for FY2009.

Approximately 79 percent of the budget supported NCMHD programs, with about 12 percent supporting collaborative projects with the other NIH Institutes and Centers, and also other federal agencies such as the Centers for Medicare and Medicaid Services, the National Science Foundation, the Health Resources Services Administration, and the Centers for Disease Control and Prevention. He explained that the percentage of NCMHD's budget devoted to collaborative projects has decreased in recent years because the NCMHD now has to support more of its own programs. The budget for FY 2010 is \$211.5 million.

Programmatic Activities: Dr. Ruffin reported on each NCMHD program funded in FY 2009:

Centers of Excellence: Fifty-one Centers of Excellence: 29 exploratory centers (P20), and 22 comprehensive centers (P60).

Research Endowment Program: Nine awards made. There are no plans to issue an RFA in 2010 since there are no institutions eligible to apply, based on the currently funded HRSA Centers of Excellence. Legislation pending before Congress would expand the eligibility criteria to include NCMHD's Centers of Excellence.

Loan Repayment Program: NCMHD funded 314 Loan Repayment Program applicants in FY 2009. A total of 695 applications were received for FY 2010 funding consideration.

Building Research Infrastructure and Capacity (Formerly the Research Infrastructure in Minority Institutions Program (RIMI): A total of 24 BRIC awards were funded, which included six new awards.

Minority Health and Health Disparities International Research Training Program

A total of 22 grantees received continuation funding under this program.

Community-Based Participatory Research Program: Continuation funding was provided to 40 grantees which are entering the second year of their research intervention phase.

SBIR/ STTR: 20 Small Business Innovation Research programs were awarded in FY 2009, and three of the 20 were for a joint RFA with NIBIB. Two Small Business Technology Transfer programs were funded; one of the two was co-funded with the National Institute on Aging.

R01 Program: NCMHD launched its *Health Disparities Research on Minority and Underserved Populations* program in 2009. This (R01) Initiative funds original and innovative research that advances the science of health disparities. A total of 11 applications were funded.

American Recovery and Reinvestment Act (ARRA): The NCMHD ARRA budget was \$52.1 million: the ARRA monies permitted the funding of several programs.

NCMHD Dissertation Research Awards Program: This new program provides salary and research support to qualified pre-doctoral students to pursue research careers in any area relevant to the research mission of the NCMHD and simultaneously supports enhancement of diversity of the biomedical/behavioral research workforce. NCMHD provided funding to six Ph.D. candidates, with the hope that other ICs will see the value of such a program and replicate it.

Grand Opportunities (“GO”) Grants: NCMHD participated in the NIH “GO” grants program and identified four high priority areas for funding:

- Social determinants of health: 11 applications funded
- Bioethics research infrastructure: six applications funded
- Enhancing information dissemination on health disparities: one application funded
- Transdisciplinary Recovery Centers for community health: one application funded.

ARRA Administrative Supplements:

- Promoting Partnerships: 5 awards funded
- Building Capacity and Infrastructure: 4 awards were funded

NIH Challenge Grants: This program is funded by the NIH Office of the Director. NCMHD will administer 15 of the grants funded.

New Initiatives

NCMHD has released RFAs for two new initiatives:

- **Innovative Faith-Based Approaches to Health Disparities**, which uses the R21 mechanism. The application deadline is March 17, 2010.
- **Competitive Revision Applications to Support Comparative Effectiveness Research (CERED)** which is funded by, and a collaboration with, the HHS Office of Minority Health. The application deadline for this initiative is April 6, 2010.

Intramural Program: The Scientific Director search is still underway, with interviews currently taking place.

DREAM Program: NCMHD anticipates having a total of 3 candidates in the DREAM program for FY2010, and hopes to increase the pool of participants for FY2011.

Legislative Update: Dr. Ruffin informed Council members of recent bills introduced into Congress with implications for the NCMHD such as an amendment by Senator Ben Cardin of Maryland to one of the Senate draft healthcare reform bills which would change the status of the NCMHD from a Center to an Institute, and also expand eligibility for the NCMHD Research Endowment program to include NCMHD Centers of Excellence.

Post-Summit Activity: Dr. Ruffin informed the Council that a Supplement to the *American Journal of Public Health* entitled “The Science of Eliminating Health Disparities” will be published in either March or April, 2010. It will include 23 research and practice articles on health disparities science, including such topics as translating research to practice and policy, social determinants of health, and advances in research. NCMHD submitted two peer reviewed articles, “Moving Toward Paradigm-Shifting Research in Health Disparities through Translational, Transformational, and Trans-disciplinary Approaches,” and “The Science of Eliminating Health Disparities: Summary and Analysis of the NIH Summit Recommendations.”

Collaborative Projects:

- **FCHDR:** Dr. Ruffin reminded the Council that NCMHD has played a key role in the *Federal Collaboration on Health Disparities Research (FCHDR)*, a collaboration of federal partners working to eliminate health disparities. In late 2009 the NCMHD executed a Memorandum of Understanding with the HHS Office of Minority Health (OMH) under which NCMHD will serve as one of the FCHDR’s three co-leads. The other co-leads being the OMH, and the Department of Education’s Interagency

Committee on Disabilities Research. The new FCHDR structure will also include an Executive Committee of selected agencies, and general membership status will be available to all agencies involved in public health or health disparities research. NCMHD hosted the inaugural meeting of the FCHDR Executive Committee on January 28, 2010. The group's initial action items are to develop a health disparities research inventory and to identify progress, research needs and gaps as well as opportunities for collaboration in health disparities research.

- **EPA Symposium:** Dr. Ruffin concluded by announcing that the NCMHD is to cosponsor the Environmental Protection Agency's (EPA) symposium entitled *Strengthening Environmental Justice Research and Decision Making*. The session is scheduled for March 17 - 19, 2010, in Washington DC.

Council members thanked Dr. Ruffin. A Council member asked for clarification of the types of research proposals NCMHD hoped to receive under its new initiatives. This, it was suggested, would permit Council members to share better information among professional colleagues. In response, Dr. Sy explained that one R01 Initiative, entitled "NCMHD Health Disparities Research on Minority and Underserved Populations" (R01) was released in December 2009 and that an additional RFA addressing the social determinants of health will be released in March 2010. Dr. Ruffin added that a range of proposals that span any and all aspects of the complex science of health disparities is what NCMHD hopes to receive. The specific aspects of health disparities to be targeted are really up to the investigators.

NIH DIRECTOR'S REPORT

Dr. Collins began by explaining that he hoped to meet with most NIH Advisory Councils within his first months in office. He stated that health disparities are a very important priority and is an area in which he has had a personal interest since he arrived at NIH in 1993 to lead what is now the National Human Genome Research Institute.

Dr. Collins stated that NIH has experienced a long period of flat budgets, with the exception of the ARRA funds. He noted that each \$1 of NIH funding generates \$2.21 in economic output in goods and services and also generates seven jobs. The President's FY 2011 proposal, he was pleased to note, contains a \$1 Billion increase for NIH.

Dr. Collins then outlined goals for his tenure at NIH:

- Promote high-throughput technologies, including genomics, imaging, nano-technology, computational biology;
- Translational research, building bridges between drug development and therapeutics;
- Health care reform, including comparative effectiveness research
- Global health
- Reinvigorate and empower the biomedical research community, including sustained funding, encouraging young investigators, and funding innovative research.

Dr Collins used research on sickle cell disease to demonstrate what could be accomplished under the first three of his priorities. Genome-wide association studies are advancing our understanding of this disease, he observed. And this, in turn, offers knowledge which may

be translated into the development of new therapeutic approaches.

Dr. Collins also discussed the ways that the “science” of health care reform should lead to better understanding of what constitutes a state of health, the factors which result in departure from that healthy state, and what interventions are most effective in reducing unhealthy conditions or disorders. Focusing on another of his priorities, Dr. Collins emphasized the importance of re-invigorating and empowering the biomedical research community. He reminded the Council that while science usually progresses only in measured steps, there are occasions when an out-of-the box idea may support great leaps forward. He indicated he is thinking about ways the NIH peer review process can appropriately foster these two differing routes to advancing science.

Dr Collins also emphasized that the time is right for NIH to play an even larger role in Global Health. The challenges to global health are increasing, he said: so should NIH’s role in meeting those challenges.

A discussion followed Dr. Collins’ remarks. A Council member noted Dr. Collins’ affirmation of the importance of coordinated, collaborative efforts and indicated that just such a process had preceded development of both development of the Health Disparities Strategic Plans and the December 2008 NIH Health Disparities Summit. Dr Collins agreed, stating that there must be a locus for coordination of the NIH research agenda for health disparities, and the responsibility rests with NCMHD.

Discussion then turned to the need to support inter-disciplinary research and how NIH could better foster such efforts, especially with respect to the social and behavioral sciences. Dr. Collins emphasized the importance of such research and mentioned the Genes and Environment Initiative and the Jackson Heart study, which was partially funded by the NCMHD, as two successful models. Council members also raised concerns that the area of health disparities was not prominently listed among the Director’s five areas of priority. Others some health disparities are increasing rather than decreasing and that it is essential that attention be paid to the social and other forces that underlie behavioral patterns. Dr. Collins agreed with the need to focus on social and behavioral influences. Dr. Ruffin reminded him that the Associate Director of the NIH Office of Behavioral and Social Science Research is, by law, a member of the NACMHD Advisory Council.

A Council member indicated to Dr. Collins that Historically Black Colleges and Universities have significantly advanced minority health and health disparities research, but that their contributions could be even greater if their research infrastructure could be enhanced. Dr. Collins acknowledged the contributions of the HCBUs and indicated the possibility that increased future funding of NIH by the Congress might permit future infrastructure support.

NIH Health Disparities Strategic Plan and Budget: Dr. Ruffin informed the Council that the 2004 – 2008 Strategic Plan is now available on the NCMHD website. He provided the Council with background on the development of the NIH Health Disparities Strategic Plan and Budget. NCMHD’s enabling statute, Public Law 106-525, places responsibility for

establishing the NIH Strategic Plan and Budget upon the Director of NIH, the NCMHD Director, in collaboration with the Directors of the other NIH Institutes and Centers and consultation with the Advisory Council. Council review of these IC Strategic Plans is crucial and exacting. Dr. Ruffin reminded the Council of its role with the strategic plan for example, if Council determines that adjustment or refinement of any Strategic Plan is needed, collaborative discussions between NCMHD and the particular IC would follow before the Council provides final approval of the plan. Dr. Ruffin also reviewed the clearance process for the strategic plan involving the NCMHD, Office of the NIH Director and the Office of the Secretary of Health and Human Services, as well as the period for public comment before the final plan is posted on the website.

Dr Brian Smedley, Chair of the Working Group established by NCMHD to create the framework for the FY2009-2013 strategic plan, provided an update on the process of developing the plan which is now underway. He explained that the working group has established guidance for the IC submissions to the Strategic Plan. That guidance reflects four overarching goals or areas of emphasis:

- Research objectives
- Research Infrastructure or Research Capacity
- Outreach
- Integration of Research, Research Infrastructure and Outreach

As was the case with the FY2004-2008 Health Disparities Strategic Plan, the Council will take a leading role in development of this Plan to ensure that it appropriately reflects priorities important to addressing health disparities and allows the measurement of progress toward achieving its goals, Dr. Smedley stated.

The guidance provided to the ICs asked each IC to list, under each area of emphasis, several specific things:

- Clear scientific objectives
- An action plan to address those objectives
- Performance measures to quantify progress towards meeting those objectives
- Outcome measures
- A timeline describing at what point the objectives will be achieved
- A “professional judgment” budget

Dr. Smedley explained that NCMHD staff was in the process of reviewing the IC submissions, and the process of approval will be the same as that followed for the FY2004 – 2008 Strategic Plan involving the Council.

Discussion of the Strategic Plan

A discussion of the Health Disparities Strategic Plan followed Dr. Smedley’s presentation. Council noted that timelines are important targets to keep the process moving. One Council member suggested that it would be extremely productive for staff to think towards a major initiative —similar to the Human Genome Project —designed to bring about change in entire populations. Another member asked whether the IC submissions tie to the NIH Director’s priorities and if this is something that NCMHD and/or the Council should consider. An

additional suggestion was that planning start now for the next iteration of the Strategic Plan since it appears that there is still room to improve the process for developing the strategic plan which should perhaps engage the scientific and health disparity community on the front end similar to the development of the Roadmap.

Council thanked Dr. Smedley for his presentation. It was agreed that a Council retreat focusing on long-range planning would be valuable.

Public Comment

Dr. Gary opened the meeting to Public Comment. In response to the earlier discussion of infrastructure needs of HCBUs, an NCMHD staff member indicated that some less research-intensive institutions may face challenges even in complying with the new NIH requirement for electronic submission of applications.

Dr. Gary asked for further comments, and hearing none, thanked Dr. Ruffin and staff for their efforts.

Meeting Adjournment

The Executive Secretary to the Council, Ms. Donna Brooks, adjourned the Open Session at 4:30 p.m.

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

/John Ruffin/

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/

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