

**U.S. Department of Health and Human Services (HHS)
National Institutes of Health (NIH)
National Institute on Minority Health and Health Disparities (NIMHD)
National Advisory Council on Minority Health and Health Disparities (NACMHD)**

**Legacy Hotel & Meeting Centre
1775 Rockville Pike
Rockville, MD**

**September 13, 2011
8:15 a.m. - 3:15 p.m.**

Meeting Minutes

Council Members Present

John Ruffin, Ph.D., Director, NIMHD
Wayne J. Riley, M.D., M.P.H., M.B.A., MACP, Chair, NACMHD
John Alderete, Ph.D.
Jasjit S. Ahluwalia, M.D., M.P.H.
Paula A. Braveman, M.D., M.P.H.
Mona N. Fouad, M.D., M.P.H.
Patricia N. Henderson, M.D., M.P.H.
Marjorie Mau, M.D., M.S.
Eddie Reed, M.D.
Mr. Raj Shah
José Szapocznik, Ph.D.
Jesus Ramirez-Valles, Ph.D.

Ex Officio Members

Michael J. Fine, M.D., M.Sc.
Robert M. Kaplan, Ph.D.
Gary Martin, D.D.S.

Ad Hoc Members

The Honorable Kweisi Mfume

Executive Secretary

Donna A. Brooks

Deputy Director, NIMHD

Joyce A. Hunter, Ph.D.

CLOSED SESSION

The first portion of the meeting was closed to the public in accordance with provisions set forth in 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 GRANT APPLICATIONS

Executive Secretary Donna A. Brooks called the Closed Session to order at 8:15 a.m. Dr. John Ruffin, Director of the National Institute on Minority Health and Health Disparities (NIMHD) gave brief remarks welcoming the Council members.

The Council considered 129 applications requesting an estimated \$347,986,639 in total costs. Applications were considered for the following three programs or initiatives through en bloc voting: 1) The Resource-Related Minority Health and Health Disparities Research Cooperative Agreement Initiative (U24); 2) Research Endowment Program; and 3) Environmental Health Disparities Research Partnership; 4) Small Business Innovation Research/Small Business Technology Transfer (SBIR/STTR) Program; and 5) NIH Health Literacy Initiative.

Ms. Brooks adjourned the Closed Session at 8:56 a.m.

OPEN SESSION

CALL TO ORDER & WELCOME

Ms. Brooks called the Open Session to order at 9:32 a.m. She explained the Council had convened earlier in Closed Session to review grant applications in accordance with provisions set forth in 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. She then turned the meeting over to NIMHD Director, Dr. Ruffin.

OPENING REMARKS & INTRODUCTION

Dr. Ruffin welcomed participants to the 28th meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD).

Dr. Ruffin provided an update on the challenging fiscal times that the NIH faces and the task that NIH leadership including IC Directors face in effectively managing science in fiscally challenging times. Despite these constraints it is sometimes difficult for the ICs' constituencies to understand cutbacks to grants or programs due to limited budgets. Therefore, the Council's advice on the matter would be useful.

Dr. Ruffin asked the Council to observe a moment of silence to remember former NIH Director Dr. Bernadine Healy who passed away on August 8, 2011. Dr. Healy was the first woman director of the NIH. She was sensitive to issues relating to women's and minority health and demonstrated her commitment to making a difference in these areas.

Dr. Riley also provided opening remarks, recognizing Dr. Ruffin for his leadership and the NIMHD staff for their hard work on a daily basis. He pointed out that he has and will continue to make the NIH Director Dr. Francis Collins aware of the resource needs of the NIMHD. He

informed the Council about the blue ribbon panel that Dr. Collins has appointed to address the findings of a recent paper by Dr. Donna Ginther and colleagues, dealing with the poor success rate of African Americans who apply for NIH investigator-initiated research grants also referred to as a R01. Dr. Ruffin co-chairs the panel along with the Principal Deputy Director of NIH, Dr. Lawrence Tabak and Dr. Reed Tuckson, executive vice president and chief medical officer of United Healthcare. The committee's first face-to-face meeting will take place on October 11, 2011 and will be preceded by a teleconference with the lead author of the *Science* article, Dr. Ginther. The committee would like to obtain a better appreciation of the data and the approach to the data. Dr. Riley and Dr. Ruffin will then report back to the Council. Members of the Council briefly introduced themselves.

CONSIDERATION OF JUNE 2011 MINUTES

Council members reviewed and considered the minutes of the June 2011 meeting, and subsequently unanimously approved them.

FUTURE MEETING DATES & ADMINISTRATIVE MATTERS

Dr. Riley announced the proposed future meeting dates of the Advisory Council—February 28, June 12, and September 18, 2012.

NIMHD DIRECTOR'S REPORT

Dr. Ruffin presented the 28th Director's Report to the Council, which provided highlights of activities across the U.S. Department of Health and Human Services including NIH and in particular, NIMHD since their last meeting. He began by introducing new staff members.

New Staff

- Caroline Beth Perry and Colleen Butz: writers
- Keta Lawson: Administrative Officer
- Dr. Xinli Nan Health Scientist Administrator
- Dr. Natasha Williams: Legislative Liaison

NIMHD Reorganization

Dr. Ruffin informed the Council that the Institute has not yet received the final official approval of the new organizational structure pending inquiries seeking clarification on items related to the creation of the National Center for Advancing Translational Science (NCATS). Dr. Ruffin pointed out that the NIMHD reorganization based on its re-designation from a Center to an Institute is separate and distinct from the reorganization of the Institute that would occur with the establishment of NCATS.

Program Updates

During the Council's Closed Session, members reviewed grant applications for:

- The Resource-Related Minority Health and Health Disparities Research Cooperative Agreement Initiative (U24). This is the Institute's newest initiative which has four broad areas of emphasis: bioethics research, global health research, data infrastructure and information dissemination, and rural health disparities research.

- The Research Endowment Program. For the first time, institutions with active NIMHD COEs have the opportunity to compete for endowment funds, thanks to a provision in the Affordable Care Act that expanded the eligibility criteria for the program to include NIMHD COEs.
- The Environmental Health Disparities Research Partnership. Earlier this summer, the NIMHD entered into a partnership with the Environmental Protection Agency to establish a trans-disciplinary network of centers focusing on environmental health disparities research. These centers will be created through the NIMHD COEs Program to examine the complex interaction of biological, social, and environmental determinants of health.
- The Council also reviewed applications for the SBIR/STTR Program and the NIH Health Literacy Initiative.

The NIMHD completed another successful Translational Health Disparities course on July 1st. This year a total of 70 scholars were accepted to the course compared to 40 for the inaugural course.

NIH Health Disparities Strategic Plan

The NIH Health Disparities Strategic Plan and Budget is currently at the HHS Office of the Secretary. Some initial feedback has been provided requiring the ICs to revise their budget data to ensure consistency and accuracy in reporting budget numbers for FY 2010 and 2011.

2012 Summit on the Science of Eliminating Health Disparities

Planning has begun for the 2012 Science of Eliminating Health Disparities Summit. The Summit will take place at the Gaylord National Hotel from October 31 to November 3. The 2012 Summit will be organized from the HHS platform through the Health Disparities Council under the auspices of the HHS Assistant Secretary for Health, Dr. Howard Koh. The 2012 Summit will be a bigger event with a broader reach and planning. The Health Disparities Council consists of leaders from each of the HHS agencies involved in minority health and health disparities; thus for many of the agencies, the representative is the head of the new Offices of Minority Health.

NIMHD is in the process of establishing several committees, including a steering committee with primary representation from the HHS Health Disparities Council, NIMHD, and the Federal Collaboration on Health Disparities Research. NIMHD will also create a program committee, a logistics committee, and a communication and strategic partnership committee. A number of subcommittees will be derived from these primary committees. The framework for each of the committees will be finalized soon. The goal is to begin arranging initial meetings of the key committees during October.

NIH Updates

Dr. Vivian Pinn retired from the NIH and federal government service as Associate Director of the Office of Research on Women's Health (ORWH) after serving in that role for nearly 20 years. Dr. Janine Clayton, the ORWH deputy director, has been asked to serve as the Acting

Director. At the National Center for Research Resources (NCRR), Dr. Barbara Alving will retire as Director on September 30th, 2011. Deputy Director Dr. Louise Ramm will serve as the Acting Director.

At the National Institute of General Medical Sciences (NIGMS), Dr. Judith Greenberg is now serving as the Acting Director following the departure of Dr. Jeremy Berg. A new director has been appointed and will be announced fairly soon, pending approval.

At the Center for Scientific Review, Director Dr. Tony Scarpa has resigned from his position. Dr. Richard Nakamura, the former Deputy Director of the National Institute on Mental Health, has been asked to serve as the Acting Director.

Dr. Ruffin reported on the recent *Science* article entitled *Race, Ethnicity, and NIH Research Awards*. The study was commissioned by NIH. Its purpose was to determine if researchers of a different race and ethnicity with similar research records and affiliations had a similar likelihood of being awarded a first-time NIH R01 award.

The study revealed that applications from Asian and African American investigators were less likely to be funded than applications from White investigators. However, for Asians the difference appeared to be connected to U.S. citizenship. The award probability for Hispanic applicants did not differ significantly from White applicants. When controlling for factors that influence the likelihood of success, African American applicants were 10 percentage points less likely than White applicants to receive NIH research grants.

NIH finds these results unacceptable and is taking steps to address them including:

- NIH will implement a framework for action to increase the number of early career reviewers, including those from under-represented populations. NIH has initiated the new Early Career Review Program to encourage promising junior faculty to participate in peer review panels and learn how the groups discuss, evaluate, and score grant applications.
- NIH will gather expert advice through two high-level advisory groups that have been formed by the NIH Director – the NIH Diversity Task Force and an external panel of distinguished experts on a newly-formed Diversity in the Biomedical Research Workforce Working Group.
- NIH will also examine the grant review process for bias and develop appropriate interventions.

HHS Updates

In December 2010, the Secretary of Health and Human Services released the HHS Tribal Consultation Policy. HHS agencies were tasked with implementing the policy through the development of their own policy or an adaptation of the HHS policy. Tribal Consultation activities are coordinated through the Intergovernmental Council on Native American Affairs in the Office of the HHS Secretary. Dr. Ruffin serves as the NIH representative to this committee. A trans-NIH working group has been established to develop the NIH implementation guidance. Input will also be solicited from tribal communities.

Council Discussion

Following the NIMHD Director's Report, discussion ensued pertaining to several topics including the transfer of the RCMI program, the IDeA program and other NCCR programs with the creation of NCATS and the dissolution of NCCR. The group also discussed the challenge of managing science in fiscally challenging times; the *Science* article and how the Council could provide recommendations for the NIH to consider; the coordination role of the NIMHD and the creation of a working group to examine the issue more closely in order for the Council to ultimately provide recommendations to the NIMHD Director; and building partnerships with tribal leaders and other groups including professional and grassroots organizations. Dr. Patricia Henderson shared some of the sensitivities involved in consulting with tribal groups and the complexity given the number of tribes that exist throughout the U.S. and their varying levels of involvement in the research process. She also conveyed her willingness to work with NIMHD to appropriately engage the tribes.

COORDINATING MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH

Dr. Ruffin reminded the Council of the discussions that began during the last Council meeting dealing with the coordination role of the NIMHD. The Council agreed to form two working groups to further explore some of the issues. He pointed out that the NIMHD is on the right track with regard to implementing its programs. However, not enough time and energy have been dedicated to coordination activities. Input from the Council will help form the basis for processes, policies, and procedures that will be put in place to guide the NIMHD coordination efforts and ensure that all parties are upholding their responsibilities.

The Council discussed multiple issues related to the coordination role with emphasis on the development of the health disparities strategic plan and the NIMHD's role in working with the ICs to establish the agency's health disparities priorities. They discussed models for consideration including the Office of AIDS Research approach, and using the authorizing statutes of the Institute (P.L. 106-525 and P.L. 111-148) and the Institute of Medicine's Report on the assessment of the NIH Health Disparities Strategic Plan and Budget as a guide. The Council pointed out the importance of having NIH leadership including Institute and Center Directors involved in the priority setting process. They also explored different strategies for enhancing the coordination role of the NIMHD, and concluded the discussions by agreeing to establish a small working group that could continue the discussions and develop preliminary recommendations to report back to the Council, and subsequently the NIMHD Director.

PUBLIC COMMENTS

Following the discussion, Dr. Ruffin asked whether members of the public wished to offer any comments. None were offered at the meeting, although Dr. Ruffin said that some comments came through in writing. Dr. Ruffin proceeded to offer closing remarks.

CLOSING REMARKS

Dr. Ruffin thanked the Council and staff for all their work.

ADJOURNMENT OF OPEN SESSION

Ms. Brooks adjourned the Open Session at 3:15 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., Director, National Institute on Minority Health and Health Disparities, NIH

/Donna A. Brooks/

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