

**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)**

**Doubletree Hotel & Executive Meeting Center
8120 Wisconsin Avenue
Bethesda, Maryland**

**September 14, 2010
8:00 a.m. - 4:15 p.m.**

Meeting Minutes

Council Members Present

John Ruffin, Ph.D., Chair, NACMHD
John Alderete, Ph.D.
Paula A. Braveman, M.D., MPH
Mona N. Fouad, M.D., MPH
Wayne J. Riley, M.D., MPH, MBA, MACP
Stephen A. Smith, MBA

Ex Officio Members

Gary Martin, D.D.S.
Deborah H. Olster, Ph.D.

Ad Hoc Members

The Honorable Kweisi Mfume
Deborah Prothrow-Stith, M.D.
Eddie Reed, M.D.
Otis W. Brawley, M.D.
Eloy Rodriguez, Ph.D.
Raj Shah

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.

Executive Secretary Donna A. Brooks called the closed session to order at 8:30 a.m. and turned the meeting over to NIMHD Director and NACMHD Chair, Dr. John Ruffin. Dr. Ruffin presided and Dr. Joyce Hunter served as Chair-Designee to facilitate the meeting. The Council considered 330 applications requesting an estimated *\$67,941,457 in total costs. The Council considered applications for the ARRA initiatives (SBIR/STTR) as well as applications for NIMHD's regular programs. Voting en bloc, the Council concurred with the first-level peer review of the following: Faith-Based applications; Social Determinants of Health applications; Health Disparities Research Investigator-Initiated Research Program (R01); Building Research Infrastructure and Capacity applications; Scientific Conference Grants (R13); Disparities, Research and Education Advancing Our Mission applications; Small Business Innovation Research and Small Business Technology Transfer (SBIR/STTR) program applications; and 1 NIH Director's Opportunity for Research in Five Thematic Areas. Ms. Brooks adjourned the closed session at 9:50 a.m.

OPEN SESSION

Call to Order & Welcome

Ms. Donna Brooks called the Open Session to order at 10:10 a.m. and noted the Council had convened in Closed Session earlier 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 and NACMHD Chair Dr. John Ruffin.

OPENING REMARKS & INTRODUCTIONS

Dr. Ruffin welcomed all attendees to the Open Session of the 25th NACMHD meeting. He thanked NACMHD members and NIMHD staff and contractors for their work and proudly announced the re-designation of the National Center on Minority Health and Health Disparities to Institute status, the result of the Patient Protection and Affordable Care Act (ACA), signed by President Obama in March 2010. Dr. Ruffin also expressed his appreciation to individuals attending the Capitol Hill celebration on July 20th sponsored by several NIMHD constituency groups. He also recognized the congressional leaders and others for their support in the creation of NIMHD. Dr. Ruffin acknowledged the contributions of former HHS Secretary Dr. Louis Sullivan; former Member of the U.S House of Representatives the Honorable Louis Stokes, and former U.S. Surgeon General Dr. David Satcher in making health disparities a national priority. . Dr. Ruffin noted the change in status underscores the commitment of the Administration and Congress to eliminate health disparities and indicated that all the responsibilities of NCMHD established under Public Law 106-525 will be transferred to NIMHD. The Institute has the authority to plan, review, coordinate and evaluate all minority health and health disparities research supported and conducted by the NIH Institutes and Centers (ICs).

Advisory Council Introductions

Dr. Ruffin introduced the ad hoc members of the Advisory Council:

- The Honorable Kweisi Mfume
- Deborah Prothrow-Stith, M.D.
- Eddie Reed, M.D.
- Eloy Rodriguez, Ph.D
- Mr. Raj Shah

CONSIDERATION OF MINUTES

A motion to accept the Minutes from the June 8, 2010 Council meeting was unanimously approved with one correction, the listing of Dr. Wayne Riley as present at the meeting.

FUTURE MEETING DATES AND ADMINISTRATIVE MATTERS

Ms. Brooks reviewed a few administrative matters and specified the future meeting dates of the Advisory Council: February 22, June 14, and September 20, 2011. She emphasized the importance of having a quorum for each meeting.

REPORT OF THE NIMHD DIRECTOR

Dr. Ruffin recognized the NIMHD staff for its hard work and support and introduced the following new staff members.

Dr. Dorothy Castille: a former Loan Repayment Program scholar and joins as a Health Scientist Administrator. Dr. Castille is from Columbia University, where she served as an Adjunct Associate Research Scientist.

Dr. Jennifer Alvidrez: is a Health Scientist Administrator. She comes from the University of California, San Francisco, where she served as an Associate Professor of psychiatry.

Mr. Briant Coleman: is a public affairs specialist and formerly served as director of Public Affairs in the Government of the District of Columbia.

Dr. Chazeman Jackson: is a fellow in the HHS Emerging Leaders Program and joins as a Health Scientist Administrator.

Mr. Jon Messick: is a grant management specialist and comes from the National Association of Youth Courts, Inc. where he served as a program administrator.

Dr. Nishadi Rajapakse: completed her postdoctoral training at the National Institute on Environmental Health Science (NIEHS), and joins as a Health Scientist Administrator.

Ms. Christine Spates: rejoins NIMHD as an administrative officer coming from the National Institute on Mental Health. She is a former employee of the Office of Research on Minority Health.

Dr. Ruffin briefly mentioned several special projects taking place at NIMHD and called on NIMHD senior officials and staff to provide more details on the upcoming activities.

NIH Health Disparities Seminar Series

Dr. Ileana Herrell announced the speaker for the next NIH Health Disparities Seminar series scheduled for Thursday, September 16th at 3:00 p.m., at the Natcher Conference Center. Dr. Mirta Roses Periago, Director of the Pan American Health Organization (PAHO) who also serves as the World Health Organization's (WHO) Regional Director for the Americas will be the guest speaker. In celebration of National Hispanic Heritage Month Dr. Roses Periago will discuss social inequalities in the Americas.

The monthly NIH Health Disparities Seminar Series is hosted by NIMHD. The seminars, which are open to NIH staff and the general public, disseminate information on advances, gaps, and current issues related to health disparities research. Dr. Herrell noted that the seminar series features national and international health disparities research experts, including many funded by the NIMHD, the other NIH ICs, and federal agency partners. Each seminar focuses on a specific theme.

NIMHD Translational Health Disparities Course

Dr. Irene Dankwa-Mullan reported that the NIMHD is hosting a *Translational Health Disparities* course which will take place September 20 through October 1, 2010. This two-week intensive course will provide specialized instruction on the concepts, principles, methods, and applications of health disparities science, practice, and policy. A faculty of nationally recognized experts in health disparities science will lead individual sessions. The first presentation, an overview of the framework and concepts underlying health disparities, will be presented by NIMHD Advisory Council member Dr. Paula Braveman. Dr. Eric Green, Director, National Human Genome Research Institute (NHGRI), former U.S. Surgeon General Dr. David Satcher and HHS Assistant Secretary for Health Dr. Howard Koh, are a few of the presenters scheduled for the course.

American Journal of Public Health Supplement

Dr. Dankwa-Mullan also reported on an upcoming AJPH Supplement. NIMHD and the Environmental Protection Agency have commissioned a special supplement of the AJPH on "Science and Policy Issues in Environmental Justice and Health Disparities." This special supplement arises from a March 2010 symposium co-sponsored by NIMHD entitled "Strengthening Environmental Justice Research and Decision Making: A Symposium on the Science of Disproportionate Environmental Health Impacts." Papers addressing the state of science and knowledge about factors that contribute to environmental justice and environmental health disparities, including papers addressing the Gulf oil spill, are invited. The deadline for manuscript submission is October 22nd, 2010.

Climate Change and Human Health

NIMHD also partnered with the National Institute on Environmental Health Sciences (NIEHS) on a R21 two-year funding opportunity relating to the impact of climate change on human health in health disparity communities as well as other communities. Dr. Dankwa-Mullan noted a number of ICs have joined to support this FOA. NIMHD is particularly interested in climate change in health disparity communities, effective health communications and outreach related to issues of climate change, and teaching vulnerable populations how to best prepare for climate change and environmental disasters.

Technical Assistance

Dr. Ruffin emphasized that additional technical assistance to communities eligible for funding is needed. As an example, he noted that the faith-based community is a vital community that can contribute to the work of the Institute in addressing health disparities. However, that community may need training in the application and awards process so that their applications will be more competitive.

NIMHD Research Endowment Program

Dr. Ruffin also noted that the NIMHD Research Endowment Program has been expanded. Prior to enactment of the Affordable Care Act (ACA), only HRSA Centers of Excellence were eligible to participate in this congressionally mandated program. The ACA extended eligibility to include NIMHD Centers of Excellence. HRSA Centers of Excellence remain eligible as well, he explained.

NIH Health Disparities Strategic Plan and Budget

Dr. Ruffin explained that Public Law 106-525 requires NIMHD to coordinate development of the NIH Health Disparities Strategic Plan and Budget (Strategic Plan). The NIMHD has obtained and reviewed the submissions from the other Institutes, Centers, and Offices, and is working with a science writer to analyze and synthesize the information to put together the comprehensive strategic plan. Dr. Ruffin reminded Council members of the requirements of the strategic plan according to the law, as well as their role in providing input into the development of the document. The 2009 – 2013 Strategic Plan presently being finalized will be reviewed for approval by the Secretary of Health and Human Services. Dr. Ruffin recommended the Council strongly consider forming subcommittees to facilitate the tasks and plans of the Institute. Dr. Alderete suggested the Council also consider blue ribbon panels to assist in the review of the ICs' strategic plans.

SCIENTIFIC PROGRAM PRESENTATIONS

Report on the Department Of Defense Recruit Oral Health Survey

Colonel Gary C. Martin, DC, USAF, Tri-Service Center for Oral Health Studies, Department of Preventive Medicine Department, Uniform Services University of the Health Sciences (USUHS)

Colonel Martin discussed the oral health survey/study conducted by the Department of Defense in 2008. The goal of the study was to estimate the level of dental readiness for deployment of recruits across the United States. Previous studies to assess dental readiness were conducted in 1994 and 2000. Samples were taken from nine recruiting locations across the four branches, representing well over 300,000 recruits, with approximately 50 percent of the recruits coming from the Army. The majority of recruits were between the ages of 18 and 22 and had at least a high school education.

Colonel Martin reviewed the data and results of the study. After conducting oral examinations, researchers assigned recruits to one of three categories: Class 1 indicated no presence of any oral disease; Class 2 indicated some disease, but not to the extent that the recruit was rendered non-deployable; and Class 3 indicated oral disease was present and the recruit was non-deployable. Colonel Martin emphasized that not treating oral disease can lead to a significant dental event during combat, which can compromise the recruit's safety as well as the safety of others.

The 2008 study revealed that 52.4 percent of all the recruits were non-deployable due to dental problems. For African Americans, 59.7 recruits were non-deployable. The two conditions with the greatest prevalence were dental decay and problems with wisdom teeth. Twenty-eight percent of recruits had zero teeth needing to be filled; 35.4 percent had one to three teeth requiring filling; and 18.5 percent had four to six teeth needing to be filled. Over 18 percent had seven or more teeth that had decay, with African Americans having the highest percentage of up to seven or more teeth with decay. Based on the results, the problem of oral disease prevalence is thought to be an access-to-care issue. Individuals who had never seen a dentist in their lives were determined to be more likely to show up at the recruit sites with severe dental disease.

The statistics for recruits with teeth that cannot be restored show that 90 percent of all recruits have all their teeth. By race, Asians have 83 percent of their teeth; African Americans, 85 percent; and the Hispanic population has a lower percentage than the African American population. Approximately 8 percent of all recruits needed a root canal and 12 percent of African Americans required a root canal. Forty-one percent of recruits had visited a dentist within the previous 12 months; 29 percent within the prior two years; and 1.9 percent had never seen a dentist. For the Hispanic population, 36.4 percent had seen a dentist within 12 months; 32.4 percent of African Americans had seen a dentist within the previous 12 months; and 3.1 percent of Hispanics and 3.8 percent of African Americans had never seen a dentist. Sixty-one percent of all recruits said they needed some form of dental care; however, 31 percent reported they needed immediate care. For the African American population, 42 percent stated they needed immediate care.

Colonel Martin concluded his remarks by emphasizing that oral health disease is a very serious problem for recruits, to the extent that Defense Secretary Robert Gates is aware the U.S. may be ill-equipped to fight future wars because there will not be enough qualified and deployable recruits due to the disease. Research shows that oral health disease can be associated with other health problems, such as diabetes and cardiovascular problems, to name a few. Colonel Martin noted that the absence of wisdom teeth is an indication that a person has been receiving ongoing dental care their entire life, and many recruits have had orthodontics. Disproportionately, minorities came into recruiting stations still having their third molars, which can later be one of the causes of infection. Thus, extracting wisdom teeth is highly recommended for recruits being deployed.

Dr. Ruffin noted the Advisory Council will receive additional scientific presentations in the future. He also reminded attendees that he and Dr. Garth Graham co-chair a group called the Federal Collaboration on Health Disparities Research (FCHDR), which is comprised of representatives from each of the various federal agencies. Letters have been sent to the agency heads of various agencies, such as the Department of Defense, Department of Transportation, and the State Department, requesting that representatives to the Collaboration be designated. The goal of the FCHDR is to foster collaboration around health disparities among federal agencies.

DIVERSITY IN PRACTICE: WHERE WE'VE BEEN AND WHERE WE'RE GOING
Marc A. Nivet, Ed.D., Chief Diversity Officer, Association of American Medical Colleges

Dr. Marc Nivet serves as the chief diversity officer for the Association of American Medical Colleges. He recently served as the chief operating officer and treasurer for the Josiah Macy

Foundation in New York City, a foundation that supports programs designed to improve the education of health professionals who have a specific interest in public health.

Dr. Nivet outlined the history of medical education within minority populations and presented supportive rationales for why diversity in this field should be priority. For historically underrepresented minority groups (Hispanics, African Americans, American Indians), the data reveals that representation has leveled off for the last 15 to 20 years at approximately 14 percent. Over time, the number of African Americans in medical schools has increased by roughly 600 students, with approximately 480 being female. The Hispanic/Latino group, while growing, is also trending more towards females. Dr. Nivet noted his task at the AAMC is to help institutions understand that diversity is central to their missions.

Remedies for reducing the disparities in medical education were discussed. Dr. Nivet noted the pipeline clearly needs to be improved. Institutions and educators need to start looking inward at applicants and students and determine what is needed in terms of a practitioner; what is the true meaning of success, as well as what can be changed in the recruitment and admissions process. Faculty development issues are also important. Underrepresented minorities comprise roughly 7 percent of faculty members at the nation's academic medical centers. Thus, a more rigorous and detailed analysis of educational programs is needed to determine the elements of effective and successful programs.

Dr. Nivet also discussed the factors that build a strong case for diversity. He noted there is a correlation between diversifying the profession and healthcare reform. Medical schools are expanding class sizes, and new schools are being created. Institutions are calling for a 30 percent increase of students in academic medicine. Academic institutions are also broadly thinking about transformational change, i.e., pre-med courses related to the social determinants of health.

Dr. Nivet closed his talk by presenting a model that outlined the components necessary for diversity and inclusion. He strongly noted the AAMC's mission embraces improving health for all. He strongly recommended that institutions tie their diversity agenda to a broad agenda of excellence. Dr. Nivet addressed questions from the Council and guests.

PUBLIC COMMENTS

Following completion of the scientific presentations, Ms. Brooks asked whether members of the public wished to offer any comments. Hearing none, she presented written comments from Dr. D. Scout of the Fenway Institute's Network for LGBT Tobacco Control, to the Council Chair, Dr. Ruffin.

Dr. Scout expressed concern that federal agencies including NCMHD, in too many instances are not welcoming to legitimate research focusing on LGBT disparities. Dr. Scout noted that the effect is to stifle the researchers, the knowledgebase and the deployment of tested interventions to reduce LGBT disparities. Dr. Scout reviewed historical data to support the claim that federal funding streams are not welcoming to research on LGBT disparities. Dr. Scout notes that only two of the NIMHD funded research projects focus on some portion of LGBTs. Dr. Scout further points out the notation in the NIH Health Disparities Strategic Plan for fiscal year 2004-2008 which indicates that NCMHD and the Agency for Healthcare Quality Research (AHRQ) to reexamine the definition and designation of health disparity population.

In response to the written comment, Dr. Ruffin discussed the complicated issues associated with determining which groupings of individuals should be considered to be "health disparity populations". He noted that there are several groups that have recently approached the NIMHD, the NIH and HHS that are now seeking designation as health disparity populations including prisoners, immigrants, veterans and members of the lesbian, gay, bisexual and transgender (LGBT) communities. He reported that a working group comprised of representatives from NIMHD, AHRQ and other experts in the field, has been formed to provide guidance on reexamining the definition and designation of health disparity populations. Dr. Ruffin noted efforts at the NIH and HHS levels to address some of the concerns raised by the LGBT community including a NIH committee to look at current research and to identify gap areas, and an Institute of Medicine's study on the LGBT community and health disparities. The NIMHD has provided approximately \$200,000 to support this study. Dr. Ruffin expressed thanks to Dr. Scout for the concerns, and noted that it is this type of public feedback that helps the NIMHD to recognize gaps in health disparities research.

ANNOUNCEMENTS

Dr. Ruffin introduced the three current DREAM program scholars, Dr. Shanita Williams, Dr. Julia Hastings, and Dr. Holly Jacobson. They described their backgrounds and shared their experiences and goals related to health disparities research.

PUBLIC COMMENT: On behalf of the NIMHD staff, Dr. DeLoris Hunter thanked Dr. Ruffin for his leadership, dedication and commitment for guiding the Center to its new status as an Institute. Council members and guests offered their congratulations and appreciation as well.

CLOSING REMARKS

Dr. Ruffin closed the meeting by thanking everyone for their attendance and participation in the meeting. He expressed special thanks to Council members and staff.

ADJOURNMENT

Ms. Brooks adjourned the Open Session at 4:15 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., Chair, National Advisory Council on Minority Health and Health Disparities; 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

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

Tuesday, September 14, 2010

Meeting Minutes

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 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