

**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 Suites
6711 Democracy Boulevard
Bethesda, Maryland
February 26, 2008
8:00 a.m. – 5:00 p.m.**

Meeting Minutes

Council Members Present

John Ruffin, Ph.D., Director, NCMHD; Chair, NACMHD
Mario De La Rosa, Ph.D.
Faye A. Gary, Ed.D., R.N., FAAN
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
Pitambar Somani, M.D., Ph.D.
Maria Soto-Greene, M.D.

Ex Officio Members

Gary Martin, D.D.S.

Ad Hoc Members

Mona Fouad, M.D., M.P.H.
Brian Smedley, Ph.D.

Guests

Margarita Alegría, Ph.D.
Glorisa Canino, Ph.D.
Joyce Javier, M.D., M.P.H.
Timothy Hays, Ph.D.
Lily McNair, Ph.D.
Dale Sandler, Ph.D.

Deputy Director, NCMHD

Joyce A. Hunter, Ph.D.

Executive Secretary

Donna A. Brooks

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 Brooks called the meeting to order and turned the proceedings over to NCMHD Director and NACMHD Chair Dr. John Ruffin. Dr. Ruffin presided, and Chair-Designee Warren Jones facilitated.

The Council considered more than 70 applications. Voting en bloc, the Council concurred with the first-level peer review of the Community-Based Participatory Research Program (CBPR) and Conference Grant applications presented for second level peer review. The Council also unanimously agreed to concur conditionally, with the first-level peer review of the Small Business Innovation Research (SBIR) program grants. Funding for these SBIR grants would be considered following review of the next set of SBIR grants in June. Council members suggested reaching out to the small business community to assist them with developing grants to support their innovative ideas.

Ms. Brooks adjourned the closed session.

OPEN SESSION

CALL TO ORDER & WELCOME

Ms. Brooks called the Open Session to order at 10:00 a.m. She explained that Dr. Ruffin would preside over the session and Dr. Jones would serve as facilitator.

OPENING REMARKS & INTRODUCTIONS

Dr. Ruffin welcomed participants to the Open Session of the 17th NACMHD meeting. He began the session by introducing new Council participants and NCMHD staff.

New Council Participants

Dr. Ruffin introduced Maria Soto-Greene, M.D., who was attending her first meeting. Dr. Soto-Greene is Vice Dean and Professor of Medicine at the University of Medicine and Dentistry of New Jersey. She also directs the Hispanic Center of Excellence at the school and serves as Associate Dean for Special Programs. Her research interests include minority participation in health professions and roles in academic medicine.

Two ad-hoc members were also introduced: Mona Fouad, M.D., M.P.H., and Brian Smedley, Ph.D.

Dr. Fouad is the Director of the Minority Health and Research Center, University of Alabama at Birmingham (UAB). Her major research interests are cancer and heart disease, especially their disparate impact on minorities, and she has published extensively in these areas. Her recent awards include the 2004 Association of Academic Health Centers (AAHC) Sullivan Best Practice Award in recognition of outstanding work to

reduce health disparities in the United States, and the 2004 Odessa Woolfolk Community Service Award.

Dr. Smedley is the Co-Founder and Research Director of The Opportunity Agenda, an organization promoting social justice in public health and other arenas. Immediately prior to founding The Opportunity Agenda, Dr. Smedley served as a Senior Program Officer in the Division of Health Sciences Policy of the Institute of Medicine (IOM), where he was study director for IOM reports, including *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, and initiated work on the report *Examining the Health Disparities Research Plan of the National Institutes of Health: Unfinished Business*. Before joining the IOM, Dr. Smedley was Director for Public Interest Policy at the American Psychological Association. He also served as a Congressional Science Fellow in the office of Representative Robert C. Scott (D–Va.). Dr. Smedley was twice awarded the National Academy of Sciences Individual Staff Award for Distinguished Service and received the 2002 Congressional Black Caucus “Healthcare Hero” award.

New Staff Members

Dr. Ruffin welcomed and introduced two new staff members:

- Former Council member Kyu Rhee, M.D., M.P.P., now directs the NCMHD Office of Innovation and Program Coordination. Dr. Rhee was the Chief Medical Officer of the Baltimore Medical System, the largest network of community- and school-based health centers caring for the city’s underserved. He also served on the IOM Roundtables on Health Literacy and Health Disparities and the American Medical Association (AMA) Commission to End Healthcare Disparities. In addition, he also served on the IOM committee to develop the IOM report *Examining the Health Disparities Research Plan of the National Institutes of Health: Unfinished Business*.
- Idalia Sanchez, M.P.H., has joined the NCMHD Division of Scientific Strategic Planning and Policy Analysis program analysis officer with responsibility for legislative activities. Ms. Sanchez previously served in a similar capacity in the Health Resources and Services Administration and has extensive experience with the Department of Health and Human Services.

General Introductions and Announcements

Brief introductions and announcements by Council members followed the introductions of new staff. All of the members expressed their support for the Center’s work under Dr. Ruffin’s direction. Dr. Ruffin thanked the group and encouraged the ad hoc and appointed Council members to guide the Center in establishing and accomplishing its goals.

CONSIDERATION OF MINUTES

A motion to accept the minutes from the September 18, 2007 Council meeting was unanimously approved.

FUTURE MEETING DATES AND ADMINISTRATIVE MATTERS

- **Future Meetings.** Meetings are held on Tuesdays. The remaining 2008 meeting dates are June 10 and September 16.
- **Administrative Matters.** Roster changes are to be sent to Ms. Brooks.

NCMHD DIRECTOR'S REPORT

Dr. Ruffin began by stating that eleven key positions were filled at the NCMHD during calendar year 2007 including deputy director, two division directors, budget officer and grants management officer.

Dr. Ruffin went on to review how the NCMHD expended its fiscal year (FY) 2007 budget including an overview of accomplishments for each program. The NCMHD budget for FY 2007 was \$199.4 million, 90 percent of this budget was spent on programs. The budget supports both independent NCMHD programs and collaborations with other NIH Institutes and Centers and federal agencies. For FY 2007, about 20 percent of the budget was funded 85 collaborative programs. A strategic, systematic approach to promote collaboration to bolster the NCMHD work to eliminate health disparities is needed, especially because the NIH budget remains flat. Dr. Ruffin asked the Council for guidance in developing this approach.

Major Program Areas

Dr. Ruffin provided information about the funding for each program and their geographical distribution. He noted that NCMHD programs have an extensive reach in every state except Delaware and Vermont. Programs are also located in the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. NCMHD continues to cultivate and expand its major programs, as noted below.

Loan Repayment Program (LRP). This program provides the greatest “bang for the buck.” In 2007, awards totaling \$15.4 million were made and more than 300 people were funded. This is the largest number of awards since the program’s initiation in 2001. About 1,400 individuals have graduated from the LRP, and the current challenge is retaining them and tracking their contributions to the field. The NCMHD will continue its efforts to promote the LRP to diverse populations with the support of different groups, organizations, and institutions. At present, almost 70 percent of participants are from health-disparity populations.

Centers of Excellence (COE): The largest proportion of the FY 2007 budget, about 30 percent, was spent on the Centers of Excellence program. A new competition was held in 2007 and 37 awards were made. Of these, 54 percent went to first-time NCMHD Center of Excellence grantees. Bridge funding was provided to support specific program cores that were deemed scientifically meritorious, for seven former COE grantees that had scores below the payline.

Dr. Ruffin gave a preliminary report on the data that is beginning to emerge from the NCMHD Centers of Excellence. He pointed out the complex nature of health disparities

and reported that 37 percent of the NCMHD Center of Excellence programs focus on biological factors contributing to health disparities, and 29 percent concentrate on the impact of socioeconomic factors. Other factors being studied by the Centers are distributed as follows: the effects of cultural factors (12 percent), political factors (11 percent), and racial/discriminatory factors (11 percent).

Community-Based Participatory Research Program (CBPR): Awards totaling \$12.1 million were made for continuing CBPR programs in FY2007. The new competition for FY2008 funding drew a pool of 68 responsive applications that were reviewed by the initial peer review panel in December. Funding decisions will be finalized in June.

Endowment Program: Funding for the program in FY2007, totaled \$28.1 million. A Request for Applications for FY2008 funding will be released in a few weeks. Dr. Ruffin acknowledged Ms. Leslie Atkinson, Dr. Francisco Sy, and Dr. Nathaniel Stinson for their contributions in working with others around the NIH to establish the regulations for this unique program. The regulations are being finalized by the Office of Management Assessment and the Office of General Counsel for transmittal to the NIH Director.

Research Infrastructure in Minority Institutions Program (RIMI): The program spent \$18.5 million in FY 2007 for seven new awards and 22 continuing projects. For the first time, the RIMI program funded a Tribal College --The Crow Nation's Little Big Horn Community College. The program at Little Big Horn College will conduct research on: (1) the connections between water contamination and public health, (2) links between nutrition and diabetes, and (3) health challenges faced by pregnant American Indians.

Small Business Innovation Research (SBIR) and Small Business Technology Transfer Research (STTR) Programs: SBIR and STTR programs accounted for \$5.4 million of the NCMHD FY 2007 budget. Thirteen SBIR and two STTR program awards were funded. Five SBIR awards and the two STTR awards were for the NCMHD. The other eight were SBIR awards for the National Institute of Biomedical Imaging and Bioengineering (NIBIB), and the National Institute of Musculoskeletal and Skin Diseases (NIAMS) and the National Institute on Drug Abuse (NIDA).

Minority Health and Health Disparities International Research Training Program (MHIRT): In FY 2007, the NCMHD supported 24 grants totaling \$4.3 million. NCMHD will release a new Request for Applications (RFA) in spring 2008 to fund a new cohort of MHIRT grantees in FY2009. The MHIRT grantees are drawn from institutions in 23 States and Puerto Rico and have participated in research projects on every continent around the world.

The FY2004-2008 NIH Strategic Plan for Health Disparities Research

Dr. Ruffin observed that the major policy issue for FY 2007 was moving forward with the *FY2004-2008 NIH Strategic Plan for Health Disparities Research*. The plan was amended and approved by the Council in September 2007 and it is now being reviewed in the Office of the Secretary. Although the plan has not been formally approved, NCMHD remains responsible for moving the minority health and health disparities research agenda forward.

In concluding the Director's Report, Dr. Ruffin outlined a number of goals for the NCMHD in 2008 including:

- Improve program data collection, analysis, and management. NCMHD Deputy Director, Dr. Joyce Hunter has been charged with drafting a Request for Proposals (RFP) to the NCMHD effort to improve minority health and health disparities data collection from NCMHD programs.
- Enhance Outreach to the Extramural Community.
- Establishment of the Office of Innovation and Program Coordination --
- Implementation of the IOM and the NCMHD Ad-Hoc Committee recommendations on the NIH health disparities research plan.

Discussion of the Director's Report

Council members thanked Dr. Ruffin for his informative update and raised points for further discussion, and offered recommendations on several items:

- *Staffing*: Council members raised concerns about the adequacy of the NCMHD staffing and budget to meet the objectives of the Center especially with increased responsibilities and expanding programs. One recommendation was made to look at true reciprocal partnerships with the ICs that considered staffing issues.
- *Young Investigators*: A recommendation was made for the Council to identify ways to sustain research careers for young investigators studying health disparities issues. The key for the NCMHD is to develop a system to track its Loan Repayment Program graduates as the move into different careers. This information could be used to: (1) build sustained trans-NIH support for LRP, (2) create a cadre of mentors for new LRP participants, and (2) track the growth of the investment of the NCMHD in young scientists.
- *NCMHD Coordinating Role*: The group was reminded of the dual roles of the NCMHD –1) carrying out its own research agenda and 2) coordinating health disparities research across NIH. The pressing challenge is to better define “coordination” to include various types of research collaborations and to promote and track these cooperative efforts. One recommendation for defining coordination could be framed in terms of what NCMHD has to offer to other ICs, such as expertise in working with minority institutions and populations. Another was for NCMHD to develop a case-based approach, including tips and lessons learned, for disseminating its expertise to other ICs.
- *NIH FY2004-2008 Strategic Plan for Health Disparities Research*: The Council agreed to draft a letter encouraging the HHS Secretary to approve the Strategic Plan.
- *Council Support for NCMHD*: The Council agreed to actively support NCMHD in achieving its goals and objectives. The Chair Designee (Dr. Jones) will facilitate the formation of working groups to help guide the Center.

A motion was passed and unanimously approved for the Council to develop a working group to assist the NCMHD in: (1) collecting data about existing collaborations, (2) expanding these efforts, and (3) building new cooperative ventures with ICs. Possible expanded and new collaborations could include mentoring and tracking the progress of LRP graduates throughout NIH. Dr. Ruffin welcomed the formation of the group and asked that the members develop short- and long-term priorities for engaging the ICs.

NIH COUNCIL OF COUNCILS BRIEFING

Warren Jones, M.D.

Dr. Jones reported that the NIH Council of Councils, established by the NIH Reform Act of 2006, held its first planning meeting on November 8, 2007. The Council—which includes a mix of scientists, clinicians, and policymakers—is composed of representatives from every IC and from other groups with a stake in the Nation’s public health and research system. Members are expected to provide an objective voice in shaping the Council’s work, rather than simply act as advocates for their respective ICs and stakeholder organizations. The Council is chaired by Alan Krensky, M.D., NIH Deputy Director for the Office of Portfolio Analysis and Strategic Initiatives (OPASI). This Office reports directly to the Office of the Director.

Dr. Jones further reported that:

- The Council is charged with making recommendations about policy and activities related to implementing the trans-NIH roadmap in an efficient and effective manner. Council members will be assigned to workgroups on specific topics, and a master process will be developed to approve projects. Tentative project issues include health disparities and their interrelationships with various diseases such as obesity.
- The Council through the IC representatives will work in a collegial manner with the ICs to accomplish their shared goals.
- Extramural research across HHS will be supported, but processes for doing this are not yet formulated.

In response to Dr. Jones’s remarks, NACMHD members remarked that, according to the Reauthorization Act, the Council of Councils should build bridges among the biological, behavioral, and computational sciences that would lead to meaningful real-world interventions. The Council of Councils also should: (1) foster links between academia and industry and (2) support cutting-edge research that might otherwise not be funded. However, NACMHD members also raised concerns about how to build true collaborations with the Council, the impact of the Council’s budget on NCMHD funding, and the processes that will be employed to develop the Council’s agenda.

Dr. Jones explained that the Council’s funding will not have an impact on the NCMHD budget. The 2006 Reauthorization mandated that the NIH Common Fund be used to support this work, and about 2 percent of the Fund is for this purpose. Dr. Jones

emphasized that the Council is still in its formative stage and encouraged NACMHD members to send comments about the Council to him.

One question was raised about the how the NACMHD could help inform the Council of Councils' programmatic agenda. Dr. Jones will explore.

Dr. Jones agreed as the NACMHD representative to the Council of Councils, he will work with the NCMHD Director and staff, and the Council, to ensure that the Council of Councils deliberations include careful consideration of: (1) research proposals for improving minority health and reducing health disparities and (2) collaborative methods for conducting this research.

HIGHLIGHTS OF SCIENTIFIC PROGRAMS

Biomedical and Behavioral Research (RIMI Program)

Lily McNair-Roberts, Ph.D., Associate Provost of Research, Spelman College

Dr. McNair reported that Spelman, a historically black undergraduate institution for women, is in the third round of RIMI-funded research. Highlights of the program:

- More students participate directly in research activities.
- About 20% of Spelman students participate in research as undergraduates
- Spelman now ranks first in graduating African American female students who become Ph.D.-level scientists this is particularly noteworthy because Spelman is a small Liberal Arts college with no graduate programs.

Phase I RIMI funding enabled Spelman to establish 1) the Biomedical and Behavioral Research Center, which encourages collaborative interdisciplinary investigations, and 2) the Office of Biomedical Research Resources, which is successfully expanding the school's research infrastructure. Phase I accomplishments also include increasing financial support for senior faculty, two of whom were awarded three patents.

Phase II funding has been used to further build the infrastructure, including hiring Dr. McNair as Associate Provost of Research with responsibility for a new grants support office. Spelman has used Phase II funding to:

- Create laboratories that support core research in cellular and molecular biology and provide imaging and bio-computing resources for investigators.
- Develop a database for research resources productivity evaluation; this database is used to facilitate the completion of research progress reports and to track research activity across campus.
- Establish a visiting scientists program.
- Increase support for junior faculty.

Research productivity increased during Phase I and further increased during Phase II. For example, after Phase I, five manuscripts were in publication; by the end of Phase II, this number had quintupled. Likewise, the number of external grants more than doubled from 13 during Phase I to 28 during Phase II.

RIMI Phase III funding will be used to establish a Center for Health Disparities and Environmental Health Research (CHDRE). This Center will promote cross-campus faculty collaborations and support an undergraduate program in minority health disparity research. Core projects include studies of: (1) the relationship between genetics and hypertension and (2) advances in prostate cancer and gene therapies. To facilitate CHDRE's growth, collaborations have been developed with the Centers for Disease Control and Prevention, the Environmental Protection Agency, and the medical school and selected graduate programs at Morehouse College.

Discussion

Dr. Ruffin and the Council commended Dr. McNair for the impact that Spelman was making. One suggestion was for the NCMHD to use the Spelman experience to reach out to other nontraditional institutions. Dr. Ruffin agreed and noted that this expansion is already underway, as demonstrated by the awarding of the first RIMI grant to a Tribal College in FY2007.

Examining Psychological Distress and Mental Health Care Utilization in Filipino Adolescents (Loan Repayment Program)

Joyce Javier, M.D., M.P.H., Visiting Clinical Professor of Clinical Pediatrics, University of Southern California

Dr. Javier thanked the Council for its support, explaining that the LRP award has enabled her to conduct scholarly research inspired by her family's values: to make the best use of her opportunities in America and to give back to the Filipino community. Her work thus far has helped shape her career, and she hopes that her results serve as a stepping-stone for further studies on health disparities among Filipinos.

During her initial study, Dr. Javier concluded that pregnancy among young Filipinas often was the "tip of the iceberg," indicating the existence of related family health issues, and that community health partnerships could help resolve some of them. She also found that pertinent information was not being collected about the Filipino community. Although its members make up the second largest Asian and Pacific Islander (API) immigrant group in the United States, Filipinos usually are aggregated with other API populations in research studies. However, she did find a small amount of health data indicating that Filipino teenagers are at increased risk for cardiovascular and mental health problems, especially depression, when compared with a non-Hispanic white cohort.

Based on these results, Dr. Javier applied for, and was awarded, LRP funding to study psychological issues and the use of mental health care services among Filipino teenagers and to identify data needs relevant for this population. As a first step, she compared cohorts of Filipino and non-Hispanic white adolescents to identify relationships between independent variables—such as immigration status, family type, and insurance coverage—and psychological stress. Independent variable data were collected from the 2003-2005 study of California households, and dependent variable data were collected

using a standard eight-item epidemiological survey tool for measuring stress. She found that:

- Filipinos were more likely to be immigrants, live below the poverty standard, and be uninsured.
- Filipinos were more likely to report feeling stress but less likely to seek counseling.
- Greater levels of distress were associated with being female, having a parent with little education, and living below the poverty line.
- Being Filipino was a protective factor in relation to mental distress.
- None of the variables measured explained the decreased use of counseling among the Filipino population.

Based on her findings and other research in the field, Dr. Javier concluded that adversity leads to increased risk of mental health stress and that ethnic identity can reduce stress. She noted that more research is needed about the protective value of having a Filipino ethnic identity, and she plans to study intergenerational differences among Filipinos and their impact on mental health.

University of Puerto Rico (UPR)-Cambridge Health Alliance (CHA) Research Center of Excellence (RCE): Making a Difference for Latinos' Health

Glorisa Canino, Ph.D., Director, UPR Behavioral Research Institute, and Margarita Alegría, Ph.D., Director, CHA Center for Multicultural Mental Health Research

Dr. Canino thanked the Council for awarding the University of Puerto Rico the initial P20 grant to initiate a Center of Excellence and a P60 grant to continue its progress. With this support, UPR continues to build its research infrastructure and expand its services to Latinos. The accomplishments of the Research Center of Excellence (RCE) to date include: expanding the cadre of principal investigators (PIs) conducting research on minority health issues, attracting additional grants, strengthening and extending research collaborations and networks, and increasing the number of health science researchers from minority populations.

Specific RCE programs being supported by grant funds include separate interdisciplinary interventions to reduce asthma and improve mental health. Dr. Canino focused on the asthma program initiated with funds from the P20 grant. She reported that RCE culturally modified and pilot-tested an evidence-based intervention to help children with asthma and their mothers. The intervention significantly increased the children's asthma-free nights and decreased the number of Emergency Room visits and hospitalizations for asthma. In addition, mothers reported improvements in their quality of life and in their knowledge about asthma. Two insurance companies viewed the intervention as a major advance and are supporting dissemination of this culturally appropriate approach to asthma control. Study results also have been published in health science journals and presented at professional meetings.

Followup research is being conducted with support from the P60 grant. Investigators are studying patterns of medication use with the goal of establishing a policy-level

intervention as well as developing techniques for assisting parents, children, and health providers in making appropriate use of asthma medications. Particular attention is being paid to provider practices and to income-related disparities in prescribing medication.

Margarita Alegría reported on the community-developed, culturally tailored “Right Question” intervention conducted with P60 funds. The goal of the intervention was to empower low-literate Latino patients, enabling them to better negotiate their care and treatment with mental health providers. During the three intervention sessions, participants were helped to formulate specific questions for their providers and encouraged to ask them on their health visits. Results indicated that participants were three times more likely to stay in treatment (defined as attending at least four mental health visits during a 6-month period) than nonparticipants. In addition, participants were four times more likely to be engaged in treatment and not miss appointments. However, participant scores on measures of empowerment did not increase. Other results indicate that patients and clinic administrators responded more favorably to the intervention than providers, who reported that they were asked questions for which they had no responses.

Study results have been received with great interest at community and professional meetings. Followup research is being conducted with two aims: (1) modifying the intervention to improve empowerment scores and (2) helping providers respond to new patient queries and approaches. In addition, the study is providing the basis for an R20 proposal to develop an intervention for mothers of children with mental health problems.

Discussion

In response to questions, Dr. Alegría explained that improvement in empowerment had been measured using two scales; these are being combined with additional quality data to create a new instrument. She also noted that:

- Provider assistance will include helping them plan for longer first visits and shorter, more patient-directed, follow-up visits. Providers also will be given written information and lists of resources for use in responding to queries.
- Anecdotal evidence indicates that participating Hispanic immigrants viewed the intervention as a way to “get their rights.” Hispanics born in the United States usually viewed the intervention as a way to “use their time more efficiently” and “get answers to important questions.”

Council members offered several related avenues for further research including testing the impact of new technology available to help health professionals provide information at the appropriate time; studying the effects of participants’ new knowledge and skills on their family members; comparison of the impact of the intervention on males and females; and to gather more data about the intervention’s effects on immigrants and Hispanics born in the United States.

In their conclusion, Drs. Alegria and Canino observed that the NCMHD funding has been invaluable as a springboard for obtaining related grants. These have enabled RCE to hire statisticians and provide mentors for young scientists. Drs. Alegria and Canino also

suggested that future Requests for Applications (RFAs) be structured to accommodate the innovative ideas of the new scientists.

National Institute of Environmental Health Sciences (NIEHS) Sister Study
Dale P. Sandler, Ph.D., Chief, NIEHS Epidemiology Branch

Dr. Sandler reported on the Sister Study being supported by NIEHS and NCMHD to: (1) identify environmental, genetic, and biological risk factors for breast cancer, (2) better understand the interrelationships among the factors, and (3) analyze their effects on prognosis. The study will collect physical, demographic, and other data from sisters of women who had breast cancer. Participants will provide initial information through home visits and telephone calls and will complete annual informational updates for several years. Ultimately, the researchers hope to assemble a long-term volunteer cohort of 50,000 women between 35 and 74 years of age for this prospective research study.

More than 90,000 women have contacted the research team thus far about participating in the Sister Study. Of this group, 70,000 were eligible and about two-thirds of them are participating in the research. To date, 36,000 participants have completed all of the study requirements, including a 2-hour initial home visit to collect blood, nail, and other samples, and a 2-hour survey about demographic and related factors.

The study originally called for recruitment to be completed by May 2008. Sufficient numbers of Caucasian women have been recruited. African American and Hispanic women should be enrolled in adequate numbers shortly after the initial May cutoff date. Efforts to recruit minority women—including putting ads in minority media, sending direct mail pieces, and soliciting participation via e-mail and the Internet—are starting to succeed. Community recruitment projects and partnerships with targeted media, such as BlackAmericaWeb.com and the Tom Joyner Morning Show, are proving particularly effective in reaching African American women. However, community projects require significant amounts of time and media efforts require significant amounts of money. Efforts to recruit Hispanic women have been less successful thus far, and the research team is developing a broader range of partnerships with Hispanic organizations to improve recruitment.

Consideration is being given to identify culturally sensitive ways to effectively retain program participants. Thus far, telephone interviews are more effective than mailed surveys in keeping minority women involved.

In her conclusion, Dr. Sandler thanked the Council for supporting this collaborative study. She encouraged members to consult www.sisterstudy.org for more information.

NIH RESEARCH, CONDITION, AND DISEASE CATEGORIZATION PROJECT
Timothy Hays, Ph.D., Chief, Portfolio Analysis and Scientific Opportunities Branch,
OPASI

Dr. Hays updated the Council about the NIH Research, Condition, and Disease Categorization (RCDC) project. The RCDC pilot project was initiated in 2004 as part of a congressionally mandated response to research studies conducted by the National Academy of Sciences. The 2006 Reauthorization Act included a further congressional mandate to create an electronic system that uniformly codes all NIH research grants and activities. Project benefits, in addition to the application of standard definitions across NIH, will include access to grant information through a single database and increased transparency in grantmaking.

To date, 215 categories have been defined; these will be combined and expanded in response to comments from NIH and other public health stakeholders. An additional 135 category definitions are being crafted, and the entire process should be completed in FY 2008.

The next step will be identifying the critical terms in the definitions and including them in an electronic thesaurus. When this is completed, the RCDC system will compare NIH project descriptions against the thesaurus terms. Those terms that appear frequently in the description will be used to identify the appropriate research categories for the project. For example, if a definition of “bruxism” was developed and included in the RCDC categories, critical terms related to bruxism would be added to the thesaurus. Studies that were described using these terms would be included in the trans-NIH “bruxism” category.

Next steps in the development of the RCDC project include running FY2007 data through the system and submitting the results to stakeholders for review. In addition, FY 2008 data will be prepared for review in FY 2009.

Discussion

Council members raised questions about data collection including the percentage of NIH research conducted by minority researchers. Dr. Hays noted this type of data is not currently available. Another question raised by Council dealt with the definition used for minority health and health disparities, and minority populations. Dr. Hays noted that the current definition was developed by a trans-NIH committee involving the NCMHD. One recommendation was offered for more data to be collected about: (1) the number of minority researchers, and (2) minority health issues currently being investigated.

PUBLIC COMMENTS AND ANNOUNCEMENTS

After the completion of the presentations, Dr. Jones asked members of the public for any comments on the proceedings. Hearing no requests to comment, Dr. Jones asked for announcements.

Council members were informed of the dates for the first NCMHD-sponsored NIH health disparities forum for December 10-13, 2008, at the Gaylord Resort and Convention Center at the National Harbor in Prince George's County, Maryland.

CLOSING REMARKS

Council members thanked Dr. Ruffin and commended him and his staff for their accomplishments. Dr. Ruffin expressed his appreciation to the Council and his staff.

Ms. Brooks adjourned the Open Session at 4:50 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