U.S. Department of Health and Human Services
National Institutes of Health
National Center on Minority Health and Health Disparities (NCMHD)
National Advisory Council on Minority Health and Health Disparities (NACMHD)

Bethesda North Marriott Hotel
5701 Marinelli Road
Bethesda, MD
September 18, 2007
8:00 a.m. − 5:00 p.m.

Council Members Present
John Ruffin, Ph.D., Chair, NACMHD
Mario De La Rosa, Ph.D.
Thomas E. Gaiter, M.D.
Faye A. Gary, Ed.D., R.N., FAAN
Pamela V. Hammond, Ph.D., FAAN
Alvin E. Headen, Jr., Ph.D.
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., via conference call
Jose R. Valdez, D.B.A.

Ex Officio Members
Michael Fine, M.D., M.Sc.
Gary Martin, D.D.S.

Guests
Dodie Arnold
Victoria Cargill, M.D.
Representative Donna Christensen, M.D. (D-VI)
John Gonzalez, Ph.D.
Sonja Harris-Haywood, M.D.
Mark Padilla, Ph.D., M.P.H.
Michelle Williams, Ph.D.

Executive Secretary
Donna A. Brooks

Absent Members
David Abrams, Ph.D.
Kyu B.L. Rhee, M.D., M.P.P.

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 John Ruffin. Dr. Ruffin presided, and Chair-Designee Warren Jones facilitated.

The Council considered a total of 44 applications requesting an estimated $31,829,604 in total costs. Those that were noncompetitive, unscored, or not recommended for funding consideration by the initial scientific review groups were not reviewed by the Council. Voting en bloc, the Council concurred with the first-level peer review recommendations on the applications.

NACMHD also discussed progress made on trans-NIH minority health and health disparities issues. A subcommittee of the Council, chaired by Dr. Jones, reviewed the latest iteration of the NIH Health Disparities Strategic Plan for Fiscal Years 2004-2008 and made revisions as appropriate. NACHMD approved the revised version. The subcommittee also will be advising NCMHD on broader policy concerns over time. Before the session concluded, the Council expressed its ongoing commitment to supporting NCMHD efforts to expand staff.

The closed session adjourned at 9:30 a.m.

OPEN SESSION

Call to Order and Welcome

Ms. Brooks called the Open Session to order and turned the meeting over to Dr. Ruffin for opening remarks.

Opening Remarks and Introductions

Dr. Ruffin welcomed participants to the Open Session of the 16th NACMHD meeting. He reported that all but one of the Advisory Council members had been selected, and he encouraged the members in attendance to participate fully in providing expert guidance to NCMHD.

New NCMHD Appointments

Dr. Ruffin introduced new NCMHD staff.

Ileana Herrell, Ph.D., is Director of the Division of Scientific Strategic Planning and Policy Analysis. Dr. Herrell comes to the NCMHD from the Health Resources and Services Administration (HRSA) where she most recently served as Special Advisor to the Associate Administrator in the Bureau of HIV/AIDS. She was also the first Associate Administrator for Minority Health at the agency. She also has held high-level positions with the Centers for Disease

Control and Prevention (CDC), the World Health Organization, and the International Labor Organization.

Nathaniel Stinson, M.D., Ph.D. is a Medical Officer and also is serving as the Acting Chief of the Office of Scientific Programs. Dr. Stinson served as Assistant Surgeon General and Deputy Assistant Secretary for Health in the Department of Health and Human Services (DHHS), with oversight for the HHS Office of Minority Health. Most recently, he was Director of the Center for Optimal Health and Professor of Family and Community Medicine at Meharry Medical College.

Crystal Coleman is the new NCMHD Budget Officer who comes to NCMHD from the Office of the Secretary, HHS.

Camille Peake is a Grants Management Specialist who comes from the National Institute of Mental Health.

Brief introductions and announcements by Council members followed. All of the members expressed their support for the Center's work under Dr. Ruffin's direction. Dr. Headen asked the Council to consider supporting the National Academy of Science's recommended enhancements of the HHS 2009 National Long-Term Health Care Survey that would improve the collection of minority health data. Dr. Ruffin agreed that this was an important topic and noted that it would be discussed as time allowed.

Consideration of June 2007 Minutes
A motion to accept the June 26, 2007 minutes passed, seconded and unanimously approved.

Future Meeting Dates and Administrative Matters

Meeting dates for calendar year 2008: February 19, June 10, and September 16. Council members were reminded to send all roster changes to Ms. Brooks.

NCMHD DIRECTOR'S REPORT

Dr. Ruffin began by thanking the Council and NCMHD staff for their commitment to ensuring that the Center meets its goals. He encouraged all members, particularly those who were new, to refer to past meeting minutes for background information on key topics. He summarized the Center's progress in major program areas and provided updates on some trans-NIH activities.

Community-Based Participatory Research (CBPR) program is completing the planning phase and entering the second phase –the 5 year research intervention phase. Third-phase funds will support dissemination activities for three years. The request for applications (RFA) for the second phase of funding, were released in May 2007, and 73 applications were received. Peer review is scheduled for this fall to be followed by the second level peer review by the Council at the February 2008 meeting.

Loan Repayment Program (LRP) is the premier NCMHD program for building a culturally competent cadre of biomedical professionals. A total of 339 applicants received LRP funding in FY 2007 totaling $15.9 million. The NCMHD priority is to develop a retention strategy for scientists investigating minority health and health disparities issues. The LRP program will be expanded to further promote career development for promising research investigators with the opportunity of sharing research time at the NIH and at their home institutions. The program is expected to be piloted within the upcoming fiscal year.

Centers of Excellence re-competition is coming to a close. Twenty-one applications for the exploratory centers or P20 funding mechanism were reviewed during the Closed Session. The Centers of Excellence began in 2002 with three funding mechanisms –planning grants [R24], exploratory or mid-level research centers [P20], and comprehensive research centers [P60]. The program is now advancing with increased emphasis on research to better understand the determinants of health disparities, and thereby utilizing the P20 and P60 funding mechanisms during this re-competition. During the first 5 years of the Centers of Excellence program, NCMHD awarded 27 grants in the R24 category, 26 in the P20 category, and 23 in the P60 category. The group of new P20 applications included 14 from previous R24 recipients, an indication that the Centers of Excellence program is succeeding in systematically building and supporting research institutions at the highest level.

Small Business Innovation Research (SBIR) and Small Business Technology Transfer Research (STTR) programs submitted five applications for Council review. With the launch of the NCMHD Office of Innovation and Program Coordination, the NCMHD will place focused attention on developing its own SBIR and STTR grant programs in response to advice provided earlier by Council members for the Center to support SBIR/STTR initiatives that are more consistent with the mission of the NCMHD. Advisory Council guidance will be particularly important in developing these programs.

The Research Infrastructure in Minority Institutions promotes research infrastructure development. A total of eighteen applications were submitted for second-level review.

Trans-NIH Activities

The NIH Health Disparities Strategic Plan for Fiscal Years 2004-2008 was revised to address comments from the Office of the Secretary, HHS. The Office of the General Counsel, the Institutes and Centers (ICs), and the NIH Office of the Director were all actively involved in revising the document before it was sent to the NACMHD for final clearance. An NACMHD subcommittee reviewed the revised plan and recommended that it be approved by the full Council. The Council approved the health disparities plan during the Closed Session and will send it to the director of NIH for clearance and submission to the Office of the Secretary, HHS.

A NIH-wide committee was established to facilitate the revisions to the strategic plan and will continue to provide guidance to the NIH Director on strategies to address program concerns raised by HHS, to alleviate similar concerns in the future.

After considering concerns raised by Council members about the creation of a NIH Intramural Center on Genomics and Health Disparities (NICGHD), and further discussions with the National Human Genome Research Institute (NHGRI), the NCMHD has decided not to sign a memorandum of understanding to support the NICGHD. However, under a separate agreement, the NCMHD will provide funding for research conducted by the NICGHD director for a defined period of time.

HEALTH DISPARITIES: A POLICY PERSPECTIVE

Donna Christensen, M.D., U.S. Virgin Islands delegate to Congress, first female physician to serve in the House of Representatives and an active member of the Congressional Black Caucus (CBC) Health Brain Trust and the Tri-Caucus, addressed the Council.

She is a long-standing supporter of NCMHD and applauded Dr. Ruffin and the NCMHD for the Center's accomplishments. She noted that the NCMHD goals align with those of the CBC and the Tri-Caucus. Congresswoman Christensen explained that the Tri-Caucus includes the Black, Hispanic and Asian/Pacific Islander Caucuses and representatives from other minority groups. The Tri-Caucus goals are to:

- Eliminate health disparities and achieve health equity
- Address social determinants of health to help achieve health equity
- Promote the concept that health care investments are "good debt": they have long-term public health payoffs

Tri-Caucus members serve on all of the key health committees in the House and are working to pass legislation that addresses Caucus priorities. Immediate priorities include:

- Retaining full funding in the upcoming reauthorization of the State Children's Health Insurance Program (SCHIP), and
- Gaining passage of H.R. 3014

H.R. 3014 is an omnibus bill that provides funds to: (1) improve health services and data collection, (2) increase Federal accountability through program evaluation, and (3) promote the delivery of culturally and linguistically competent care by training a diverse health workforce.

The ongoing key priorities of the Tri-Caucus are:

- Stopping Medicaid/Medicare cuts,
- Advancing proposals for universal health insurance coverage,
- Improving health care for offenders, ex-offenders, and their families, with a particular focus on HIV/AIDS care, and
- Gaining full funding for Titles VII and VIII to bolster health workforce diversity and for the Ryan White Act to support HIV/AIDS treatment.

These priorities also include rebuilding the health care infrastructure in the Gulf Coast, expanding access to culturally competent substance abuse programs, reauthorizing and obtaining adequate funding for Healthy Start, increasing the use of health information technology for eliminating health disparities, and strengthening public hospitals and

facilities. Over the long term, the Tri-Caucus hopes to establish a health equity fund authorized to expend $25 billion over 5 years to ensure that adequate resources are provided to eliminate health disparities.

After thanking Congresswoman Christensen for her support and comments, Dr. Ruffin shared examples of how the NCMHD and the Tri-Caucus missions complement each other. He mentioned NCMHD is helping to rebuild the Gulf Coast health infrastructure through initiatives it has funded such as the Katrina Visiting Scholars Program, and the Regional Coordinating Centers –a consortium of NCMHD Centers of Excellence. He also observed that the NCMHD, in cooperation with the National Medical Association, is taking a leadership role in building cultural sensitivity among physicians. In addition, he noted the juvenile justice program the NCMHD has supported with the Department of Justice as one effort that supports the Tri-Caucus objectives to improve the health of incarcerated individuals and their families.

Christensen encouraged Council members to keep posted on health disparities issues including the CBC and Tri-Caucus activities to support the NCMHD in achieving its mission.

OFFICE OF AIDS RESEARCH (OAR) UPDATE ON HEALTH DISPARITIES

Victoria Cargill, M.D. explained that OAR oversees the entire NIH HIV/AIDS research portfolio, which is the largest of its kind in the world. The OAR racial and ethnic minority initiatives focus on issues related to (1) the disproportionate impact of HIV/AIDS on these populations and (2) the need for additional minority researchers in the field. OAR initiatives are informed by a broad understanding of racial and ethnic minority issues developed through the Office's multiple collaborations and shaped with the input of the OAR Advisory Council.

Recent initiatives have included diffusing effective behavioral interventions to minority groups and collaborating with the National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH) to conduct research on hepatitis C and disseminate the results. In addition, OAR is disseminating evidence-based behavioral interventions requested by various communities. Examples of OAR activities and programs include the following:

- ***Embracing Our Traditions.*** This meeting, held in May 2006, was convened by OAR at the request of Native American tribes who had developed the idea and took responsibility for all other aspects of the conference. About 290 tribes were represented at the meeting. Outcomes and products included the establishment of various cooperative activities and the development of a draft report on disparities in collaboration with the National Minority AIDS Council.
- ***African American Investigator Consultations.*** These small group meetings are held in collaboration with CDC, NIH, and HRSA. Participants review existing prevention and research methods and identify new research approaches. Materials developed thus far will be published in a special supplement to the *American Journal on Public Health*.

- ***Removing Barriers for Minority HIV/AIDS Researchers.*** OAR, in conjunction with NIMH, has facilitated consultations with minority researchers to identify barriers to career development and to develop strategies for overcoming them. The participating researchers are developing manuscripts on these issues that will be published in a special supplement to the *American Journal on Public Health*.
- ***Minority Investigator Development Workshops.*** These meetings are hosted by OAR and "piggybacked" on major professional conferences. Each investigator provides a concept paper which is reviewed with senior minority scientists and with IC staff to help develop a proposal for "R" series funding.

NACMHD members asked about HIV/AIDS funding and grant-making priorities. Dr. Cargill explained that ICs must resolve coding discrepancies in reporting AIDS research data to ensure that funds are accurately tracked and equitably distributed. She explained hat grant-making priorities are established through a complex process that incorporates input from experts across scientific disciplines as well as others working in the field and community representatives. Input is gathered at scientific and Advisory Council meetings, from trans-NIH workgroups, and from other sources. In the course of establishing priorities, OAR considers ongoing and new data and trends, specific IC issues, the need for key deliverables, and trans-NIH cooperation. Final priorities also are aligned with the budget, an annual process that begins in February and ends in late spring.

SCIENTIFIC PROGRAMS REPORTS

Sonja Harris-Haywood, M.D., is a NCMHD Loan Repayment Program (LRP) recipient at Case Western Reserve University. Dr. Harris-Haywood pointed out six professional goals that she hoped to achieve with support from her initial LRP award. These included:

1. Being appointed to a faculty research position
2. Developing a line of inquiry linking race and health disparities
3. Obtaining research funding
4. Serving as a co-investigator on multiple projects
5. Pursuing an advanced degree in research
6. Publishing a minimum of three manuscripts per year.

Dr. Harris-Haywood's interest in health disparities began from observing the impact of sickness and disease on the health on her family and others in the African American community who had a long-term distrust of the medical system and did not seek regular care. She believed that this contributed to her family's history of early deaths, diabetes-related amputations and strokes. To examine this belief and its broader implications, Dr. Harris-Haywood designed a research project that defined cultural competence in the primary care setting and studied its potential for changing patients' health behaviors, increasing their access to care, and ultimately improving their outcomes in cancer screening and treatment. She is now analyzing the data and preparing them for publication, and she is developing cultural competency workshops for use in family medicine. In addition, Dr. Harris-Haywood is pursuing a master's degree in science, serving as co-investigator on four projects, and mentoring students and peers. She also publishes an average of five manuscripts per year.

Presently, she is pursuing RO1 funding to expand her inquiry to include studying how primary care practitioners can assist minority patients who are cancer survivors or who have renal disease and need to control their blood pressure. In addition, she plans to translate her work in cultural competency for use by professionals in other disciplines and to increase her annual publication rate. She also is doing the groundwork required to be promoted to a higher faculty position.

In her conclusion, Dr. Harris-Haywood thanked the Advisory Council and NCMHD for their support. She noted the LRP awards continue to improve her quality of life by alleviating the financial associated with pursuing a research career.

Mark Padilla, Ph.D., M.P.H., is a LRP award recipient at the University of Michigan at Ann Arbor. Dr. Padilla is a medical anthropologist whose research focuses on masculinity, male migration, and HIV/AIDS in the Caribbean. This research is the basis of his book *Caribbean Pleasure Industry: Tourism, Sexuality, and AIDS in the Dominican Republic*, published in 2007 by the University of Chicago Press. The investigation focused on young men from rural sections of the Dominican Republic who moved into the city to find work in the tourism trade, often including the exchange of sex for money with male and female tourists.

Dr. Padilla was motivated by his interest in the Caribbean AIDS epidemic. At present, AIDS accounts for about 37,000 deaths per year in the Caribbean and HIV prevalence is higher than anywhere else in the world except sub-Saharan Africa. Dr. Padilla was interested in documenting the role that male tourism workers played in this epidemic and sought to identify mechanisms that link the tourism industry to HIV/AIDS prevalence within this specific high-risk population. He observed that young Dominican men are increasingly drawn to the port cities and other Caribbean countries as the regional agricultural economy gives way to one based on tourism. Free from family and community ties, the young men engage in relatively high rates of risky behavior. The tolerance of risk is exacerbated by the atmosphere of escapism generated by the tourist industry.

Dr. Padilla found that the young men engaged in high rates of bisexual behavior, but they primarily identified themselves as heterosexual and usually had wives and children in their home villages. They generally did not disclose their same-sex activity and were not likely to use condoms with regular partners, either male or female. They were not likely to know about HIV transmission and prevention methods or to have access to HIV/AIDS prevention and treatment clinics. Given these findings, Dr. Padilla suggested that programs targeting male sex workers are needed and should be tailored for men who identify as heterosexuals who have occasional sex with other men.

Dr. Padilla plans to expand his research to follow his original study population and other males in the tourist trade who left the Caribbean and settled in New York City and Detroit. His proposal is under review for R01 funding.

John Gonzalez, Ph.D., is a co-principal investigator for the NCMHD funded Community Based Participatory Research program at the University of Alaska, Fairbanks. Dr. Gonzalez discussed his work in developing culturally competent, evidence-based alcohol and suicide prevention methods for Alaskan Native youth. The program's impetus was a request from community leaders for a way to reduce the alcohol abuse and suicide rates among young people that would focus on incorporating Alaskan Native traditions. A literature review and community needs assessment was done to develop a research project using a tailored modification of the methodology established by People Awakening. In this approach, culturally relevant protective factors are identified and the community leaders provide ongoing feedback to guide the development of a "toolbox"—a manual of techniques, tips, and resources to enhance protective factors and reduce risk factors among the local youth.

The research team identified what People Awakening described as individual, family, and community protective factors in the target community. Interviews were conducted with tribe members to identify specific protective factors that should be targeted and promoted through the activities. On the individual level, the factors included self-efficacy, communal mastery, and the desire to be a community role model. Familial protective factors included giving youth affection/praise, treating them as unique and valued family members, and providing clear limits and expectations and role models for sobriety. On the community level, protective factors included providing safe places, role models, clear limits and expectations, and health-promoting opportunities.

Most of the individuals who never drank or who had successfully stopped drinking:

- Had low exposure to alcohol-related trauma
- Were skilled in reflecting and linking actions and consequences
- Made clear decisions not to drink
- Had a sense of responsibility to their families and community.

The research team is pilot-testing its research methodology. Thus far, members have implemented activities and collected information at three points for two participating cohorts. The first cohort consisted of 21 youngsters and 18 family members. The second cohort had 18 young people and 7 family members. Each cohort had 11 female teens, and the average age of the youngsters in both cohorts was between 13 and 14 years old.

The cohorts participated in activities selected by the community leaders to build and enhance protective values. For example, they built special fishing poles, repaired nets, and went under-ice fishing with community elders to provide food for themselves and their neighbors. This activity built community responsibility and personal efficacy. The under-ice fishing, like all of the other activities, was followed by a period of reflection to help participants understand what they learned about themselves and how this might be applied in other areas of their lives.

Pilot program data analysis conducted thus far indicates that positive changes have occurred in self-efficacy and community mastery as well as in the dependent variables of mindfulness and reason for living. However, the prevalence of other targeted protective factors did not increase and the measures of the dependent variables need further

refinement. Males are more reluctant to participate in the program, although they are more likely to have problems with alcohol and to commit suicide. Dr. Gonzalez is incorporating pilot program data into his grant proposal for the next stage of CBPR funding.

Michelle Williams, Ph.D., is the program director of the University of Washington's (UW) program which has as its mandate mandate:

- Increasing the number of minorities in public health and global health leadership positions, and
- Strengthening academic institutions in developing countries.

The program's ultimate goal is to provide service, education, and research opportunities for participants while addressing health disparities around the world.

The UW presentation was a two-part production by the principal investigator and a student participant from the program.

Program participants are expected to conduct research related to public health issues while at the host universities and institutions, and they are encouraged to make a commitment to a career in public health. Participants are required to have excellent work habits and academic records. They also must be diplomatic and patient and have demonstrated clear commitment to teamwork and community-building. In addition, participants understand that they must leave behind more than what they take. To facilitate this, they are encouraged to spend part of their spare time tutoring and training students at their host institutions.

Undergraduate and graduate students participating in the program receive 8-12 weeks of training at foreign research sites as well as pre-travel orientation. All of the training is skill-based, with a subject emphasis on epidemiology. The training includes preparing and presenting research papers and building cultural and linguistic competence.

Thus far, 145 students have participated in theUW program, almost three-quarters of whom were undergraduates. Among program graduates who have completed their academic training, 20 have received their medical degrees, 8 have masters in science or public health, and 7 have doctoral degrees.

Participants often conduct translational research projects and develop results that can be used in local interventions. Their studies often are based on initial findings developed by investigators at the host institutions. In addition to having community relevance, the host institution's data are used by Dr. Williams to submit research proposals to the University of Washington Institutional Review Board in a timely manner. The program is governed by an academic committee that has implemented several intensive quality controls including requiring each participating student to sign a contract vowing to be a good program steward. Through a partnership with Rotary international, the program is seeking to expand its focus on international health disparities with emphasis on polio in developing countries.

Dodie Arnold is a doctorate degree candidate and UW 2006 program participant. She pointed out that she chose the program because it:

- Focuses on addressing international health disparities,
- Provides a broad orientation, including information about institutional research requirements and training in biostatistics, epidemiology, and cultural competency,
- Integrates research, cultural competence, and community building, and
- Is structured to promote teamwork among students and strong mentoring relationships.

Ms. Arnold commented that the MHIRT program experience was pivotal in her decision to pursue a career in epidemiology.

Ms. Arnold conducted her research in Awasa, Ethiopia, under the auspices of Addis Ababa University. Her study of gender-based violence among female college students helped identify prevalence rates and risk factors linked to sexual and physical violence. She found that between 45 and 60 percent of the 1,330 women surveyed experienced gender-based violence during their college years. Sexual violence alone was more common than physical violence alone, but they overlapped significantly. Risk factors for these young women included use of drugs like khat or alcohol, being Protestant, witnessing abuse of their mothers by their fathers, and having spent their childhoods in rural environments. As a result of her research, Ms. Arnold suggested that violence-prevention and counseling programs be established for young women in college. Ms. Arnold currently has two articles in press based on her research and has presented her findings at an international conference.

Following remarks of commendation to the presenters by the Council members, their was a question and answer period where presenters expanded on portions of their presentation where the audience sought more information.

PUBLIC COMMENTS AND ADDITIONAL REMARKS FROM THE COUNCIL

Dr. Jones invited comments from the public. Hearing none, he opened the meeting for further remarks from the Council. Members applauded the efforts of the presenters and the work of Dr. Ruffin and the NCMHD staff in ensuring that research funded by the NCMHD programs meets the highest standards. Dr. Gary asked that NCMHD showcase its accomplishments on its Web site.

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CLOSING REMARKS

Dr. Ruffin thanked the Council and the NCMHD staff for their efforts. He added that the quality of the presentations demonstrates the significance and success of the NCMHD programs. Ms. Brooks adjourned the meeting at 5:00 p.m.

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

/John Ruffin/

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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/

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