

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTE OF HEALTH
NATIONAL ADVISORY COUNCIL ON MINORITY HEALTH
AND HEALTH DISPARITIES
MINUTES
February 24, 2003**

The second meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD) was held on February 24, 2003 at the Marriott Hotel - Pooks Hill in Bethesda, Maryland. Lisa Evans, J.D., Executive Secretary to the Advisory Council, called the meeting to order at 8:45 a.m. John Ruffin, Ph.D., Chairman of the NACMHD and Director of the National Center on Minority Health and Health Disparities (NCMHD), presided over the meeting along with Dr. Raymond Rodriguez, Professor of Genetics at the University of California, Davis. The meeting was open to the public from 8:45 a.m. to 12:45 p.m. As provided in Sections 552b(c)(4) and 552B(c)(6), Title 5, U.S. Code, and Section 10(d) of Public Law 92-463, the afternoon session from 1:30 p.m. to 5:30 p.m. was closed to the public to allow the NACMHD to deliberate on several programmatic issues before the Advisory Council subcommittees, and to obtain its annual ethics training and a briefing on the role of the Advisory Council in the National Institutes of Health (NIH) Policy on the Inclusion of Women and Minorities in Clinical Research.

COUNCIL MEMBERS PRESENT

John Ruffin, Ph.D. – Chair
Roger Bulger, M.D., F.A.C.P.
Carl Franzblau, Ph.D.
Terone B. Green
Ruth E. Johnson, J.D.
Caroline M. Kane, Ph.D.
Grace L. Shu, D.O.M., Ph.D.
Louis W. Sullivan, M.D.
David Satcher, M.D., Ph.D.
Lillian Tom-Orme, Ph.D., M.P.H., R.N.,
F.A.A.N.
Melvina McCabe, M.D.
Raymond Rodriguez, Ph.D.
Elisa T. Lee, Ph.D.
Selwyn Vickers, M.D., F.A.C.S.
Augustus A. White, III, M.D., Ph.D.

COUNCIL MEMBERS ABSENT

Eric Muñoz, M.D.
M. Roy Wilson, M.D.

EXECUTIVE SECRETARY

Lisa Evans, J.D.

**EX-OFFICIO MEMBERS
PRESENT**

Virginia Cain, Ph.D.

**EX-OFFICIO MEMBERS
ABSENT**

Michael J. Fine, M.D., M.Sc.

INTRODUCTION

Rodriguez briefly welcomed everyone and stated that there was nothing routine about the job the committee had ahead of it. He also acknowledged Dr. Ruffin and asked him to share some opening remarks.

OPENING REMARKS

Ruffin welcomed everyone and reminded attendees that this was only the second meeting of the NACMHD, an indication that the National Center on Minority Health and Health Disparities is still quite young. He noted the many accomplishments of the Center to date despite its infancy and many peoples expectation that the NCMHD should be functioning at the same rate of efficacy as other NIH Institutes and Centers (ICs) that have been around for 50 years. Ruffin informed meeting participants that the enthusiasm for the Center remains high and is evidenced by the increasing volume of inquiries and contacts with constituents across the country.

Ruffin acknowledged the NCMHD staff present, as well as representatives of other NIH Institutes and Centers.

Additionally, Ruffin recognized the presence of council members Drs. Lillian Tom-Orme, Melvina McCabe and Virginia Cain who were not at the first meeting in September 2002. Dr. Cain, the Acting Associate Director of the NIH Office of Behavioral and Social Sciences Research (OBSSR), replaces Dr. Raynard Kington on the Advisory Council. Dr. Kington was recently appointed as the Deputy Director of NIH. The law creating the NCMHD, and the Advisory Council charter require that a representative of OBSSR serve as an ex officio member.

Special Recognition

Tom-Orme received special recognition as she completes her tenure with the Council. She has been involved with the Center since it was formerly the Office of Research on Minority Health (ORMH). Ruffin presented her with an award that represents the time she has spent and the time she will continue to spend on behalf of the NCMHD and health disparities research. Tom-Orme agreed to serve as an ad hoc member. In accepting the award, Tom-Orme expressed her appreciation to Ruffin, the NCMHD staff and the Council and indicated that she will continue to do her part in health disparities research.

Other council members recognized for their recent accomplishments include Dr. Raynard Kington for being selected as the Deputy Director of NIH, and Dr. M. Roy Wilson who will be leaving Creighton University to assume a new role as the President of Texas Technical University Health Sciences Center.

ADMINISTRATIVE MATTERS

Following the opening remarks, Rodriguez presented the September 2002 Council minutes to the members for approval. Dr. Louis Sullivan motioned to approve the minutes as written and Dr. David Satcher seconded the motion. All members present approved the minutes as written. Council members were then asked to review and update the roster.

Rodriguez announced the next Council meeting for June 17–18, 2003. He then informed the group of a request from the Office of Extramural Activities (OEA) to consider changing the August 21 and 22 meeting dates to either September 15-16, or September 16-17. Given the magnitude of applications anticipated for review, this would allow enough time for the initial review and preparation of the second review by the council. The council was asked to contact Ms. Donna Brooks with their preferred dates once they have had an opportunity to review their schedules.

HHS UPDATE ON HEALTH DISPARITIES

Ruffin introduced Dr. Nathan Stinson, the Deputy Assistant Secretary for Minority Health at the Office of Minority Health (OMH) within the Department of Health and Human Services (DHHS).

Stinson expressed the Department's commitment to eliminating health disparities and sustainability as being a key sign of real progress. He gave an overview of the DHHS Comprehensive Plan to Eliminate Health Disparities that was initiated about a year and a half ago. The plan was intended to look at how the Department does its work and outline 25 specific steps towards the elimination of health disparities. These action steps included policy changes; enhancement of the science base to identify best practices that could be replicated into other communities; development of partnerships; and strategic communications to keep people updated on DHHS activities to eliminate health disparities and disseminate health information. The development of the plan was based on dialogue between the DHHS and the community.

Stinson mentioned the need for a consistent definition for health disparities that could be adapted throughout the DHHS. He recognized the NCMHD and the NIH for establishing a Committee on Minority Health and Health Disparities Research Definitions and Application Methodology which will lead this effort and whose work is expected to have a significant impact on how the Department will proceed with its future activities to eliminate health disparities. Stinson serves as the DHHS representative on the Committee.

Some of the other HHS health disparities initiatives discussed were the Immunization Forum by the Centers for Medicare and Medicaid Services and the Food and Drug Administration; and the READY Program by the Centers for Disease Control and Prevention. According to Stinson, the elimination of health disparities has always been among the top four priorities at the DHHS and its Minority Health and Health Disparities Steering Committee is an indication of the Department's commitment in this area. A focus of OMH and DHHS is to close the gap in health in communities of color and greater emphasis must be placed on interventions.

DHHS Update Discussion

Discussions following Stinson's presentation focused on the connection between the DHHS Comprehensive Plan and the NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities. Council members expressed the importance of keeping the elimination of health disparities as a priority at the DHHS because of its potential economic savings for the country. At the same time, the DHHS Health Disparities Plan should be a broad based effort that involves the activities and funding of all agencies to support the elimination of health disparities, so that the onus is not on any one entity within the DHHS. Stinson explained that everyone has a responsibility that cannot be assumed by any one office or organization.

THE DIRECTOR'S REPORT

Ruffin provided an update on the NCMHD activities since the Council's first meeting in September and recognized the staff for their contributions to the NCMHD achievements.

NIH Strategic Research Plan and Budget

Ruffin informed the Council that the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities* had been cleared by the NIH Director, Dr. Elias Zerhouni and was awaiting clearance by the Secretary for Health and Human Services, Mr. Tommy Thompson. Ruffin commended the staff at the NCMHD, the NIH Office of the Director, and all of the NIH Institutes and Centers for their hard work in developing the Strategic Plan. The Strategic Plan and Budget includes current activities and future plans of the NIH to address the health disparities crisis; to build a culturally competent cadre of biomedical and behavioral investigators; and to increase the number of minority clinical and basic biomedical scientists who are essential in eliminating health disparities.

The three main goals of the Strategic Plan and Budget are: research, research infrastructure, and community outreach through information dissemination and public health education. Once the plan is officially cleared it will be available on the NCMHD website at www.ncmhd.nih.gov for two months for public review.

NIH Fiscal Year 2001 Annual Report on Health Disparities

The NIH Fiscal Year 2001 Annual Report on Health Disparities Research is also awaiting official DHHS clearance. The report highlights the NIH activities, and describes the progress emanating from all of the NIH research strategies, structures, processes, and programs to ultimately reduce and eliminate health disparities. Similar to the Strategic Plan, the Annual Report will be revised annually.

NCMHD FY 2002 Budget

The NCMHD fiscal year (FY) 2002 budget was \$157.3 million. Before giving a breakdown of how the NCMHD used those funds, Ruffin informed the Council the FY 2003 Omnibus Appropriations Bill recently signed by the President, listed the NCMHD's FY 2003 budget as

\$186,929 million. He noted that it was premature to discuss the impact of the FY 2003 budget on the NCMHD's programs since the final budget was still pending based on anticipated reductions.

The NCMHD spent \$146.3 million dollars or 93% of its FY 2002 budget on programs. The additional \$11 million went towards assessments and the operations of the Center. Awards totaling \$74.5 million dollars were made through four of the NCMHD's programs – the Loan Repayment Program, the Research Infrastructure in Minority Institutions Program, the Centers of Excellence Program and the Endowment Program. Dr. Elias Zerhouni, the NIH Director, made the announcement on behalf of the Secretary, Tommy Thompson on November 5, 2002 at the groundbreaking ceremony of the Morehouse School of Medicine's National Center on Primary Health Care. Dr. Zerhouni also announced \$10 million dollars in awards that were made by the Office of Minority Health to support activities aimed at eliminating health disparities. A copy of the Department of Health and Human Services press release announcing the fiscal year 2002 awards was provided to the Council.

The Endowment Program

Fourteen institutions received endowment awards totaling \$42.8 million in FY 2002. These are institutions with a designated Section 736 Centers of Excellence of the Health Resources Services Administration. In fiscal year 2001, the NCMHD provided \$21 million to support seven endowment awards.

- Tuskegee University
- Charles R. Drew University of Medicine and Science
- University of California San Diego
- Howard University
- Florida A & M University
- University of Hawaii at Manoa
- Morehouse School of Medicine
- Xavier University of Louisiana
- University of Kansas Medical Center
- University of Montana
- University of New Mexico Albuquerque
- University of Puerto Rico Medical Sciences Campus
- Meharry Medical College
- University of Texas Health Science Center, San Antonio

The Centers of Excellence Program

The Centers of Excellence Program also referred to as the Project EXPORT program, provided awards to 26 institutions. The program is aimed at building research capacity at minority-serving institutions, promoting participation in biomedical and behavioral research among health disparity populations, and increasing participation in health disparities research. A total of \$19 million was provided to support the Centers of Excellence Program. Three RFAs were issued for the Centers of Excellence applications and the results were as follows:

R24: Twenty-three applications were received and reviewed for the R24 mechanism. Six institutions received R24 awards to initiate the development of their health disparity research programs. These are institutions proposing activities designed to develop or enhance the infrastructure to conduct scientifically meritorious research.

- Black Hills State University
- Carlos Albizu University
- Alabama State University
- University of Alabama at Birmingham
- Shaw University
- Hampton University

P20: A total of 33 applications were submitted and reviewed for the P20 mechanism. 10 institutions received P20 awards to help fund the development of a health disparity research program. These are Emerging Research Excellence Institutions that are looking to strengthen their infrastructure for minority health and other health disparities research and training, as well as develop partnerships.

- Tuskegee University
- University of Alabama in Tuscaloosa
- Morehouse School of Medicine
- Charles R. Drew University of Medical and Science
- Children's National Medical Center
- Howard University
- University of California Los Angeles
- North Carolina Central University
- University of Hawaii At Manoa
- Medstar Research Institute

P60: Thirty-seven applications were received and reviewed under the P60 component. Eleven research-intensive institutions received awards to establish a health disparities research center.

- Mount Sinai School of Medicine of New York University
- Morgan State University
- Johns Hopkins University
- University of California San Diego
- San Diego State University
- University of Pennsylvania
- University of Pittsburgh at Pittsburgh
- South Carolina State College
- Medical University of South Carolina
- Shaw University
- University of North Carolina Chapel Hill

The Loan Repayment Program

In fiscal year 2002, 273 applications were submitted for the loan repayment program and 153 contracts were made for a total of \$7.1 million. 112 contracts went to the Health Disparities Research Loan Repayment Program or HDR-LRP, and 41 to the Extramural Clinical Research Loan Repayment Program or ECR-LRP.

Loan Repayment Program awards made up 2.4 percent of the NCMHD's budget in fiscal year 2001 and 4.5% in 2002.

RIMI:

The fourth program through which the NCMHD provided fiscal year 2002 program support is the Research Infrastructure in Minority Institutions (RIMI) program. This program was transferred to the NCMHD from the National Center for Research Resources in FY 2002 and for the first time, the NCMHD administered the program and made independent awards totaling \$5.6 million to six institutions. This program helps institutions that enroll a significant number of students from minority health disparities population and want to enhance their capacity and competitiveness to conduct biomedical or behavioral research. The program assists non-doctoral degree institutions to develop their research infrastructures, primarily through collaborations with research-intensive universities.

- San Francisco State University
- Spelman College
- Winston-Salem State University
- Benedict College
- Texas A & M University – Kingsville
- Tennessee State University

MIRT

In fiscal year 2003 the Minority International Research Training (MIRT) program will be transitioned over to the NCMHD. The Center has always provided full support for this program, and appreciates the leadership and staff of the Fogarty International Center for overseeing and administering it over the years. In fiscal year 2004 the NCMHD will assume full responsibility for administering the program. This program offers research-training opportunities to qualified undergraduate, graduate and medical students and faculty to participate in international biomedical and behavioral research programs abroad.

COLLABORATIONS

Prior to the creation of the NCMHD, a vast majority of the funds of its predecessor --the Office of Research on Minority Health (ORMH), supported collaborative research projects with other NIH Institutes and Centers and other DHHS agencies. The NCMHD has maintained that collaborative connection. In fiscal year 2002, about 42% of the NCMHD's resources supported about 160 projects with the other NIH ICs alone. This included new and ongoing projects that

the Center had committed out-year funds to support. Approximately \$71.8 million of the NCMHD's FY 2002 budget supported collaborative projects with NIH ICs and other DHHS agencies.

Request For Applications

Three Requests for Applications (RFA) will be released shortly for the Centers of Excellence Program with receipt dates scheduled for late April. The RFAs will be accessible through the NIH Guide for Grants and Contracts on the NIH website. A technical assistance workshop is also slated for March 27 at the Hyatt Regency Hotel in Washington, D.C. Applications will also be accepted for this year's competition for the Loan Repayment, RIMI and Research Endowment programs.

Director's Report Discussion

Following the Director's Report, the Council had an extended discussion regarding the Strategic Plan and their role in the review process. Doug Hussey, Director of the NCMHD Division of Scientific Planning and Policy Analysis reminded the Council that a subcommittee of the Advisory Council had reviewed the initial draft that was sent to the NIH Director for approval. Once the Secretary approves the document, every Council member will have an opportunity to provide comments in preparation for the next version.

Members were interested in obtaining a clearer picture of the NIH minority health and health disparities financial picture. The council agreed that it is important that there be a two-way flow of funds between the NIH ICs and the NCMHD on collaborative activities. Council members requested a breakdown of the NCMHD collaborations with the ICs that showed the ICs contribution and the NCMHD's. Ruffin informed the Council that the NCMHD presently does not track that information, but will work to make it available in the future. He also explained that presently there is some discrepancy with the figures because there is no consistent definition for minority health and health disparities. A committee has been established at NIH to develop a standardize definition that would assist in accurately reporting the figures. Another area of concern for the Council is that of public relations and making sure that the ICs and investigators give appropriate recognition to the NMCHD for supporting their projects. Ruffin noted that the NCMHD is still working to educate others about this process.

Subcommittee Reports

In the interest of time, subcommittee reports were moved to the afternoon closed session.

NHLBI Strategic Plan on Health Disparities

Carl Roth, Ph.D., and Barbara Alving, Ph.D., represented the National Heart, Lung, and Blood Institute (NHLBI) at the NACMHD meeting. NHLBI was invited to present its Health Disparities Strategic Plan to the council. Roth gave an overview of the NHLBI's Strategic Plan with reference to the three primary areas of emphasis as being: (1) Research; (2) Research Workforce and Research Resources; and (3) Outreach and Education. The objective of the

research activities are to: (a) increase the understanding of the development and progression of heart, lung and blood diseases; (b) develop improved approaches for their diagnosis and treatment and (c) develop improved approaches for preventing and delaying the onset or progression of these diseases. Some of the present NHLBI projects that address the three areas of emphasis include:

Multi-Ethnic Study of Atherosclerosis (MESA)

Jackson Heart Study

Genetics of Coronary Artery Disease in Alaskan Natives (GOCODAN)

Insulin Resistance and Atherosclerosis Study (IRAS)

Action to Control Cardiovascular Risk in Diabetes (ACCORD)

Overcoming Barriers to Treatment Adherence in Minorities and Persons Living in Poverty

Research Scientist Award for Minority Institutions

Asian American and Pacific Islander (ASPIRE) Project

Discussion on NHLBI Health Disparities Strategic Plan

The NACMHD was very impressed with the NHLBI leadership, enthusiasm and its array of programs addressing minority health and health disparities. The group recognized NHLBI as a model for other ICs to follow as it relates to planning and implementing minority health and health disparities activities.

Report on NIH Committee on Minority Health and Health Disparities Research Application and Methodology

Roth provided an overview of the NIH Committee on Minority Health and Health Disparities Research Application and Methodology that was established by Dr. Elias Zerhouni and Dr. John Ruffin. The committee is co-chaired by Dr. Claude Lenfant, Director of the NHLBI and Dr. Andrew von Eschenbach, Director of the National Cancer Institute (NCI). Other members are:

Tommy Broadwater, NCMHD

Harold Freeman, NCI

Ann Hagan, NIGMS

Milton Hernandez, NIAID

Raynard Kington, OD

Donald Poppke, OD

Carl Roth, NHLBI

Nathan Stinson, OMH, DHHS

The principal charges of the committee are to:

1. Provide NIH operational definitions, based upon Public Law 106-525, for minority health and health disparities research
2. Formulate the criteria necessary to identify both minority health and health disparities population groups and diseases
3. Develop guidance that would serve as the foundation for the NIH effort in identifying, coding, tracking, and reporting on NIH activities in these areas,

including specifying the process and specific requirements needed to develop a consistent trans-NIH coding approach for tracking and reporting on all NIH minority health and health disparities research, research capacity building, and outreach activities—the three overarching goal areas of the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities*.

The committee will develop a structure for reporting on basic and clinical research, as well as targeted and non-targeted activities. This is modeled after the clinical research definition effort. To date, the committee has completed the first draft of recommendations regarding minority health and is in the process of developing recommendations on health disparities. Once the committee recommendations have been finalized, they will first be presented to the NIH Director and the IC Directors for discussion and then distributed to the ICs for implementation.

Discussions on the NIH Committee on Minority Health and Health Disparities Research

In addressing the NACMHD's question about whether the ICs will self-report their minority health and health disparities activities or it would require the NCMHD review each portfolio, Roth thought the process should be transparent once the committee has fulfilled its charge of providing a consistent definition. Council members also expressed a concern about the research that would be reported and making sure that it is broader than basic and clinical research. Roth indicated that clinical research also included demonstration research.

Closed Session

The closed session was called to order at 1:35 p.m. by the executive secretary. Dr. Raynard Kington addressed the Council in his capacity as Deputy Director, NIH. Gretchen Weaver of the Office of General Counsel presented the annual ethics training. Dr. Vivian Pinn briefed the Council on their role in ensuring the NCMHD's compliance with the NIH Policy on Inclusion of Women and Minorities. Following the presentations, the Advisory Council subcommittee Chairs provided an update on recent subcommittee discussions. After subcommittee reports the council deliberated over several NCMHD programmatic issues.

Adjournment

With no further business for the Advisory Council to consider, the meeting was adjourned by the executive secretary.

Certification

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.¹

John Ruffin, Ph.D.
Chairman, National Advisory Council on
Minority Health and Health Disparities and
Director, National Center on Minority Health
And Health Disparities, NIH

Lisa Evans, J.D.
Executive Secretary
National Advisory Council on Minority Health and Health
Disparities

¹ At its next meeting the Council will formally consider these minutes, and any corrections or notations will be incorporated in the minutes of that meeting.