

**Department of Health and Human Services
National Institutes of Health
National Advisory Council on Minority Health and Health Disparities**

National Advisory Council on Minority Health and Health Disparities
June 15, 2004
Meeting Minutes

The sixth meeting of the National Advisory Council on Minority Health and Health Disparities was held on June 15, 2004, at the Holiday Inn Select in Bethesda, Maryland. Lisa Evans, J.D., Executive Secretary, National Center for Minority Health Disparities (NCMHD), called the meeting to order at 8:35 a.m. John Ruffin, Ph.D., Chair of the National Advisory Council on Minority Health and Health Disparities, and Director, NCMHD, presided over the meeting, while Caroline Kane, Ph.D., Adjunct Professor, University of California, Berkeley, chaired. The meeting was open to the public from 8:40 a.m. to 12:30 p.m.; closed in a brief executive session; reconvened open session at 1:35 p.m.; and formally adjourned open session at 5:35 p.m.

Council members present:

John Ruffin, PhD, Chair
Regina M. Benjamin, MD, MBA
Roger Bulger, MD, FACP
Lisa Evans, JD, Executive Secretary
Carl Franzblau, PhD
Ruth Johnson, JD
Caroline M. Kane, PhD
Elisa T. Lee, PhD
Melvina, McCabe, MD
Grace L. Shu, DOM, PhD
Louis W. Sullivan, MD
Augustus A. White, III, MD, PhD
M. Roy Wilson, MD

Council members absent:

Eric Munoz, MD

Ex-officio members present:

Virginia Cain, PhD
Kevin R. Porter, MD

Ex-officio members absent:

Michael J. Fine, MD, MSc

Ad-hoc guest:

Raymond Rodriguez, PhD (Former Council Member)

Welcome/Opening Remarks

Dr. Ruffin presided over the sixth meeting of the National Advisory Council on Minority Health and Health Disparities (NCMHD). Dr. Kane served as chair designee and facilitated the day's proceedings.

In his opening remarks, Dr. Ruffin mentioned the following:

- *Awards:* Since its inception, the NCMHD has made 370 awards through its four core programs, including 60 Centers of Excellence awards (R24, P20, and P60 awards); 19 new research endowment awards; and 280 loan repayment contracts. The NCMHD has developed a structured process for reviewing co-funding applications from the other NIH institutes and centers. An integral part of that process involves the Strategic Plan subcommittee of the Advisory Council.
- *Council Membership:* At Dr. Ruffin's request, Dr. Sullivan introduced Dr. Regina Benjamin, who was appointed to the Council during the summer of 2003. Dr. Sullivan described Dr. Benjamin's extensive experience, including her significant community outreach to underserved communities; her service as a trustee for the American Medical Association; and her tenure as elected President of the Alabama Medical Society. She is the first female and minority to head the society. In addition, he noted, Dr. Benjamin has received numerous awards, including recognition by the Kaiser Family Foundation.

Dr. Ruffin informed the Council that Secretary Thompson had not yet appointed additional members to the Council to replace those whose terms expired in February 2004. He explained that he invited former Council members to this meeting to help facilitate the transition process, particularly for those who chaired subcommittees of the Advisory Council. Dr. Ruffin advised that with the rotation of members, he may consider reorganizing the subcommittees.

- *Meeting Agenda:* Dr. Ruffin reviewed the agenda for the meeting which included: a presentation from the National Institute of Nursing Research (NINR) on its health disparities portfolio; a presentation by Dr. Carl Franzblau on an innovative strategy to reach K - 12 science students; presentations by NCMHD Project EXPORT grantees and Loan Repayment Program recipients; an update on the assessment of the NIH minority training programs by the National Academy of Sciences and the Council's review of an SBIR application during closed session.

Dr. Ruffin invited Council members to inform him of any special topics related to the mission of the NCMHD that they would like to present at a future Advisory Council meeting.

Consideration of February Minutes

After the Advisory Council reviewed the February 24, 2004, meeting minutes, Dr. Kane requested a vote to approve the minutes. Advisory Council members voted unanimously to approve the draft meeting minutes.

Administrative Matters

Dr. Kane reviewed the administrative matters for the meeting. There was one SBIR application for review. She announced the future meeting dates for September 14-15, 2004, February 22-23, 2005; June 14-15, 2005; and September 13-14, 2005.

Director's Report

Dr. Ruffin recapped the history of the NCMHD including its transition from an Office to a Center and the change in its constituency and Congressional authorities.

- *Management Review of NCMHD:* Dr. Ruffin reported that the management review of the NCMHD by the NIH Office of Management Assessment (OMA) that started in February was still in process. The review, initiated by Dr. Elias Zerhouni, NIH Director, is in response to Dr. Ruffin's request for an Office of Inspector General investigation into an anonymous report of breaches in confidentiality within NCMHD's Research Endowment Program.
- *Staffing levels:* The NCMHD FTE level is currently 28 FTEs, and will remain constant for FY 2005. In previous meetings, Dr. Satcher and others have challenged NCMHD and the Council to identify a strategy to increase the Center's FTE level and obtain greater capacity to more efficiently execute its growing programmatic and administrative responsibilities. NCMHD previously contracted with Booz Allen Hamilton (BAH) to assist it with the implementation of the law. To assist the NCMHD in determining how to meet the growing demand of activities with constant staff levels, BAH is now engaged in examining the current state of operations to make recommendations on how NCMHD can best achieve its mission with the current and projected workforce.
- *Personnel:* Derek Tabor, PhD, was introduced to the Advisory Council as a new member of the NCMHD staff. Dr. Tabor is the Program Director for the Project EXPORT program. Dr. Tabor most recently worked for the National Institute of General Medical Sciences.

Other key vacancies that NCMHD plans to fill this summer include the position of Associate Director for Scientific Programs Operation and Chief of Community-

Based Research and Outreach. The positions had been re-advertised due to an inadequate pool of initial applicants. These two positions are among the 28 FTEs referenced previously.

- *NIH Health Disparities Strategic Plan:* Each year, NCMHD facilitates the update of the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities*. The process has been initiated for the FY 2004 through 2008 Strategic Plan in that the request for revisions has gone out to all the ICs. ICs will use a new methodology to guide them in determining how to project the amount of resources to be spent on their health disparities research portfolio in their revised strategic plans. In early September, the Advisory Council will have the opportunity to offer input into NCMHD's and other ICs' strategic plans. The *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities* FY 2002-2006 is available on the NCMHD web site at www.ncmhd.nih.gov.

NCMHD has contracted with the National Academy of Sciences/Institute of Medicine (IOM) to conduct a preliminary evaluation of the NIH Health Disparities Strategic Plan. The IOM evaluation is expected to take 18 months. Dr. Ruffin advised Advisory Council members that they may be called upon by IOM representatives during this process.

- *Appropriations Hearing:* The Congressional Appropriation Hearings occurred in April 2004. Dr. Ruffin shared highlights of the hearings including, Senator Thad Cochran's (R-Mississippi) expression of his commitment to health disparities during the Senate hearing and the impressive work of the NCMHD referencing the *Jackson Heart Study*. Cochran called for more research in places that experience health disparities. At the House of Representatives Hearing, Representative Jesse Jackson, Jr., (D-Illinois) echoed similar supportive sentiments and noted the important role that NCMHD plays in addressing complex health problems. Dr. Ruffin found it encouraging to witness the bipartisan support for health disparities in the Congress.
- *HHS Health Disparities Council:* To place more emphasis on the minority health disparities issue within the Department of Health and Human Services, HHS Secretary Tommy Thompson has established a Health Disparities Council. The Council consists of senior leadership from various HHS agencies; Dr. Ruffin serves as the NIH representative. The Health Disparities Council serves as a forum for identifying and evaluating opportunities, coordinating and tracking progress of short- and long- term goals, collecting and disseminating information, and making recommendations about policy issues.
- *Closing the Health Gap Campaign.* The HHS initiative, *Closing the Health Gap Campaign*, includes the *Take- a-Loved-One-to-the-Doctor Day* Initiative. This is an effort to encourage minorities to go to the doctor more regularly. In early June 2004, Secretary Thompson visited NIH to discuss the *Take- a-Loved-One-to-the-*

Doctor campaign and mentioned the financial barriers that confront minority populations who seek biomedical and other medical careers. NCMHD will work with other NIH ICs to explore strategies that might enhance that initiative.

- *NIH Institute and Center Collaborations:* Given its broad constituency, a core strategy for NCMHD is to collaborate and coordinate activities to reach into communities that are underserved. Two years ago, a Congressional Appropriations subcommittee asked NIH to prepare a report with a comprehensive medical agenda addressing the high rates of morbidity in the Mississippi Delta Region. Each year, the NCMHD identifies a target health disparities research area through its collaborations. In FY 2003, NCMHD had a focus on rural health and funded a number of rural health initiatives. This year NCMHD will collaborate with the ICs to support minority health and health disparities research projects in the Delta Region while maintaining its support of previously committed on-going projects.
- *FY 2004 Program Updates:* The initial peer review of applications for FY 2004 funding has begun. This year, the Project EXPORT program only requested applications for the R24 mechanism. Applications for the endowment program were reviewed in mid-June. The Advisory Council will conduct a final review of these applications at its September meeting. The Loan Repayment Program cycle required reviews in March and May 2004. The recently transitioned Research Infrastructure in Minority Institutions (RIMI) Program, which supports grants to build infrastructure at institutions that offer degrees in life sciences, will conduct its initial peer review in August 2004. The Minority International Research Training Program (MIRT), a program that offers international research opportunities to qualified students who are from health disparities group that are underrepresented in these tracks, also was transitioned to NCMHD. Current MIRT grants have been extended for up to six months so that the new Request for Application (RFA) can be issued in Winter 2004 with new grant funding available in early 2005. Finally, NCMHD continues to coordinate a minority summer internship program. This year, NCMHD recruited and placed 34 interns at other ICs and the Office of the NIH Director. NIH also partners with the Association of American Indian Physicians to host an Annual Youth Initiative Summit and introduce American Indian, Hispanic, and African American high school students to NIH and possible career options.

After summarizing the comprehensive list of NCMHD activities, Dr. Ruffin acknowledged the tremendous dedication of NCMHD staff to accomplish such an ambitious agenda.

Advisory Council Subcommittee Reports

- *Endowment Program Subcommittee.* Dr. Kane presented a report on the activities of the Endowment Program Subcommittee which convened via teleconference on June 10, 2004. The RFA was released on January 8, 2004, and applications were due April 19, 2004. NCMHD received eight applications; seven of the eight applications had missing information needed to determine eligibility. All institutions were given an additional week to provide supplemental data. Six applications were forwarded for the first level of peer review on June 13-14, 2004. A second-level of review will occur at the September 2004 meeting.
- *Loan Repayment Subcommittee.* Dr. Rodriguez updated the Advisory Council on the Subcommittee's actions. The subcommittee convened via teleconference on June 10, 2004. A total of 300 new applications and 122 renewal applications were reviewed. Of these, 208 applicants were pre-selected to go through the loan verification process --105 new applications and 61 renewals for the Health Disparities Research program, in addition to 20 new applications and 22 renewals for the Extramural Clinical Research program. These contracts, to be finalized in August 2004, represent a broad range of disciplines, including oncology, psychology, cardiology, nursing, and a variety of health concerns (cancer, diabetes, HIV/AIDS, and infant mortality).

Dr. Rodriguez also noted the following challenges for the Loan Repayment Program which have to be discussed further: 1) how to score more experienced students, considering the tendency to weigh experience higher than entry-level students without creating barriers for new Ph.D. applicants, and 2) how to address the eligibility status of loan repayment recipients who move from a research-intensive environment to a university hospital where there is less emphasis on research.

- *Strategic Plan Subcommittee.* Dr. Wilson reported that the Strategic Plan Subcommittee met via phone on June 9, 2004. The discussion included the status of the NIH report to Congress on resources dedicated to minority health research. When NCMHD was established, Congress required that the Center report on the methodology used by NIH to determine the level of resources dedicated to minority health research. Not all ICs were using standardized definitions for calculating minority health and health disparities research investment. NCMHD completed the narrative portion of the report and is now waiting for the NIH Office of Budget to develop budget figures based on the *NIH Guidance on Minority Health and Health Disparities Research Definitions and Applications Methodology*. NCMHD will then submit the draft report to HHS for final clearance and transmittal to Congress.

In addition, Dr. Wilson advised the Council that the timeline for their review of the Strategic Plan is late July through mid-September, 2004. Finally, Dr. Wilson

discussed the Small Business Innovation Research program (SBIR) and the requirement that NCMHD spends \$5 million on SBIR awards this year. He informed the Council that the Strategic Plan subcommittee reviewed and recommended several SBIR grants for co-funding pending the availability of funds. SBIR grant applications are shared among the ICs since some ICs receive numerous SBIR grant applications in comparison to other ICs. NCMHD decided to fund several grants awarded by The National Institute of Biomedical Imaging and Bioengineering (NIBIB) that address issues including cancer diagnostics, low-cost drug delivery systems, and new mammography techniques. During the closed portion of the Advisory Council's meeting, members will conduct the second-level of review for one SBIR application received by NCMHD.

- *Centers of Excellence Subcommittee.* Dr. Kane reported that the Project EXPORT subcommittee held a teleconference on June 9, 2004. The Request for Application that was released is limited to R24 applicants. Fourteen applications will be reviewed on July 14-16, 2004; the full Advisory Council will review the recommendations in September. In addition, a two-day meeting for Project EXPORT Project Directors and Principal Investigators meeting is planned for September 21-22, 2004.

The subcommittee also discussed issues for the 2005 Project EXPORT program. The first wave of R24 grantees will enter its third and final year in September 2004. There is concern that additional funds may not be available to apply for P20 and P60 funding for R24 grantees after they build their infrastructure. The subcommittee decided not to discuss this in detail until the progress reports from current R24s have been submitted and reviewed. After that information becomes available later in the summer, the subcommittee will be better able to estimate the size of the pool potentially affected by this issue.

There was discussion on the importance of leveraging ICs interest in contributing to NCMHD health disparities research given the anticipated flat NCMHD budget for FY 2005. The NCMHD was encouraged to make Project EXPORT recipients aware of other appropriate IC funding opportunities and to consider providing supplements to support meritorious research efforts of other Centers. Recent NIH referral guidelines to identify health disparities applications should increase the opportunities for ICs to receive applications related to health disparities and enhance co-funding opportunities.

The subcommittee considered the risks and benefits of allowing research funds to be put into an endowment (only if the institution could replace those funds with new research money). Dr. Ruffin advised the Council that funding has prevented that step from happening and that there is a possibility that in the future NCMHD can ask that Project EXPORT recipients put money aside into an endowment. If such an event occurs, the subcommittee favored a two-stage review process to provide transparency to the award process.

The group reaffirmed the value of branding and encouraging grantees to use the NCMHD logo in the course of its activities. This gives grantees credibility while providing NCMHD visibility and allowing other individuals to understand how NCMHD contributes to health disparities research. Project EXPORT recipients will be used as pilots when the NCMHD launches its branding initiative.

- *Discussion:* Many of the issues raised in the subcommittee reports or the Director's Report were pursued further in discussion. Advisory Council members expressed great concern that the NIH methodology for calculating the extent of health disparities research was still under development and that the NIH Budget Methodology Resources Report was not yet completed, particularly given the decade-long history of discussions on this issue. Dr. Sullivan expressed his dismay that it has taken a reputable institution like NIH several years to finalize the methodology. He urged the NACMHD to request a timetable for finalizing this methodology directly from Dr. Elias Zehourni, NIH Director. Dr. Franzblau voiced agreement with that approach.

Dr. Kane shared with the Advisory Council some concerns that she had and sought their input: 1) the NCMHD budget—she noted that it was likely that the budget of the NCMHD would remain flat in fiscal year 2005 and the fact that the Center has to use its limited resources to obtain contractor support to decide how to best utilize its current staff was disturbing; and 2) having not received a response from the NIH Director or Deputy Director to her March 2004 letter to the NIH Office of the Director. She asked for the members' feedback on different options for follow-up. Dr. Sullivan, Dr. Franzblau and Dr. Rodriguez shared her sentiments on both matters and expressed their surprise regarding the lack of communication with the NIH Office of the Director based on their past experience on other NIH Councils. Dr. Sullivan made a motion for the Advisory Council to request a meeting with Dr. Zerhouni to discuss its concerns, given the purpose for which the NACHMD was created to be an Advisory body to the NIH Director. Dr. Augustus White seconded the motion. The proposed meeting would consist of the Chair, a few other Advisory Council members, and Dr. Zehourni. An amendment to the motion was offered that a letter be sent to Dr. Zehourni requesting the meeting as soon as possible. The Council passed the motion unanimously.

The Advisory Council also discussed the concept of developing the endowment component of the Project EXPORT program. The law establishing the NCMHD contains language that permits creation of such endowments if additional dollars replace the awarded research funds. Dr. Ruffin commented that the Centers of Excellence must first be established. Eventually the Centers might benefit by such flexibility, as long as they do not take money out of their research portfolio.

Advisory Council members posed additional comments and questions about budget figures in Dr. Zehourni's testimony at the Appropriation's Hearings; the process for determining NCMHD's emphasis on research in the Mississippi Delta

Region for this year's co-funding requests; the importance of including outreach to Hawaiian Asians, American Indians, and Native Americans; NCMHD's goal to have its outreach activities and programs reach all 50 states; use of outside contractors to perform some of NCMHD's responsibilities; implications of a flat budget for a new Center with expanding demands; the complexity of balancing the loan repayment's goal of supporting individuals in rigorous training environments with sensitivity to an individual's change in circumstance; and the possibility of creating a young investigators or scholars program for graduates to receive support as they further their training in health disparities research.

Sullivan Commission Update

Dr. Sullivan provided an update on the Sullivan Commission. Supported by the Kellogg Foundation and administered by Duke University School of Medicine, the Commission has concluded its series of public hearings and is in the process of drafting its final report, scheduled to be released in mid-September. The report, which will include findings, recommendations, and follow-along strategies, will be marketed to Congress, state legislators, and philanthropic community educators to engage them in solving the problem of health disparities.

In response to questions from fellow Council members, Dr. Sullivan shared that certain geographic themes, as well as universal issues, emerged. One example of the type of input the Commission has received emphasizes the need to strengthen the interface at all levels of education (high schools, community colleges, universities, health professional schools) and the complexity involved with serving the multiple needs of certain minority and immigrant subpopulations. The web site for the Sullivan Commission is:
<http://www.sullivancommission.org>.

National Institute of Nursing Research Health Disparities Portfolio

Dr. Ruffin introduced Patricia A. Grady, Ph.D., RN, FAAN, Director of the National Institute of Nursing Research (NINR). Dr. Grady reported that 27 percent of NINR's budget is spent on activities related to health disparities. NINR efforts include: almost \$35 million (74.3 percent) spent on their Research Project Grants; \$4.5 million (12.9 percent) on Centers; \$3.6 million (10.4 percent) on institutional training awards; and \$800,000 (2.4 percent) on other research (e.g., career development awards).

To achieve its strategic plan goals to address health disparities, NINR focuses on research, infrastructure, and outreach. To increase minority health research, NINR solicits research applications related to health disparities (e.g., program announcement on reducing health disparities among racial/ ethnic women and other underserved women) and supports investigator-initiated research proposals that address health disparities (e.g., breast and cervical cancer screening program among Korean American Women). To enhance the infrastructure for an increased emphasis on health disparities, NINR issued an RFA for Nursing Partnership Centers on Health Disparities with NCMHD. NINR also

builds the infrastructure through mentorship training and research opportunities for minority students and researchers, including research supplements for underrepresented minorities, T32 enhancement, and Minority K Awards. Finally, to achieve its outreach goals. NINR maintains involvement with minority nursing organizations, enhances communication and dissemination activities, and sponsors special programs and initiatives. Dr. Grady described NINR support for the formation and activities of the National Coalition of Ethnic Minority Nurse Associations, a group of five major nursing associations that promote mentoring and partnerships among nurse researchers.

Finally, Dr. Grady discussed the P30 Health Disparities Supplements being awarded to core centers to address some elements of health disparities.

Dr. Grady highlighted several studies supported by NINR that address health disparities, including:

- A West Coast study featured an intervention for high-risk pregnant women to prevent low birthrates, which disproportionately affects minority populations. The low tech/low cost intervention consisted of early assessments, routine prenatal care, added telephone follow-up between visits, and potential for home visits if needed. Outcomes included decreased low-birth weight in high-risk pregnancies and a 96 percent decrease in emergency room visits. A subset analysis revealed that decreases in low birth rate for babies of African American women were greater than the overall population.
- Another study examined the cardiovascular health of children and youth in urban and rural areas in North Carolina. A nurse investigator worked with a middle school teacher to offer regular instruction on exercise and diet. At the follow-up intervals, children demonstrated an increase in aerobic activity, decrease in body fat, and increase in attenuated blood pressure. The investigator gave each school district a report card with its results, also sending the report card to their Congressman.

Dr. Grady briefly highlighted other NINR activities, including current Minority K01 studies (e.g., Korean American parent training); Core Centers, most of which focus on addressing health disparities (e.g., Center on Chronic Illness in Vulnerable Populations in North Carolina), and P20 Partnership Centers aimed at expanding the cadre of nurse researchers for minority health and health disparities research and increasing research to eliminate health disparities. For further information, see <http://ninr.nih.gov/ninr>.

Discussion

Advisory Council members expressed their pleasure that NINR's supplement percentage was very high. Dr. Grady also reported that 27 percent of funding is spent on health disparities, while 21 percent is for minority health.

NCMHD Program Updates

Project EXPORT Center

University of Maryland School of Medicine/UMB

Claudia R. Baquet, MD, MPH, serves as an EXPORT Center Director, at the University of Maryland School of Medicine, which was funded in September 2003. Dr. Baquet described the aims of the EXPORT Center as: 1) To foster health disparities research on cancer, renal/kidney disease (and eye disease) and mental health (specifically racial disparities in mental health care for people with schizophrenia) between the two collaborating institutions, University of Maryland Baltimore and University of Maryland Eastern Shore; 2) to promote and expand the ability of collaborating institutions to foster, coordinate, and conduct evidenced based and culturally appropriate community outreach and dissemination; 3) to enhance and expand the ability of collaborating institutions to foster minority student and faculty training in health disparities research; and 4) to enhance and formalize the coordination of shared resources among cores to promote health disparities, research, community outreach and training activities. EXPORT Center activities involve both urban and rural areas and priority populations of African Americans, Native Americans, and lower income Whites.

During her presentation, Dr. Baquet highlighted the activities of each core. She described the community outreach and information dissemination core as a central piece of the Center's work. The specific aims of this core are to develop community-based networks and partnerships, develop evidence-driven *best practice* prevention and intervention guidelines, disseminate culturally and health literacy appropriate disease prevention and health promotion information, implement grades 3-12 science education activities, and conduct comprehensive evaluation studies.

Discussion

Advisory Council members requested that the NCMHD logo be added to the presentation's title slide.

Project EXPORT Center

Olveen Carrasquillo, MD, MPH

Columbia Center for the Health of Urban Minorities (CHUM)

Based at the Center for Community Health Partnerships, the Columbia Center for the Health of Urban Minorities serves the community of northern Manhattan, whose population is predominantly composed of African Americans and Latinos. This multidisciplinary Center has 25 investigators, 13 of whom are African Americans and/or Latinos.

The Centers five research cores include access to care (including impact of medical consumerism, welfare reform, trends in insurance); cardiovascular disease (including an examination of the impact of neighborhood environments in minority communities on

cardiovascular health disparities); mental health; injury prevention (based at the Harlem Injury Prevention Center); and diabetes.

Noting that the answers to many of the health disparities issues will not come from academia, Dr. Carrasquillo stressed the importance of involving community partners who have a great deal of knowledge and experience to share with researchers and health policy makers. He also voiced the need for investigators who are passionate about the issues and willing to do advocacy and reach out to the community. In the last year, CHUM has organized a legislative breakfast, sponsored a community research information day, and participated in the Columbia Disparities Conference.

*Project EXPORT Center
Latino/HIV/AIDS Behavioral Science Center
Florida International University*

Mario De La Rosa, PhD, Director, gave an overview of the Latino HIV/AIDS Behavioral Science Center that is housed at Florida International University, where 55 percent of the 35,000 students and 15 percent of the faculty are Latinos. The Center's aim is to further develop theory-based research on issues associated with HIV/AIDS among Latinos because few programs are providing culturally competent programs for this population, which is experiencing great increases in HIV/AIDS rates.

Dr. De La Rosa discussed the Center's various cores, highlighting the training of researchers in submission of research grant applications and papers to scientific journals and mentorship program for students and faculty. In addition, the Center focuses on community outreach by partnering with health care and community-based organizations to provide HIV services and information on *best practices* on HIV prevention and intervention. The plan is for the Center's activities to lead to the development of research infrastructure within the university and a greater awareness of best HIV/AIDS practices.

*NCMHD Loan Repayment Recipient
Brian K. Finch, Ph.D., Sociologist & Professor of Public Policy, RAND
Health Disparities among Infants and Children: The Role of Social Stratification, Social Class Relations and Socioeconomic Status*

Dr. Finch expressed his great appreciation for NCMHD support through the Loan Repayment Program. He described his research initiative, "Health Disparities among Infants and Children: The Role of Social Stratification, Social Class Relations and Socioeconomic Status," which appeared in two publications in 2003. His work examined the relationship between increasing socioeconomic status and improvements in health status, typically assumed as a linear relationship. Using maternal and child health data, Dr. Finch noted a gradient that was not as linear as people assumed and suggested that researchers needed a better functional form to develop better models. He is working on better understanding the variables that might affect the gradient (e.g., WIC participation and income). At the RAND Center for Population Health and Health Disparities, Dr.

Finch also is involved with looking at the role of stress accumulation and biological risk and how they are mediated through social and environmental variables.

NCMHD Loan Repayment Recipient

*Ann Slaughter, DDS, MPH, Assistant Professor, Penn Dental
Health Promotion for Older African Americans*

Dr. Slaughter described the *Take Charge of Your Oral Health* program she developed to assess the dental needs of African American elders who attended senior centers in West Philadelphia. The program's overall goal was to obtain a better understanding of oral health beliefs and attitudes of community-residing older African Americans and use this knowledge to develop culturally sensitive health promotion intervention. The pilot studies involved focus group discussions and oral screenings and surveys. Dr. Slaughter found significant discrepancies among the seniors' perceived need for dental care and clinically assessed need for care. Out of these pilot studies, Dr. Slaughter developed an educational program using the language that the elders used to describe their dental issues and addressing how oral health, blood pressure, and diabetes are their more pressing health concerns. She plans to pilot test, the *Take Charge* program for effectiveness on sustained behavioral change and compare it with different educational models.

NCMHD Loan Repayment Recipient

Elizabeth Anne Noser, MD

Stroke Recovery and Neurorehabilitation Fellow, University of Texas - Houston Stroke Program

Dr. Noser described her study of stroke recovery and outcomes among African American Women. She collected data on African American and non-Hispanic White women and whether they were treated with thrombolytic therapy (the only FDA-approved intervention for acute stroke) and compared stroke outcomes (including stroke mortality and other unfavorable outcomes). She found that African American women have greater stroke severity, may be less likely to receive thrombolytic therapy, and are more likely to have unfavorable outcomes than White women in the study. Dr. Noser also noted that the baseline stroke predicted unfavorable outcomes, not ethnicity.

Dr. Noser will extend her study as she joins the Alabama Neurological Institute. In addition, she will be involved with educational and web-based programs to enhance student awareness about neurological concerns.

The Pipeline Approach to Eliminating Health Disparities

NCMHD Advisory Council member Dr. Franzblau asked the Council to consider NCMHD support for developing a national science corps for minority health and health disparities. This project would include mobile science stations capable of going into health disparities communities. The concept is based on the experience of Boston-based CityLab, comprised of state-of-art lab facilities to provide students and teachers a hands-on biotechnology experience. CityLab consists of a class visits to a standing laboratory,

summer camps, mobile labs, and professional development for teachers. Dr. Franzblau highlighted the capacity of the MobileLab, a 40-foot, self-contained working lab which can reach 25-100 students per day in all parts of the state. In 10 years, CityLab has educated over 64,000 students.

Dr. Franzblau challenged the Advisory Council to consider NCMHD sponsorship of similar mobile labs. They could be invaluable resources for elevating science awareness among the nation's middle and high school students, including minority students and those living in rural areas. He outlined a vision of 10 mobile units operating throughout the United States and staffed by members of a National Science Corp. Recent masters and Ph.D. science graduates, new teacher graduates, senior scientists, and educators could be recruited to serve for 2 years in the Corp. Noting the thousands of students and teachers who could be reached through such an initiative, Dr. Franzblau stressed the importance of committing resources to reach K – 12 students and encouraging significant numbers of minority students to become medical researchers.

Discussion

After the presentation on CityLab and the concept of nationwide mobile labs, Advisory Council members discussed the need for follow-up data to determine the impact of the lab experience, as well as the possibility that mobile labs also could be used for other health education and screening purposes. The Council agreed to discuss the proposal of NCMHD support of mobile labs at a future meeting.

NIH Minority Programs Assessment Status

Dr. Ruffin explained that NCMHD requested an assessment of the effectiveness of NIH minority training programs. George Reinhart, Senior Program Officer, National Academies of Sciences, updated the Council on the current status of the NIH Minority Programs Assessment. The study will examine the following questions: Do the NIH minority research/training programs work? Which minority programs have been least successful and why? Which minority programs and which features have been most successful in helping students and faculty move toward productive careers as research scientists? What additional factors contribute to minority trainee success, including characteristics of individual participants, academic institutions where they received NIH support and/or obtained their terminal degree? How can a system be set up that would better address assess questions on prospective basis?

Led by Study Director Joan Esnayra, the study is examining data from 1970 -1999 on Native Americans, African Americans, and Hispanics who received research/training funding as undergraduates, graduates, post doctoral students, and junior faculty.

Initially, the study produced an inventory of NIH minority research/training programs and descriptions of NIH electronic trainee data systems. The study is examining differences across the three groups: (1) underrepresented minority trainees in *targeted* minority training programs; (2) underrepresented minority trainees in *non-targeted*

minority training programs; and (3) non- underrepresented minority trainees in *non-targeted* minority training programs.

Researchers conducted a quantitative analysis of existing NIH trainee datasets to determine among those who received NIH pre-doctoral support, how many earned a PhD, an MD, or both. Unfortunately, the datasets rarely documented race/ethnicity data prior to 1992. The study also involved interviews with trainees and program administrators from these training programs. The interviews encompassed 732 trainees, 50 university administrators, and 25 NIH administrators.

Next steps include quantitative and qualitative analysis of collected data (including ethnographic analysis of the semi-structured interviews); report writing, peer review by outside experts, release of the report in May 2005; and dissemination activities, including a conference.

Brief Closed Session

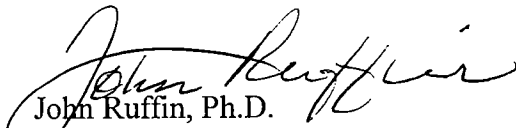
During the closed segment of the meeting, the Council members reviewed one NCMHD SBIR grant application and by en-bloc vote, approved it for funding.

Adjournment

Ms. Lisa Evans, NCMHD, formally closed the meeting at 5:35 p.m.


Certification

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



John Ruffin, Ph.D.
Chairman

National Advisory Council on Minority Health and Health Disparities
Director, National Center on Minority Health and Health Disparities, NIH



Lisa Evans, JD

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