

NIAMS: Deborah Ader

Abstracts from three grants exemplifying the types of behavioral and social research on health disparities supported at the NIAMS.

1.

Grant Number: 1R01AR050265-01

PI Name: KWOH, C KENT.

PI Email: kwoh+@pitt.edu

PI Title: PROFESSOR

Project Title: Ethnic Differences in the Management of Osteoarthritis

Health disparities in the utilization of elective total joint replacement has been targeted as a priority area for additional research by NIAMS. The proposed study seeks to examine factors that may provide the basis for these health disparities and builds on two federally funded studies. The first examines ethnic differences in the management of osteoarthritis (OA) among male veterans. The second, the Study of Health Aging: Body Composition (Health ABC) study, is a NIA-funded longitudinal evaluation focusing on two population-based cohorts of individuals between the ages of 70 to 79 recruited from the Pittsburgh, PA and Memphis, TN metropolitan areas. The overall goal of this research is to better understand the reasons behind ethnic variations in the utilization of lower extremity total knee arthroplasty (TKA) or total hip arthroplasty (THA). The proposed study will examine the health beliefs, practices, preferences and perceptions of African American women and men, as well as white women and men with knee or hip OA and how these factors may influence consideration of TKA/THA. A cross-sectional study design will be utilized to examine the following Specific Aims: 1) To examine ethnic/gender differences in individuals' self-report of symptoms and functional status among individuals with OA of similar radiologic severity; 2) To examine ethnic/cultural differences in perceptions of the efficacy of specific treatment options for arthritis and willingness to have TKA/THA; 3) To examine gender differences in perceptions of specific treatment options for arthritis and willingness to have TKA/THA; and 4) To examine ethnic/gender differences in provider-level factors related to access to TKA/THA. The 518 individuals from the Health ABC study with symptomatic and radiographic knee OA and 271 with symptomatic and radiographic hip OA will be surveyed. Regarding Specific Aims 1 and 2, major variables that may confound the relationship between ethnicity or gender and willingness to have joint replacement include understanding the risks and benefits of joint replacement; pain coping strategies; perceptions of the efficacy of a specific treatment option such as prayer, and perceptions of health care. The proposed study is unique in that it will examine ethnic and gender differences in the management of OA across patients with varying disease severity, focusing on specific factors that may explain health disparities.

2.

Grant
Number: 5R01AR047798-05
PI Name: BLANC, PAUL D.
PI Email: blancp@itsa.ucsf.edu
PI Title: PROFESSOR OF MEDICINE
Project Title: OCCUPATIONAL HEALTH GRADIENTS IN HOSPITAL WORKERS:
THE

Socioeconomic gradients in health status are ubiquitous in space, persistent in time, and pervasive across diverse health outcomes. Yet little is known of how they arise, and specifically, how great a contribution is made to them by working conditions during adult life. Existing occupational cohort studies, such as the landmark Whitehall publications, have failed to convince some observers that work-related "psychosocial" exposures, e.g., the degree of control felt by employees over their jobs, constitute the key causal influences responsible for socioeconomic gradients in the health of the general adult population, especially gradients in chronic disease. Largely missing in the debate thus far is high-quality evidence on gradients from workplaces with a wide range of jobs -- Whitehall, for example, is fundamentally an office worker study. The present proposal is premised on the view that rich insights into the genesis of such health "gradients" may be gained by studying in detail, over some years, a workplace, such as a hospital, that has a very wide range of jobs, and of employees from different social classes. By far the major "short-term" occupational health problem of this workforce, and many others, is work-related musculoskeletal disorders (WRMSDs) -- a broad class of outcomes including low back pain and upper extremity injuries, such as tendinitis and carpal tunnel syndrome. Both psychosocial and physical-ergonomic exposures at work are now thought to be joint determinants of these musculoskeletal problems. Thus, psychosocial aspects of work are increasingly recognized as risk factors for both sorts of illness processes: traumatic and chronic disease. Yet there appears to be a dearth of research linking socioeconomic and job-category disparities in the risk of WRMSDs, with well-known gradients in many longer-term health outcomes, particularly coronary heart disease and its risk factors (such as hypertension). The investigators propose a study to shed light on the nature and multi-factorial etiology of hospital gradients, across job categories and employee social class backgrounds, in the occurrence of several potentially work-related health outcomes in hospitals. The outcomes studied will be lost-time, work-related musculoskeletal disorders, non-invasive measures of allostatic load (salivary cortisol and blood pressure), overall health-related quality-of-life and injury-specific functional status, mental health status, and total sickness/injury absence from work. The influence of both directly observed physical-ergonomic factors at work and psychosocial occupational exposures on socioeconomic gradients in the risk of these conditions will be assessed. Finally they propose to examine, through qualitative research methods, the social contextual factors within participating hospitals, which influence working conditions. The study team will also work with a labor-management team to develop possible interventions for the problems that are identified by this study.

3.

Grant Number: 1P60AR049465-010002

PI Name: CALLAHAN, LEIGH A.

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PI Title:

Project Title: Social Determinants of Arthritis Outcomes

The strong association throughout the developed world between lower levels of individual socioeconomic status (SES) and poorer health outcomes from many diseases including arthritis is well established. Although not yet well studied in arthritis, recent data suggest that community social determinants, e.g., the socioeconomic environment of an individual's neighborhood, may be operant in this regard, as well. It is of considerable interest that the association of community social determinants with health outcomes appears to be independent of an individual's SES, at least in some clinical situations. Both Healthy People 2010 and the National Arthritis Action Plan place high priority on reducing disparities in health outcomes in this country. Development of effective prevention strategies will require a) precise recognition of individual and community variables that are associated with health outcomes and b) evaluation of the putative mediating mechanisms. The long-term goal of the proposed project is to better understand why people of lower SES have poorer arthritis outcomes. The immediate objective of this project is to define the individual and community social characteristics that contribute to arthritis outcomes using a community-based cohort of individuals derived from a family practice network. This objective will be accomplished through the following specific aims: (1) to test for a significant independent relationship between community level SES and prevalence of arthritis; (2) to test for a significant independent relationship between community level SES and health related quality of life in persons with arthritis; and (3) to test hypothesized "individual-in-context" mediators of the relationship between community level SES and arthritis health outcomes. This project could establish whether there are independent significant contextual effects of communities on the prevalence, severity and progression of arthritis. If these associations are found, potential mediators can be explored to establish the bridge between the observation of associations and implementing and designing prevention strategies. The results of these analyses will guide health policies and the focus of prevention strategies, i.e., at the community and/or individual.

FIC: Rachel Nugent

International Studies in Health and Economic Development (ISHED)

Fogarty International Center, with NIA, NICHD, NIMH, OBSSR

This program supports projects that examine the effects of health on microeconomic agents (individuals, households and enterprises) and aggregate growth (cross-country growth analysis), as well as explores how health finance and delivery systems are a source of variation in health outcomes.

Background and Significance

Over one hundred years after the industrial revolution, a large portion of the world remains impoverished. In the most compelling instance, the Organization for Economic Cooperation and Development indicates that the per capita income in Africa in 1992 was equivalent to that of Western Europe in 1820, and these disparities are widening. Correlates to economic development have been studied vigorously, but only modest attention has been paid to the relationship between health or demographic status and economic development.

Over the past three decades the relationship between education and poverty (e.g., measured by wage rates) has been replicated in household surveys across numerous nations and now frequently is viewed as a "causal fact." These data have influenced development policies at national and multilateral levels. However, health has never ascended to a similar footing as a predictive indicator of economic performance.

The foundations are now strengthening in support of the widely observed correlation between health and prosperity. Studies linking health and economic behavior have incorporated several broad avenues of investigation: macroeconomic studies to examine the relationship between country-level growth indicators and health; microeconomic studies that explore the dynamics of health and productivity at the individual or household levels; and studies that examine the effect of alternative health policies on economic outcomes.

Studies pursued must be relevant to populations in low- and middle-income nations and should preferably be either hypothesis testing or hypothesis generating. Longer-term objectives of the program are as follows: [excerpted]

- examine the connections between health and the social environment at the level of the individual and broader community - including the effects of social capital and infant/childhood antecedents of adolescent and adult well-being;
- assist in the development of a system of metrics that equips researchers, service providers and policymakers with information needed to inform policy and effectively target public health interventions;
- improve the quality and availability of health and economic data including longitudinal and inter-generational data sets;

NIMH: Chris Gordon

I. Critical Issues & Problems Related to Health Disparities

NIMH studies have shown:

- African Americans use mental health services less than whites (Jackson)
- Epidemiologic studies indicate that those who are financially disadvantaged (minorities are overrepresented in this group) have higher rates of mood, anxiety, alcohol, and drug disorders (Kessler)
- Poverty doubles the risk of a person's having a psychiatric disorder (Takeuchi)
- The experience of acute & chronic discrimination increases the risk of major depression & anxiety (Jackson)
- Epidemiologic studies to date have been unable to assess the prevalence of mental disorders in ethnic minorities using culturally sensitive measures
- African American, particularly males, are more likely to be diagnosed with schizophrenia, treated in a state hospital, than non African Americans presenting the same symptoms
- African Americans who reside in urban settings are more likely to both witness violence and be the victim of violent acts
- African American males are four times more likely & African American females five times more likely to have AIDS than the general population
- There are 40,000 new HIV infections every year in the US; although AIDS incidence is dropping in whites, it is increasing in African Americans.

II. What is NIMH doing to address the problem of mental health disparities?

Measure and Understand the Problem

- James Jackson has launched a landmark National Survey of African American Mental Health, to assess the prevalence of mental disorders, and service utilization among African Americans in the US. (Cost for 5 years: \$6,076,000)
- Ron Kessler is launching a major new wave of the NCS that will allow clarification of differences in prevalence & disability between ethnic minority subpopulations & the general population (Cost for 5 years: \$6,644,600)

Felton Earls is examining the causal links between exposure to violence and psychiatric disorders, as well as the consequences of such exposure for children's cognitive, social, and

academic functioning by assessing 6000 young males and females from 80 different Chicago neighborhoods.

III. Better Understand & Improve Accuracy of Diagnosis for Minorities

- Harold Neighbors is using existing data to better understand the impact the impact of ethnicity on psychiatric diagnosis & examine the information that clinicians find most important to make an accurate diagnosis
- Steven Strakowski is examining how the symptoms of serious mental illness may be expressed differently in individuals with different racial & ethnic backgrounds
- Arthur Whaley is exploring the contribution of normal or mild cultural paranoia in the misdiagnosis of African Americans
- Robert Malgady is evaluating the role of patient-clinician ethnicity & language as they contribute to misdiagnosis of ethnic minorities

IV. NIMH HIV Prevention Efforts for Minorities

- Three-pronged NIMH strategy: (1) increase the number of ethnic minority populations included in HIV/STD-related prevention research; (2) increase the number of ethnic minority principal investigators; and (3) to ensure that all research projects have staff that are culturally competent.
- NIMH will spend \$83 M of \$135M AIDS budget on minorities in 2001, representing 62% of the budget.
- NIMH supports the development of innovative, culturally sensitive, behavioral interventions to slow and prevent the HIV epidemic in ethnic minorities.
- Barbara Marin, Project Director of the "Collaborative HIV Prevention Research in Minority Communities in the United States" project, at the Center for AIDS Prevention Studies (CAPS) at UCSF is planning and conducting 20 AIDS prevention research projects directed at minority populations that each involve collaboration between Senior scientists/mentors and Minority Collaborating Scientists.
- *At University of Illinois at Chicago, a vigorous university/community partnership serves as the basis for developing, implementing, and evaluating culturally sensitive family-based interventions. Community members actively participate in all aspects of the research contribute to outstanding recruitment and retention rates of underserved African American families from the south side of Chicago.*

- NIMH-supported AIDS investigators at UCLA have collaborated closely with Drew University in building research infrastructure at this historically Black College of Medicine. Along with UCLA scientists, Drew faculty members (who have joint appointments at UCLA) have developed a joint Health Disparities Center at UCLA/Drew.
- *The University of Puerto Rico and NIMH*, over the past ten years, have developed an active research program that addresses the specific HIV/STD prevention issues of Puerto Rican populations on the island and in the States. (Bernal) using RISP, RO1s, etc.

VI. Training Efforts related to Health Disparities

- NIMH recognized that insuring an adequate number of committed minority investigators is of critical importance in any meaningful long-term effort to address and overcome health disparities. While NIMH supports a variety of mechanisms to recruit, engage, train, and retain talented minority researchers NIMH recognizes that results obtained thus far are short of what is needed and the NIMHAC has identified this as a priority area for strategic reassessment and planning.
- **Research Training/Employment Opportunities**
Researchers at all levels interested in the complexities of SES and human development are being fostered through career development awards and training grant mechanisms. Consortium and networks are other ways to foster research and interdisciplinary collaboration for SES and human development research.
- **Example of infrastructure collaboration: The Family Research Consortium.** The Family Research Consortium III combines a training grant (“Multi-site Research Training in Diversity and Family Process”) and a research consortium (“Consortium on Diversity, Family Process, and Mental Health”). Post-doctoral fellows spend two years with a senior level researcher in the area of focus for the training component. American researchers and research projects focused on these populations.

NIAID: Heidi Friedman

The NIAID Strategic Plan for Addressing Health Disparities Fiscal Years 2002-2006 addresses 8 research areas. One of these areas, STDs includes the objective to support intervention/prevention/behavior studies to help reduce disparities in the incidence and prevalence of STDs. This objective is pursued primarily through the Institute's STD CRC program. The CRCs are currently under recompetition as the STI TM CRCs to integrate TM research into the program. The current RFA includes the following area of interest: "development and assessment of behavioral or social interventions (using biomarkers as endpoints); epidemiologic, behavioral and social factors contributing to introduction, spread and maintenance of STIs in communities, especially those populations most affected by STIs."

Current CRCs include studies on:

- 1) Influences of individual behaviors, partnership characteristics, sexual mixing and social networks on STDs in adolescents and young adults in the US. The sample size of over 22,000 includes nearly 10,000 African-American and 1400 Hispanic youth.
- 2) Effect of sexual interpersonal relationships, partner change characteristics and other behavioral factors on epidemiology of recurrent STI among US adolescents. Seventy seven percent of the participants are African American.
- 3) Long-term effects of a behavioral intervention to reduce STI rates in minority women. The study includes 538 Hispanic- and 159 African-American women.

In addition, The Mid-America Adolescent STD CRC (also known as the Young Women's Project) investigates biologic, behavioral and contextual factors that place young adolescent women at risk for STI. Nearly all of the participants are African-American. The study follows women age 14 to 17 and their mothers and collects biologic and behavioral data at quarterly visits including daily info about behaviors and mood. Specific studies investigate acquisition and clearance of HPV, biological and behavioral factors associated with acquisition of HSV-2, factors influencing contraceptive behaviors, and the role of dyad attitude and behavioral composition on dyad-specific STD/HIV and protective behavior.

NCCAM: Morgan Jackson

NCCAM published a PAR for Secondary Analysis of Data on CAM Use in Minority Populations with three receipt dates in August 2003, 2004, and 2005. Although the potential role of CAM in contributing to the existence or elimination of health disparities remains to be defined, several applications received in response to this program announcement address behavioral and social science research questions. Results from this initiative may generate information on the use of CAM by minority populations as it relates to conventional medical services, and lead to more focused studies that aim to determine if CAM might improve the outcomes, quality, effectiveness, and/or cost-effectiveness of health care in comparison to conventional health care services.

NINR: Yvonne Bryan & Janice Phillips

NINR supports clinical and basic research to develop the knowledge base for care

- Across the life span
- Across disciplines
- Across settings
- During states of illness and health

NINR's Strategic Plan on Reducing Health Disparities consist of three components: Research, Infrastructure, Outreach

Research Goal 1: Solicits research applications related to health disparities

Program Announcements

- Community Partnered Interventions To Reduce Health Disparities PA 02-134
- Health Promotion Among Racial and Ethnic Males PA 03-170
- Reducing Preterm and Low Birth Weight in Minority Females PA 04-027

NINR also serves as a cosponsor on a number of NIH wide initiatives addressing health disparities

Research Goal 2: Support investigator-initiated research proposals that address health disparities

Studies focusing on minority health/health disparities constitute a large portion of the funded research at NINR and are central to NINR's commitment to reducing health disparities. NINR funded investigators are conducting a variety of studies related to the leading causes of morbidity, mortality, and disability among diverse populations of racial and ethnic racial minorities across the lifespan. Significant areas of research focus on several of the leading health indicators namely physical activity, overweight/obesity, tobacco use, substance, responsible sexual behavior, mental health promotion, injury and violence. Additionally, NINR funded investigators examine the influence of psychosocial and cultural variables that influence health seeking behaviors and health outcomes of racial and ethnic minority populations.

Infrastructure Goals:

Goal 1: Enhance Infrastructure for an increased emphasis on health disparities

Goal 2: Enhance mentorship, training, and research opportunities for minority students, researchers

NINR along with the NCMHD supports 17 P20 Partnership Centers throughout the United States (PR and Hawaii) that address the development of nurse scientist involved in minority health and health disparities research as well as increasing the number of research projects aimed at eliminating health disparities. Each center is a partnership between a school of nursing with an established research program that focus on health disparities and a school that is developing a research program, namely a MSU. In addition NINR supports eight P30 Centers throughout the US that address health disparities in both rural and urban communities.

Outreach Goals

Goal 1: maintain involvement with minority nursing organizations

Goal 2: Enhance communication and dissemination activities

Goal 3: Continue sponsorship of special program and initiatives

NINR continued to work with the National Coalition of Ethnic Minority Nurse Associations, Inc., to obtain input and recommendations for the advancement of minority health nursing research and career development for minority nurses. NINR's Program Director staff attended minority nurses associations to promote nursing research and recruit minorities into nursing research careers. The NINR Director gave the keynote address at the annual meeting of the National Alaska Native American Indian Nurses Association Summit IX, September 2003. NINR published an article in a Hispanic journal, on reasons to consider a career as a nursing researcher. Seven scholarly papers on decreasing health disparities through nursing research at HSIs and HSHPS were published this year, and capsules were posted on the NINR publications website.

Nursing Partnership Centers on Health Disparities

This initiative is called Nursing Partnership Centers on Health Disparities and results from a Request for Applications announced in December 2001. The purpose of the initiative is to foster the development of nursing partnerships between researchers, faculty, and students at Minority Serving Institutions (MSIs) and institutions with established health disparity research programs. These awards seek to 1) expand the cadre of nurse researchers involved in minority health or health disparities research; 2) increase the number of research projects aimed at eliminating health disparities, and 3) enhance the career development of potential minority nurse investigators.

The eight Partnership Centers are listed below:

1. Center on Health Disparities Research, Johns Hopkins University, Baltimore, MD
Center on Health Disparities Research, North Carolina A&T State University, Greensboro
2. Nursing Research Center on HIV/AIDS Health Disparities University of California, San Francisco
Nursing Research Center on HIV/AIDS Health Disparities University of Puerto Rico Medical Sciences, San Juan
3. MESA Center for Health Disparities, University of Michigan, Ann Arbor
MESA Center for Health Disparities, University of Texas Health Science Center, San Antonio
4. Center for Innovation in Health Disparities Research, University of North Carolina, Chapel Hill
Center for Innovation in Health Disparities Research, North Carolina Central University, Durham
Center for Innovation in Health Disparities Research, Winston-Salem State University
5. Hampton-Penn Center to Reduce Health Disparities, University of Pennsylvania, Philadelphia
Hampton-Penn Center to Reduce Health Disparities, Hampton University, Hampton, VA
6. Southwest Center: Partners in Health Disparity Research, University of Texas, Austin
Southwest Center: Partners in Health Disparity Research, New Mexico State University, Las Cruces
7. Center for Health Disparities Research, University of Washington, Seattle
Center for Health Disparities Research, University of Hawaii, Honolulu
<http://www.son.washington.edu/centers/hdc/>
8. Center for Reducing Health Disparities by Self & Family Management, Yale University, New Haven, CT
Center for Reducing Health Disparities by Self & Family Management, Howard University, Washington, D.C.

NIDDK: Sandy Garfield

The NIDDK has a number of disparities related programs. The following URLs provide the relevant PAs:

<http://grants.nih.gov/grants/guide/pa-files/PA-03-060.html> - Planning Grants for Translational Research for the Prevention and Control of Diabetes

<http://grants.nih.gov/grants/guide/pa-files/PA-02-165.html> - Race/Ethnic Disparities in the Incidence of Diabetes Complications

<http://grants.nih.gov/grants/guide/pa-files/PA-02-153.html> - Translational Research for the Prevention and Control of Diabetes

<http://grants.nih.gov/grants/guide/pa-files/PA-02-117.html> - Racial and Ethnic Differences in the Etiology of Type 2 Diabetes in the United States

Diabetes Based Science Education in Tribal Schools (DETS): An NIDDK activity that funds Tribal Colleges in a collaborative program to develop a curriculum for Tribal Schools that includes grades K-12 to increase interest in the biomedical sciences, using diabetes as the basis for doing this. The goals are to increase diabetes understanding affecting Tribal youth, their families and community to reduce risk for diabetes and improve care and outcome, to understand the science related issues associated with diabetes, and through these to increase Tribal youth interest in the biomedical sciences.

NIA: Laura Shrestha **Behavioral and Social Research (BSR) Program**

The BSR has identified seven major areas to be emphasized over the next several years. *Health Disparities* is one of the seven identified areas of emphasis for the BSR program.

Significance of Program Activity

Health disparities are differences in incidence, prevalence, morbidity, and mortality of disease and illness among specific population groups. Although the health status of all U.S. racial and ethnic groups has improved steadily over the last century, disparities in major health indicators are growing (Kressin, 2001). In general, African American, American Indian and Hispanic ethnic and racial groups are disadvantaged relative to whites on most health indices, whereas Asian Americans appear to be as healthy, if not healthier, than whites on most indicators. In addition, there are differences by education, income, wealth, nativity, rurality, and region (Kressin, 2001). The National Institute of Aging has developed a strategic plan (<http://www.nia.nih.gov/strat-planhd/2000-2005/>) to address health disparity issues focusing specifically on aging process. The plan proposes to investigate racial and ethnic disparity in health from an integrative, multi-level perspective. To this end, the NIA funds research examining the spectrum of possibilities that contribute to the causes of health disparity with the intent of ultimately reducing these differences. At the individual level, several studies have investigated differences in health behaviors between various racial and ethnic groups. Additional avenues for NIA-funded research include differences in the social environments, as well as variance in access to and use of medical care. Finally, the NIA also funds studies examining methods to recruit and retain diverse groups in studies of health. Traditionally it has been difficult and exceptionally time consuming to include diverse populations in health related research.

Program Activity

BSR funds research examining the spectrum of possibilities that contribute to the causes of health disparity. At the individual level, several studies have investigated differences in health behaviors between various ethnic groups. Additional avenues for BSR-funded research include differences in the social environments of ethnic groups, as well as variance in access and use of medical care. Finally, BSR funds studies which examine ways in which the recruitment and retention rate of minority group members might be enhanced in studies of health. It has been traditionally difficult to reduce the ethnic barriers in research participation.

BSR participated with NIEHS, NCI and OBSSR in RFA ES02-009, Centers for Population Health and Health Disparities, designed to support interdisciplinary research to examine how the social and physical environment, behavioral factors, and biologic pathways interact to determine health and disease in populations. Eight grants in total were awarded from this initiative in FY 2003. Katherine Tucker at Tufts University (P01 AG023394) is performing a series of inter-related studies involving a cohort of older adults of Puerto Rican origin in the Boston area to evaluate specific stressors affecting that community, and to determine the effect of these stressors on allostatic load and, in turn, on disease-specific outcomes. We converted Project 2 of Nicole Lurie's NIEHS award to RAND (P50 ES012383) to an NIA grant (Jeannette Rogowski, R01 AG024058); this project is analyzing data from the HRS and PSID to study neighborhood factors that impact the functional and cognitive aspects of the disabling process in the elderly.

BSR also participated with OBSSR, NCI and NICHD in RFA OB-03-001, Pathways Linking Education to Health, designed to increase the level and diversity of research directed at elucidating the causal pathways and mechanisms that may underlie the association between education and health. 14 grants in total were awarded from this initiative in FY 2003, and NIA is funding six (6) of them.

Finally, in FY 2000 BSR commissioned the creation of an NAS Committee on Population (CPOP) Panel on “Racial and Ethnic Differences in Health in Late Life in the United States: Five Year Follow-up Study.” This Panel was intended as a follow-on activity to a workshop organized by CPOP on the same topic in December 1994 which resulted in the highly regarded publication, *Racial and Ethnic Differences in the Health of Older Americans* (National Academy Press, 1997). We are awaiting the publication of the Panel’s report.

Future Directions

Skinner *et al.* (2003) have expanded our understanding of factors underlying observed differences in the rate of health care utilization among racial subgroups (see above). Closing the racial disparity gap through increased emphasis on “translation” research and by identifying effective, practical approaches that providers and systems can use to reduce disparities is essential. Skinner’s work also suggests a closer examination of decision making processes as they relate to provider/patient decisions of medical care intensity.

Patel *et al.* (2003) indicates that the Hispanic Paradox may be based upon an under-ascertainment of Mexican American deaths by the National Death Index. This is compelling evidence that small errors of classification or underperformance for subgroups can have an important effect on calculated ethnic differentials. Further investigating the quality and accuracy of vital registration and data reporting for ethnic minority populations needs to be a priority particularly since these death rates are used to set and evaluate Healthy People 2010 goals. BSR is anticipating the conduct of a brief workshop of experts in this area to determine if there is consensus concerning these new findings about the Hispanic Paradox and in turn, to determine follow-on research priorities to more accurately assess this problem.

Black *et al.* (2003) discovered the synergistic effect of diabetes and depression on the health of older Mexican Americans and its profound impact on health outcomes. This study suggests that research needs determine the level of risk associated with depression in other population groups and upon other co-morbidities associated with increased age. Better recognition and treatment of depression among the elderly in primary care settings needs to be better defined and understood.

NIDA: Minda Lynch

The Health Disparities Initiative - In 2000, NIDA established its' Strategic Plan on Reducing Health Disparities. The plan, a blueprint of NIDA's activities for the next several years, outlines NIDA's efforts to systematically and aggressively address racial/ethnic disparities. As a part of the Strategic Plan, NIDA, along with support from the National Center for Minority Health and Health Disparities (NCMHD), released an RFA entitled "Health Disparities: Drug Use and its Adverse Behavioral, Social, Medical, and Mental Health Consequences" in 2001. The intent of the RFA was to stimulate epidemiological, prevention, treatment and services research that address issues relating to differential drug use patterns and their associated behavioral, social, medical and mental health consequences within and across racial and ethnic minority populations. Eight grants were awarded in response to this RFA.

Additionally, NIDA created an "Administrative Supplements for Health Disparities Research" announcement. The purpose of this solicitation was to give NIDA-funded researchers the opportunity to (1) recruit additional study participants, or (2) expand analyses of existing cohorts, which already have sufficient representation from various racial/ethnic populations, in order to assess patterns of drug use, effects, and potential adverse behavioral, social and health consequences, or differential treatment outcomes within and across racial/ethnic groups. In 2002, there were 25 supplements awarded.

In 2001, the Special Populations Office organized NIDA's first health disparities conference to address drug abuse research in ethnic minority populations. The conference, "Bridging Science and Culture to Improve Drug Abuse Research in Minority Communities," was held September 24-26, 2001 in Philadelphia. The conference provided a forum for over 450 researchers, practitioners, community providers, and others to share research needs, concerns, and opportunities. Plenary sessions and workshops covered such topics as treatment, epidemiology, interaction of culture, race, ethnicity and science, pharmacological and behavioral treatments with minority clients, prevention and treatment in correctional settings and challenges of minority and majority researchers and grants development.

The National Center for Minority Health and Health Disparities has supported a number of health disparities activities at NIDA for the past 8 years. Through support from NCMHD, NIDA has released an RFA, developed an HBCU cooperative agreement, supported the Summer Research with NIDA program and held research workshops, meetings and conferences.

Activities include:

- The Minority Institutions' Drug Abuse Research Program (MIDARP) provides research support to minority institutions to increase the capacity of their faculty, staff and students. Currently, NIDA supports 8 institutions under MIDARP.
- NIDA co-funded the Indian Health Service "Native American Research Centers for Health (NARCH) Awards" with NIGMS and other NIH institutes in 2001. The awards support partnerships of American Indian and Alaska Native (AI/AN) tribes, tribal organizations/non-profit national or area Indian Health Boards with institutions that conduct intensive academic-level biomedical and behavioral research.
- Southern Africa Initiative - The primary goal of NIDA's Southern Africa Initiative is to stimulate bi-national collaborative drug abuse research between the United States and

Southern Africa in the areas of: Epidemiology/Early Interventions, Clinical, Prevention, Treatment, or Health Services Research aimed at reducing drug abuse/ addiction and it's associated adverse behavioral, social, and health consequences (e.g., violence, infectious diseases-HCV, HIV/AIDS, pulmonary diseases)

- NIDA maintains partnerships and linkages with organizations involved in minority health and health disparities including the Latino Behavioral Health Institutes (LBHI) and the National Asian Pacific American Families Against Substance Abuse, Inc. (NAPAFASA).

NIAAA: Kathy Salaita

Accomplishments FY 2003

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports and conducts biomedical and behavioral research on the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems. The Institute works primarily with biomedical and behavioral scientists but also collaborates with and advises other government agencies, health care providers, and private and community organizations.

Studies that examine factors involved in alcohol consumption, its biomedical sequelae and the treatment of alcohol dependence and alcohol related pathology in specific minority populations are emphasized in the context of the Institute's areas of priority. Our goals are to identify and study alcohol-related health issues that affect minority and economically disadvantaged individuals and communities disproportionately and to develop and evaluate culturally relevant strategies to prevent and treat alcohol problems in these groups.

Major accomplishments in FY 2003 include:

- Recruiting and hiring an alcohol researcher to serve on staff and build our research programs, especially those that focus on health disparities research and outreach initiatives
- Continuing grant programs that enhance research capacity and encourage collaborative research partnerships to conduct alcohol research with minority individuals and involving minority scientists and clinicians
 - The Collaborative Minority Serving Institution Alcohol Research (CMSIAR) Program strengthens alcohol research capacity at predominantly minority institutions, by fostering collaborations with research intensive institutions and by building on existing institutional research capacity and resources to enhance alcohol research. Through the CMSIAR program, the ability of faculty, clinicians and students to conduct research on alcohol-related health issues and in minority communities is enhanced. A competitive renewal CMSIAR award was issued to Howard University in FY 2003. The Howard University Program has been successful in gaining a number of research grants during the first five years of this program. The renewal grant focuses on an expansion of clinical and outreach research.
 - Developmental Grants for Minority Collaborative Projects, also known as "Planning Grants," build alcohol research capacity at minority serving institutions where the level of research is less well developed than in CMSIAR institutions. Exploratory/developmental grants make it possible for grantees to generate preliminary data and to foster research experiences that serve as a foundation for subsequent, more intensive and larger research studies at minority-serving institutions. The NIAAA awarded the first "planning grant" to Xavier University (an HBCU) in FY 2002. In FY 2003, additional awards were issued to Meharry Medical College (an HBCU), the University of New Mexico, Albuquerque, an Hispanic Serving Institution, and the University of Hawaii, a Minority Serving Institution.

- Minority Investigator Career Development Twenty minority supplements, two NRSA Pre-doctoral Minority fellowships, and two K- awards for minority investigators were awarded.
- Supporting research on alcohol's health effects in minority and rural and urban poor populations on a range of topics. Examples include Fetal Alcohol Syndrome; urban American Indian Alcohol Use; research-based approaches to alcohol treatment in American Indian, Hispanic and rural populations; Epidemiological investigation of within Hispanic group differences in patterns of alcohol use; preventing alcohol use among African American and urban youth and investigations in to neighborhood, race and alcohol use/abuse trajectories.
- Completing a bibliography of alcohol research in Hispanic populations
- Involving representatives of minority organizations in focus groups to help plan our research dissemination programs.
- Distributing 113,533 copies of materials in Spanish for the *Leadership to Keep Children Alcohol Free*.
- Providing research-based information to physicians and health professionals who serve minority communities
- Translating alcohol related health information into Spanish for the public and ensuring that the cultural context is appropriate and that the information can be understood
- Sponsoring exhibits at annual meetings of organizations trusted by the minority communities such as the Society for the Advancement of Chicanos and Native Americans.
- Supporting student participation at science oriented conferences such as the Lonnie Mitchell HBCU Conference on Substance Abuse and the National Hispanic Youth Initiative
- Expanding access to alcohol screening for Hispanic/Latino individuals by providing information kits in Spanish for National Alcohol Screening Day. Participating in interviews on National Spanish Radio to advertise National Alcohol Screening Day and recruiting screening sites in Latino neighborhoods.

NCI: Suzanne Heurtin-Roberts

Title	Description	Years
Centers for Excellence in Cancer Communications Research	<ul style="list-style-type: none"> ▪ Supports 4 Centers (P50s). ▪ Encourages innovative research leading to an understanding of the role of communication in cancer prevention, control, and care, especially for under-served populations. ▪ Facilitates reciprocal collaboration among biomedical scientists, social scientists, and information scientists. <p>Each Center conducts a minimum of three related research projects (R01s) that focus on communication and health promotion within the cancer context.</p>	2002-2005
Centers for Population Health and Health Disparities	<ul style="list-style-type: none"> ▪ Supports 4 Centers entirely (P50s) and one in collaboration with NIEHS. (8 Centers total funded by participating IC's) ▪ Encourages innovative research leading to an understanding of and reduction in cancer health disparities. ▪ Facilitates reciprocal collaboration among biomedical scientists, social scientists, and affected communities. ▪ Each Center conducts three related research projects (R01) that focus on the complex interactions of the social and physical environment, mediating behavioral factors, and biologic pathways that determine health and disease. 	2003-2007
Health Information National Trends Survey (HINTS)	<ul style="list-style-type: none"> ▪ Collects nationally representative data every 2 years about the American public's need for, access to, and use of cancer-related information. ▪ Oversamples minority populations. ▪ Tracks national public access to health information and provides data on changing patterns, needs, and opportunities in cancer prevention, screening, treatment, and support. ▪ Examines preferred information channels, sources, and information needs of diverse audiences and yields data on perceptions about cancer risks related to health hazards. 	2002-2005
Center for Psycho-Oncology Research Specialized Center (P50) Project	<ul style="list-style-type: none"> ▪ Conducts biomedical, behavioral, psychological, and social research on the interrelationships among biological processes, cognition, emotion, and physical health among ethno-culturally diverse survivors of breast, prostate, and AIDS-related cervical cancer. ▪ Supports 4 R01-level clinical trials to evaluate the efficacy of group-based Cognitive Behavioral Stress Management (CBSM) interventions, and a hormonal treatment to ameliorate adverse consequences of cancer and its treatment among ethno-culturally diverse cancer survivors. ▪ Develops and tests Spanish translations of interventions for breast and prostate cancer patients. 	1999-2003
Special Populations Networks	<ul style="list-style-type: none"> ▪ Builds long-term relationships between 18 research institutions and community based programs to investigate the causes of health disparities in communities ▪ The programs promote cancer awareness through culturally tailored education ▪ Encourages cancer screening and participation in clinical trials 	1998-2003

Minority – Based Community Clinical Oncology Program (CCOPS)	<ul style="list-style-type: none"> ▪ Provides minority cancer patients with access to state of the art treatment, prevention and cancer control in their communities ▪ Includes 11 minority based CCOPs involving over 100 minority investigators 	1990-present
Breast Cancer Surveillance Consortium	<ul style="list-style-type: none"> ▪ Evaluates performance of mammography services in community settings with diverse populations by linking data on mammography practice to data on cancer outcomes in either cancer registries or pathology laboratories. ▪ Expands monitoring of disparities in mammography-related outcomes through a large sample drawn from diverse geographic and practice settings. ▪ Identifies health disparities as a special focus of investigation. ▪ Assesses the understanding of breast cancer screening practices in the United States through an assessment of the accuracy, cost, and quality of screening programs and estimates the quantitative population effect of mammography screening on various outcomes. 	1994-2005
HMO Cancer Research Network (CRN)	<ul style="list-style-type: none"> ▪ Develops a population laboratory, blending diverse populations and research expertise of various HMO plans. ▪ Encourages the expansion of collaborative cancer research among health care provider organizations that are oriented to community care and have access to large, stable, and diverse patient populations. ▪ Takes advantage of existing integrated databases that can provide patient-level information. ▪ Six plans have 20% or more non-white racial/ethnic enrollees and four of these have SEER cancer registries with rapid ascertainment systems. ▪ Studies late-stage breast and invasive cervical cancer patients to identify factors that affect advanced disease. 	1999-2006
Surveillance Epidemiology and End Results (SEER) Program	<ul style="list-style-type: none"> ▪ Maintains 15 cancer registries, covering 26% of the U.S. population (23% of the African-American, 40% of the Hispanic, 45% of the American Indian/Alaska Native, 53% of the Asians and 70 percent of Hawaiian/Pacific Islander populations). ▪ Supports new registries to increase the oversampling of minority/ethnic groups, rural populations, and states with high cancer mortality. ▪ Enhances data systems to improve racial/ethnic classification and to measure cancer disparities by socioeconomic factors through linkage with other databases. ▪ Collaborates with other national registry systems and organizations to set standards for data collection and reporting; to improve coding systems; and to interpret and disseminate data. 	Annually since 1973, with major expansions occurring in 1992 and 2001. Alaska Natives residing in Alaska were added in 1999.
American Indian/Alaska Native Cancer Registries	<ul style="list-style-type: none"> ▪ Uses technical assistance and training from the SEER Program to establish and maintain tribally operated cancer registration systems. ▪ Projects include Cherokee Nation Cancer Registry (a registry covering eastern Oklahoma); Northwest Portland Area Registry Project (a data linkage covering Idaho, Oregon and most of Washington State); and South Dakota Patterns of Care (a pilot for health record data extraction for three tribes in SD) 	Annual

<p>The Network for Cancer Control Research Among American Indian/Alaska Native (AIAN) Populations</p>	<ul style="list-style-type: none"> ▪ Exchanges information on cancer control research at semiannual meetings; improves community links to the NCI, CIS, and ACS. ▪ Increases the number of AIAN researchers, scientists, and medical students involved in cancer control activities in AIAN communities. ▪ Develops curricula and mentors students in the Native Researchers' Cancer Control Training Program, increasing the research skills of young Native investigators. ▪ Convenes biennial national conferences on "Cancer in Indian Country." ▪ Established the Native CIRCLE: Cancer Information Resource Center and Learning Exchange as a source of evidence-based information and materials for individuals involved in the education, care, and treatment of AIAN. ▪ Competed successfully for Special Populations Network grant, supporting community-level research as "Spirit of Eagles." 	<p>Annual</p>
<p>Making Cancer Health Disparities History</p>	<ul style="list-style-type: none"> ▪ Report of the Trans-HHS Cancer Health Disparities Progress Review Group Report unveiled by the Acting ASH and Dr. von Eschenbach, NCI Director. ▪ http://www.chdprg.omhrc.gov/pdf/chdprg.pdf 	

NIDCR: Ruth Nowjack-Raymer

The *Report of the U.S. Surgeon General: Oral Health in America* underscored that not all segments of the population have benefited to the same extent from advances in oral health sciences. To address these inequalities the National Institute of Dental and Craniofacial Research developed a *Plan to Eliminate Craniofacial, Oral and Dental Health Disparities*. The plan acknowledges that to be successful a multifaceted approach will be needed. The approach includes 1) research to eliminate health disparities in 3 critical areas – oral infections, oral and pharyngeal cancers, and craniofacial injuries and disorders, 2) enhancement of capacity through training and career development to increase the cadre’ of minorities in research and numbers of researchers who pursue health disparities research as well as ensure appropriate representation in clinical trials through improved inclusion policies/activities, and 3) information dissemination. This plan remains a focal point of the Institute and is one of seven goals of the NIDCR’s Strategic Plan.

The major initiatives that the NIDCR has undertaken since the plan was developed to stimulate research in the cross-cutting area of health disparities are provided. The focal point of the NIDCR’s initiatives is the funding in 2001 of five Centers for Research to Reduce Oral Health Disparities. Scientists are using an array of basic and clinical research approaches, including the behavioral and social sciences, to better understand why oral health disparities exist and what practical approaches can be used to reduce and eliminate them. The research teams are interdisciplinary and include psychologists, social workers, sociologists and behavioral scientists. The vulnerable populations that are the focus of the Center projects include African Americans, Hispanics including those on the U.S. /Mexico border and Puerto Ricans, Asian and Pacific Islanders, Native Americans and Alaska Natives. Additional projects focus on Native Hawaiians and Appalachians.

Examples of the types of studies in the portfolio follow. Several Centers for Research to Reduce Oral Health Disparities focus on Early Childhood Caries (ECC) which is a devastating, painful form of tooth decay that affects some very young children to a much greater extent than others. Over a thousand African American children and their caretakers in a low- income area of Detroit are enrolled in a multidisciplinary study that explores a complex array of social, environmental and biologic factors associated with ECC. Once the factors that are associated with ECC are identified in this study, interventions including behavioral, tailored to the community will be developed and initiated. Several randomized clinical trials, conducted by the Centers for Research to Reduce Oral Health Disparities, investigate practical clinical approaches to the prevention of ECC. The clinical trials are being conducted with communities on the U.S./Mexico border, in remote Alaskan villages, in rural agricultural areas, and with low income, diverse inner city populations. The impact of oral diseases and conditions on quality of life, approaches to understand differential dental care seeking behaviors, and increased role of pediatricians and nurse practitioners in oral disease prevention are amongst the types of studies supported in the portfolio of cross-cutting research. Community health centers and community-based organizations are active partners in these studies. If these studies prove successful they may result in the implementation of practical and easily sustainable approaches to preventing ECC. Another Center is comparing varied methods to diagnosis oral cancer in hopes that lesions can be identified in vulnerable populations at an earlier stage and thus save lives.

Initiatives to stimulate health disparities research are:

- RFA- DE-99-003 Centers for Research to Reduce Oral Health Disparities
NIDCR with support from NCMHD funds five Centers: New York University, Boston University, University of Michigan, University of Washington and University of California at San Francisco. The NYU Center focus on oral and pharyngeal cancer and the remaining Centers focus on the oral health of young children and their caregivers.
- RFA –DE-02-003
Research Infrastructure and Capacity Building for Minority Dental Institutions
- Native American Research Centers for Health (NARCH)
NIDCR funded a project of the Indian Health Service “Native American Research Centers for Health (NARCH) Awards” which support partnerships of American Indian and Alaska Native (AI/AN) tribes, tribal organizations/non-profit national or area Indian Health Boards with institutions that conduct intensive academic-level biomedical and behavioral research. The NIDCR funded project focuses on the relationship between obesity and oral health status.
- RFA – DE-02-004
Pilot Grants for Research to Prevent or Reduce Oral Health Disparities
- RFA – DE-02-005
Planning Grants for Research to Prevent or Reduce Oral Health Disparities
- RFA – DE-04-009
NIDCR Exploratory and Developmental Grants in Clinical Research (includes health disparities)
- PA – DE-04-031
Oral Health of Special Needs and Older Populations

NEI: Mike Oberdorfer

Eye disease, a major public health problem in the United States, causes significant suffering, disability, loss of productivity, and diminished quality of life for millions of people, especially minority populations and people of low economic status. To meet these challenges of preventing loss of vision and preserving eye health, the National Eye Institute (NEI) has aggressively pursued a research portfolio that is designed to address the visual health needs of all Americans.

Glaucoma. Glaucoma is the number one cause of blindness in African Americans. Over the past five years, results from three major clinical trials, supported by the NEI, confirmed the value of reducing intraocular pressure (IOP) in patients with ocular hypertension or glaucoma to prevent the onset or slow the progression of glaucoma. The Ocular Hypertension Treatment Study (OHTS) noted that lowering IOP at least 20 percent produced a 50 percent protective benefit over baseline among those individuals who had elevated IOP without optic disc or visual field deterioration. The Early Manifest Glaucoma Trial found that patients with newly diagnosed glaucoma who's IOP was reduced at least 20 percent compared with baseline disease progressed more slowly than untreated patients. The Collaborative Initial Glaucoma Treatment Study demonstrated that patients with glaucoma who undergo either medical or surgical therapy were equally likely to avoid progression of disease after five years of follow-up.

Diabetic retinopathy (DR). DR is a major cause of blindness for Hispanics and African-Americans. In the proliferative stage of the disease newly formed, abnormal blood vessels can break through the retinal surface and hemorrhage into the normally transparent, gelatin-like vitreous in the middle of the eye. The development of angiostatic agents that control blood vessel growth in retinal vascular disease is an important next area of therapeutic investigation in DR. A major breakthrough was the discovery of a subset of systematically administered bone-marrow hematopoietic stem cells (HSCs) from mice, which can function as blood vessel progenitors during retinal neovascularization. When HSCs were engineered to express an antiangiogenic, angiogenesis was inhibited; these cells also can rescue and stabilize a vasculature destined to degenerate. A positive effect on photoreceptors resulted from HSC injection into mouse eyes, resulting in their increased survival.

The National Eye Health Education Program (NEHEP). NEHEP was established to implement large-scale information, education, and applied research programs. The three NEHEP program areas are diabetic eye disease, glaucoma, and low vision. Through the NEHEP partnership the NEI is developing culturally specific messages for educating the public about eye disease. Examples of these materials include: translating glaucoma brochures into Spanish; translating, updating and rewriting diabetes education materials; and, developing outreach and communication strategies for the American Indian and Alaskan Native population. The NEHEP conducted a survey of the vision-related programs and services provided to native Americans and identified gaps in eye health information, program services, and materials targeted to these groups.

NICHD: Christine Bachrach

In FY 2003, about \$10 million of the \$15.4 million identified by NICHD as going into health disparities research involved behavioral and social sciences research. This represented 30 grants.

Community Child Health Initiative

In fiscal year 2003, NICHD launched its Community Child Health Initiative to examine the mechanisms that produce disparities in infant health and development in poor minority communities. The initiative is a collaborative effort of two branches, the Demographic and Behavioral Sciences Branch and the Pregnancy and Perinatology Branch. The Institute has funded a network comprised of social, behavioral, and biomedical scientists at academic institutions and representatives of community organizations in five U.S. communities. Planning grants are currently supporting the design of a multi-site interdisciplinary study to examine how community, family, and individual level influences interact with biological influences to result in health disparities in pregnancy outcome and infant and early childhood mortality and morbidity.

SES and Health: NICHD funded six of the grants under the OBSSR-sponsored initiative, Pathways Linking Education to Health (FY04 funds), and provided the home for the Mind-Body center at the University of Michigan, which focused on SES and health.

NIH-DC Initiative to Reduce Infant Mortality in the District of Columbia.

The NICHD has set up a cooperative agreement with six institutions in Washington, D.C. to plan and conduct research that directly or indirectly relates to the high infant mortality rate in Washington, D.C. Studies in the field include an intervention to improve parenting skills among high risk mothers, an adolescent pregnancy prevention program, a study of barriers, motivators, and facilitators of prenatal care, a study of injuries among infants and young children, a study of the determinants of lack of age appropriate immunizations, and a study of the characteristics of neonatal intensive care units in Washington, D.C. hospitals.

Representative grants:

5R01HD030588-11

Family Processes and Rural African-American Children
Brody, Gene H.

From the Abstract: In this proposal, we request 5 years of continued funding to extend our findings on the contextual processes associated with academic competence, social competence, and psychological adjustment among rural African American youths from predominantly single-parent households. The participating families live in small towns and communities in rural Georgia in which poverty rates are among the highest in the nation and unemployment rates are above the national average. Our research program has been geared toward identification of the normative family processes that are linked with these children's development of competence. In the proposed continuation, we will continue to focus on the identification of normative family processes, including extended family care giving relationships, that forecast these children's development of competence. We will also examine the contributions that friendships, classroom processes, and the contextual stressor of racism make to youth development.

5R01HD038098-05

Social Factors Influence The Risk Of Preterm Delivery

Misra, Dawn P.

From the Abstract: Successful prevention of preterm delivery requires knowledge of the more distal determinants, social and biomedical, which influence the triggers of this final biologic pathway. Our model, therefore, focuses on social (socioeconomic status, stress, stress modifiers, racism) factors and how they are mediated by biomedical factors (health behaviors with a focus on douching, physical activity; medical and pregnancy history; acute complications of pregnancy) and the proximate biologic triggers to influence preterm delivery risk. In the proposed study, we will build on recent research, both biological and epidemiological, to identify the factors which affect the risk as well as describe the processes that underlie these relationships. We also go further and consider the context of individual risk factors. Several investigators have demonstrated the influence of neighborhood and work environments on health behaviors and health outcomes of individuals and even on low birth weight. Therefore, to examine contextual physical and economic factors at the neighborhood-level, we will link geocoded addresses of the sample women with existing databases of environmental characteristics for residential neighborhoods in Baltimore City.

5R01HD041527-03

Understanding Social Status' Impact on Adolescent Health
Goodman, Elizabeth

From the Abstract: Using a new measure of subjective social standing developed by members of the investigative team, this study tests a novel explanatory model of social status' impact on health. The model identifies the HPA axis and autonomic nervous system as critical biologic systems in the creation of social inequalities in health. Social status, an environmental stress, causes stimulation of these systems which, in turn, leads to alterations in neurohormonal mediators of the social status-health relationship. The study dovetails to a new 4-year longitudinal cohort study of adolescent obesity and Type 2 diabetes in a racially and socioeconomically diverse school district in Ohio. The specific aims are 1)To describe adolescents' perceptions of social standing and the developmental changes which occur in these perceptions over a four year period; 2) To characterize the associations between social status, measured both objectively and subjectively, and obesity and insulin resistance among adolescents; and 3) To determine the relationships between social status, measured both objectively and subjectively, and potential biologic mediators of social status' impact on health.

5R01HD041742-02

A Gender-Economic Model (GEM) of HIV Risk in Women
Gomez, Cynthia A.

From the Abstract: The purpose of this study is to test an innovative model that will assess the extent to which the intersection of culturally prescribed sexual gender norms and socioeconomic context are associated with sexual risk behaviors among African-American and Latina women. The specific aims of the study are: (1) To identify, assess and compare socio-culturally sanctioned sexual gender norms for African-American and Latina women. (2) To identify the extent to which African-American and Latina women of differing socioeconomic context subscribe to culturally sanctioned sexual gender norms. (3) To test a gender-economic model (GEM) for understanding HIV risk in women by assessing how the intersection of sexual gender norms and socioeconomic context contribute to, and predict sexual risk among African-American and Latina women.

1R01HD044070-01

Communication, Perspectives, & Child Asthma Disparities

Lieu, Tracy A

From the Abstract: Recent studies have found that African-American and Latino children are less likely to be using needed preventive asthma medications than White children are, even when health insurance is equalized. Culturally tailored interventions hold promise to close such gaps. However, scant information is available to suggest how such interventions should be designed. This innovative project will pair qualitative and quantitative methods to study African-American, Latino, and White children with persistent asthma. We will: 1. Identify elements of effective communication in clinical interactions; 2. Determine other key factors leading to under-use of preventive medications; and 3. Lay the foundation for developing tools to enhance effective clinical decision-making that incorporates parent and child perspectives. In the Qualitative Phase, we will audiotape clinical interactions and conduct semi-structured interviews with parents and providers. The qualitative results will suggest specific possible interventions to reduce disparities. In the subsequent Survey Phase, we will test the generalizability of hypotheses from the qualitative research.

2T32HD007510-06

Health Behavior Research: Minority Pediatric Populations

Delamater, Alan M.

From the Abstract: The major purpose of this training program is to prepare individuals for academic careers as independent researchers in the field of pediatric health behavior research, with an emphasis on minority populations. The training program provides systematic predoctoral and postdoctoral research training into the behavioral and psychosocial factors involved in the etiology, prevention, diagnosis, treatment, and prognosis of children and adolescents with chronic diseases (including e.g., diabetes, sickle cell disease, asthma, and HIV infection). A major emphasis of this work is on understanding behavioral and psychosocial factors in relation to disease processes and health outcomes in ethnic minority youth, especially those of Hispanic, African American, and Haitian American backgrounds.

NIDCD: Lana Shekim

Strategic Plan on Reducing Health Disparities

I. Statement of NIDCD Mission

The mission of the National Institute on Deafness and Other Communication Disorders (NIDCD) is to conduct and support basic and clinical research and research training in the normal and disordered processes of hearing, balance, smell, taste, voice, speech, and language. Basic and clinical research focused on understanding the normal processes and disorders of human communication are motivated both by intrinsic scientific interest and importance to the health of the Nation.

II. Background

The Director, NIH, has requested that each Institute and Center at NIH develop a Strategic Plan for Reducing Health Disparities. In preparation for developing a Strategic Plan on Reducing Health Disparities, the NIDCD sought broad input from the NDCD Advisory Council and Board of Scientific Counselors, as well as 170 of its constituent groups. Several research opportunities to understand the basis for health disparities within the purview of NIDCD were identified.

III. Goals

A. Research

1. Advance understanding of the development and progression of disease that contributes to health disparities

Otitis Media

Otitis media (OM), or middle ear infection, is the most common cause for visits by children to physicians for acute illness, costing several billion dollars annually in the United States. In addition to the discomfort and risk of more serious infection such as meningitis, otitis media is also associated with disabilities such as hearing deficits, reading disorders, and language delays. The disorder is reported to occur at a disproportionately high rate among Native American children. A number of papers have been written about OM and Native Americans, some suggesting that there are anatomical differences between Native Americans and other Americans in the anatomy of the Eustachian tube. It has also been reported that there are differences in the rate of OM among the various Native American tribes.

- ***Goal 1: Research to Explore the Possibility of a Genetic Basis for Increased Susceptibility to Otitis Media in Native Americans***

A recent scientific study reported a complex genetic basis for susceptibility to otitis media (Ehrlich GD and Post JC: Susceptibility to Otitis Media: Strong Evidence that Genetics Plays a Role. JAMA 282:22, December 1999). Native Americans were not included in this study, leaving open the possibility that allelic variants of one or more genes may

confer susceptibility to otitis media in Native Americans.

OM, particularly recurrent serous otitis media, deserves attention because of the particularly high prevalence of the disease and associated disabilities among Native Americans (Mendola, Buck and Starr, 1994, citing Zinkus, Gottlieb and Schapiro, 1978).

Potential New Initiative (A.1. New):

Studies to examine the hypothesis that allelic variants in one or more genes may underlie the increased susceptibility of Native Americans for otitis media.

- **Goal 2: Study the Epidemiology of Otitis Media in Native Americans**
(DC02963-03: Kathleen Daly, University of Minnesota) (A.1. Ongoing)

Although Native Americans have a high prevalence of chronic otitis media, prospective studies of OM among Native American infants and young children of this group are sparse. The goals of this study are to understand the epidemiology of otitis media and hearing loss among Native Americans from birth to age two, and define the relative importance of known and new risk factors in this population. A community program assessment of services has been conducted regarding breast feeding promotion and support, tobacco control, and nutrition for prenatal infants and mothers. The findings of this assessment indicate that intervention programs should focus on tobacco control, as this is a significant risk factor for OM in this population and there appears to be a gap in services addressing infant exposure to parental smoking.

Potential New Initiatives:

1. Intervention and outreach efforts to reduce the burden of otitis media in Native Americans caused by risk factors identified in the present study. (C.2. New)
2. Develop new or improved approaches for detecting or diagnosing the onset or progression of disease and disability

Hearing and Language Disorders

In this age of information, communication and technology skills are central to a successful life for all Americans, and the labor force of the 21st century will require intense use of these skills. However, for about 1 in 6 Americans with communication disabilities, and their families who support them, facing each day can be a challenge. The simple acts of speaking, listening, of making their wants and their needs understood, are often impossible. Hearing and language disorders can exact a significant economic, social, and personal cost for many individuals. A more complete understanding of the scientific mechanisms underlying normal communication and the etiology of human communication disorders is needed.

- **Goal 1: Develop Language Tests for Non-Standard English**
(DC82104: Harry Seymour, “Children Who Speak Black English” and DC82100 Aquiles Iglesias, “Bilingual Hispanic Children”) (A.2. Ongoing)

As the U.S. becomes more culturally, racially, and linguistically diverse, it is becoming increasingly difficult to discriminate between language disorders and language differences in children. Problems in language assessment arise because the majority of currently available measures are designed for identifying speech and language problems in Standard English speakers. Many children of multicultural populations are often misdiagnosed as language impaired because culturally appropriate language assessment instruments or procedures are unavailable. In addition, other children from multicultural populations who have genuine language disorders that are in need of remediation may go unrecognized. In response to this need, the NIDCD is supporting projects to develop language tests for non-standard English, specifically for children who speak Black English and for bilingual Hispanic children. Investigators are collecting cross-sectional data on language abilities in normally developing four- to six-year-old speakers of Black English and bilingual Hispanic children whose primary language is not English or is a non-standard form of English. These data are aimed at developing items for a language assessment instrument or procedure that could be used to differentiate between language impairment and normal language development in these two populations.

Potential New Initiative:

Disseminate language assessment instruments and procedures that are verified to discriminate between language disorders and language differences in Hispanic and Black children.

The Diagnostic Evaluation of Language Variation (DELV) was recently published, the direct result of an NIDCD contract to create a language assessment instrument of speakers of Black English. The Test has met with tremendous enthusiasm in the research and clinical realm, and will play a major role in differentiating language impairment and normal language development. A comparable test of bilingual Hispanic children is under development.

B. Support Research Training and Career Development

- ***Goal 1: Recruit and Retain Individuals from Underrepresented Groups to Careers in Research in Human Communication Through In-depth Experiences in NIDCD Division of Intramural Research*** (B.1. Ongoing)

In collaboration with the Office of Research on Minority Health (ORMH), the NIDCD Partnership Program was implemented to provide comprehensive research and training opportunities for qualified underrepresented minorities in biomedical and behavioral research. This research and training demonstration program began in 1994 with four academic centers with large enrollments of minority persons: The Morehouse School of Medicine/Atlanta University Complex, the University of Alaska, the University of Puerto Rico, and Gallaudet University.

The program provides an opportunity for exchange of personnel between the NIH and the academic centers. Each center collaborates with the NIDCD in developing a plan for that center and for the students, faculty or staff of the institution. This program not only provides research training opportunities for students in NIDCD laboratories, but also provides career development for faculty and administrators at the academic centers in the program.

C. Public Information/Outreach/Education

Noise-Induced Hearing Loss

Ten million Americans have already suffered irreversible damage from noise, and thirty million are exposed to dangerous levels of noise each day. Exposure to harmful sounds causes damage to the sensitive hair cells of the inner ear, eventually affecting hearing. These structures can be injured by noise in two different ways: from an intense brief impulse, such as an explosion from a firecracker, or from continuous exposure to noise, such as in a woodworking shop.

- ***Goal 1: Increase Public Awareness and Prevention of Noise-Induced Hearing Loss*** (C.2. Expansion of Ongoing)

The WISE EARS! campaign was initiated on July 4, 1999, to increase public awareness of noise-induced hearing loss. Workers, employers, health professionals, teachers, parents, children, unions, industry, and the general public need to know that noise-induced hearing loss is preventable. The Wise Ears! campaign has been published nationwide in over 1,000 newspapers with an estimated readership of 91 million. The campaign has a high minority population market.

In addition, a special outreach effort is planned to reach Hispanic seasonal workers and individuals in work environments with dangerous or damaging levels of noise. This will be a collaborative effort with the NIH Office of Hispanic Communication.

Revised 3/5/2004