

**National Institute of Mental Health
Five-Year Strategic Plan for Reducing Health Disparities**

**Submitted to
The National Center for Minority Health and Health Disparities**

**For
The NIH Comprehensive Strategic Plan and Budget
To Reduce and Ultimately Eliminate Health Disparities**

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**National Institute of Mental Health Comprehensive Strategic Plan and Budget
Submission for the NIH Comprehensive Strategic Plan and Budget
To Reduce and Ultimately Eliminate Health Disparities**

National Institute of Mental Health Mission Statement

The mission of the National Institute of Mental Health (NIMH) is to reduce the burden of mental illness through research on the mind, brain, and behavior. Mental disorders constitute an immense burden on the U.S. population, with major depression now the leading cause of disability in the U.S., and schizophrenia, bipolar disorder, and obsessive-compulsive disorder ranked among the ten leading causes of disability. NIMH also takes the lead in understanding the impact of behavior on HIV transmission and pathogenesis, and in developing effective behavioral preventive interventions. The NIMH conducts a wide range of research, research training, research capacity development, as well as, public information outreach and dissemination to fulfill its mission.

Overview of the NIMH Strategy for Addressing Health Disparities

The NIMH has a long history of concern and action related to health disparities and ethnic minority groups as well as other underrepresented groups (i.e. women, children, and disabled persons). In 1980, NIMH established the position of Associate Director for Special Populations and subsequently established an Office for Special Populations (OSP) to oversee NIMH activities concerning underrepresented groups, including ethnic minorities. Recently, NIMH in collaboration with consultants and public comment has developed a five-year Strategic Plan to address mental health outcome disparities through research that aims to describe, understand, and remedy the disproportionate impact on minority populations of mental disorders and behaviorally influenced physical health conditions such as HIV/AIDS. The research takes into consideration relevant contextual frameworks, including interpersonal, socio-cultural, and organizational factors.

Reducing health disparities requires multiple approaches; therefore, the NIMH Health Disparities Strategic Plan encompasses these four Areas of Emphasis:

- 1) Increasing the knowledge base by which disparities are documented and understood.
- 2) Improving outcomes of interventions and services through research.
- 3) Expanding institutional research infrastructures, research training, and career development.
- 4) Enhancing public information outreach and dissemination.

Additionally, increased emphasis on achieving a more ethnic and racially diverse pool of mental health investigators and providers influences each of the strategic plan's objectives. A number of benefits will derive from achieving a significant increase in the ethnic and racial diversity of the investigator resource pool. Individuals from ethnic and racial groups underrepresented among the mental health investigator and caregiver community are likely to possess the necessary motivation and persistence needed to more effectively address questions of health disparities and attract participants for research clinical trials. They may also bring to the research task empathetic insight into the distinctive experiences, needs, and strengths of minority populations. A more subtle, but equally important outcome of increased diversity in the active training pool will be the sensitizing impact of a training environment enriched by diversity on the attitudes and insights of non-minority mental health investigators and caregivers.

The NIMH Health Disparities Strategic Plan recognizes the importance of increasing minority group member participation in clinical trials in order to generate sufficient power to separately analyze minority outcomes. Achieving broader participation will require wider community outreach and dissemination of information regarding mental health disparities in order to break down the formidable barriers of misunderstanding and mistrust about the nature and purpose of mental health research. While the Areas of Emphasis, objectives and action plans presented below vary according to the requirements of different groups; such diverse perspectives and approaches will have tremendous applicability to the Nation as a whole.

This health disparities strategic plan signifies an important recommitment of NIMH to its long and continuing history of efforts to address and reduce health disparities through a strong portfolio of minority-relevant research, research training and large-scale clinical trials. In fiscal year 2000, NIMH invested approximately \$195 million dollars in research relevant to minority health disparities, and today, the level of NIMH support for minority training and for minority supplements is approximately double the NIH average.

The NIMH 5-Year strategic plan for reducing health disparities prioritizes ongoing research, research training/capacity building, and public information outreach and dissemination activities as well as new initiatives for the coming 5 five years. While NIMH has many other activities underway and planned in the area of health disparities, those represented in this strategic plan currently receive the greatest emphasis. The budget reflects the projected allocations for continuing the ongoing activities and the projected activities planned for start-up in fiscal years 02, 03, and 04. The attached table summarizes budget projections for those areas the Institute wishes to emphasize for the next five fiscal years.

To develop this strategic plan, NIMH Director Steven Hyman formed an internal committee involving staff from all divisions and offices to work on the plan, monitor progress in meeting objectives, and recommend refinements on a yearly basis. In addition, a Work Group composed of members from the National Advisory Mental Health Council (NAMHC) and representatives from the scientific, services, training, and

professional communities, was convened to gather expert opinions and recommendations regarding the plan. The Chair and Co-chair of this group also lead a Council Work Group on training for diversity. Other experts and members of the public provided comment to the draft strategic plan while it was posted on the NIH/NIMH web page. In addition, members of the public provided comments at the open microphone portions of NAMHC meetings, while others provided comment to aspects of the plan during Town Hall meetings conducted in San Antonio, Texas; Chicago, Illinois; Anchorage, Alaska; and Los Angeles, California.

Outlined below in order of priority are the Areas of Emphasis, their objectives, action plans, and measures that are developed to further improve the effectiveness of NIMH's research portfolio, with the ultimate goal of reducing and eliminating health disparities and thereby improving health outcomes for all Americans.

NIMH Areas of Emphasis

Area of Emphasis 1: Increase the Knowledge Base Through Research

Rationale and Priority of Objectives: Area of Emphasis No. 1

Objective 1.1 Area of Emphasis No.1: Measure the Extent of Mental Health Disparities (Continuation of Activities)

As indicated in the Surgeon General's 1999 Report On Mental Health, mental disorders constitute a burden on the U.S. population with \$69 billion spent in 1996 for diagnosis and treatment of mental illness. Approximately 28% of the U.S. population has a diagnosable mental disorder or substance abuse disorder with only one-third receiving some type of treatment in a 1- year period. Though there is a paucity of research about the effects of mental illness and mental disorders among ethnic minority groups, it is acknowledged that mental illness is at least as prevalent among ethnic minority groups as in the majority White population. Yet ethnic minorities with mental illnesses and mental disorders appear to be less inclined to seek treatment from the organized mental health system. Those who do not seek treatment or discontinue treatment consistently cite several recurring barriers and impediments to treatment which include: a) costs, language, stigma, fear, distance, and misperceptions by clinicians. Within and among minority populations, access to adequate services is uneven at best and, where data exist, outcomes of illness as well as treatment have been shown to be poorer than in majority populations. The disease burden associated with mental disorders falls disproportionately on ethnic minority populations. Findings from recent epidemiological studies indicate that those who are financially disadvantaged have higher rates of mood, anxiety, alcohol, and drug abuse disorders, yet racial differences in mental health status persist even at equivalent levels of socio-economic status. Research has yet to determine whether the observed disparity in the rate of mental disorders reflects measurement bias in epidemiological instruments, or is a product of differential exposure to risk factors for

mental disorders. In any event, there seem to be significant discrepancies between rates of mental disorders in minority groups and utilization of mental health services. Despite higher rates of some substance abuse and mental disorders, for example, African American males show a consistent pattern of underutilization of mental health services. Prevalence and service utilization data for Asian Americans and Hispanic Americans are clearly inadequate, but it appears that, on a per capita basis, Asian Americans have the lowest utilization rate of any major minority group. NIMH-funded research only recently has begun to correct an inaccurate picture of the prevalence of mental disorders and service utilization patterns in American Indian/Alaskan Native populations; still absent, however, are data on prevalence and service use as well as risk and protective factors in American Indian children and adolescents.

Objective 1.2 Area of Emphasis No. 1: Basic Behavioral Research on Stress and Coping (Continuation of Activities)

Cultural and ethnic minorities on average face more stressors quantitatively and qualitatively than the majority population. Basic behavioral science research has documented certain cultural and ethnic variations in processes involved in coping with stress, such as cognitive, emotional, and social processes; perception of self, and motivation. In understanding differences in health outcomes, it is essential to determine the extent to which cultural or ethnic groups react to and cope with stress differently.

Objective 1.3 Area of Emphasis No. 1: Study Macro-structural Factors in HIV/AIDS and Mental Disorders (New Initiative)

HIV infection is a leading cause of death among African American women ages 25 to 44 years. Between 1991 and 1993, the death rate from HIV infection among African American women was 34 per 100,000, followed by the rate of 12 deaths per 100,000 for Hispanic females. Death rates per 100,000 were nearly 4 for White, 2 for American Indian/Alaska Native and 0.9 for Asian and Pacific Islander women. The main routes of HIV transmission in the United States, unprotected sexual intercourse and intravenous drug use, are behaviors that are confounded by macro-structural factors that create contexts of powerlessness, disenfranchisement and HIV risk behavior for racial and ethnic minorities. Macro-structural factors are defined as those socio-cultural and environmental factors that might affect health outcomes and disparities and include factors such as racism, poverty, stigma, unreliable transportation, homelessness, homophobia, violence and immigration. It is important to note that when women have HIV infection or AIDS other household members are also likely to have the disease (e.g. infants or children) and the stress of the caretaker role combined with the death and dying process of self and loved ones contribute additional macro-structural factors that generate disparities. Behavioral research is needed to identify, define, and address the impact of macro-structural factors on HIV risk behavior and how they limit the effectiveness of interventions. It will be necessary to discover not only the cultural, racial, and social contexts within which HIV transmission is prevented (or is not prevented), but also to determine the impact of interventions at multiple levels within these communities. Studies should specifically address vulnerable subgroups within minority communities

(e.g., adolescents, and the severely mentally ill) who are particularly affected by HIV due to a confluence of social, economic and other factors.

Objective 1.4 Area of Emphasis No. 1: Conduct Pharmacogenetic and Pharmacokinetic Studies (New Initiative)

Racial and ethnic diversity accounts for some of the variability in the body's reaction to medications; that is, population frequencies of certain genes that appear to influence drug metabolism vary by race and ethnic identity. Within and among racial and ethnic groups these genes may also be associated with individual differences in drug effectiveness (hypersensitivity or resistance) and drug toxicity. Information about race and ethnicity, as well as factors such as age, gender, family history, etc., offers a starting point for pharmacogenetics research aimed at developing and testing drug therapies tailored to individual patients.

Genetic differences in drug-metabolizing enzymes represent a significant problem in therapeutics. The presence of variations in the structure of genes within a population may result in substantial inter-individual and interethnic variability in the efficacy/toxicity ratios for many clinically important drugs. For example, one variant of the cytochrome P-450 enzyme, CYP2D6, exhibits differences in activity across ethnic groups. CYP2D6 variations change the activity of the enzyme, resulting in slow, extensive, and/or ultra-rapid drug metabolism. Inter-individual variations in the capacity of other enzymes to metabolize drugs are also responsible for different responses or adverse effects. Identifying the genes responsible for differential pharmacological responses will aid in predicting an individual's likely response to a medication before it is prescribed. Relatively few studies have examined the role of ethnic differences in determining clinical responsiveness or adverse reactions to medication treatments for mental disorders. NIMH is participating in the genetics database single nucleotide polymorphisms (dbSNP), established by the National Center for Biotechnology Information (NCBI) as a central repository for both single base nucleotide substitutions and short deletion and insertion polymorphisms. SNPs will be helpful for mapping complex traits, such as mental illness. NIMH proposes to stimulate pharmacogenetic research on the fundamental mechanisms underlying individual variation in drug response and susceptibility to adverse drug effects in and between ethnic populations.

Objectives, Action Plans, and Measures for Area of Emphasis No. 1

Objective 1.1

Measure the of extent of mental health disparities with a baseline assessment of: a) the prevalence of mental disorders in ethnic minority populations; and b) the disability associated with mental disorders including co-morbid substance abuse disorders and substance abuse among these populations.

The objective to measure the extent of mental health disparities is the primary of four objectives in this Area of Emphasis.

A variety of means were used to acquire public comments to influence this objective. The means include: a) posting the draft strategic plan on the NIH website and soliciting comment; b) conducting public meetings at NAMHC sessions; c) requesting input from professional organizations and societies; and d) a review of the strategic plan by consultants and senior academicians.

Action Plan 1.1

- a. Steps to achieve the objective include continued NIMH support to nationally representative epidemiological studies of mental disorders, substance abuse, disability, and service utilization to compare patterns of mental disorders in major racial/ethnic groups in the U.S. with those of the majority population.
- b. The timeline for this objective is fiscal years 2002 through 2006 continue studies.
- c. The estimated objective completion date is 2006.

Performance Measures 1.1

The NIMH will use these performance measures to demonstrate accomplishment of the objective:

- a. The creation of a database that has a careful balance between standardization and cultural relevance to ensure that the results can be readily translated into prevention and treatment programs.
- b. Increased information about patterns of mental disorders and mental illnesses in major racial/cultural groups in the United States in comparison with those of the majority populations.
- c. Translation of findings into effective and efficient prevention and treatment programs for ethnic minority groups.
- d. The development of a baseline database against which all mental health prevention and treatment efforts can be measured.

Outcome Measures 1.1

The NIMH will use these procedures to measure and evaluate outcomes of the objective:

- a. Conduct an annual In-Process Review (IPR) to measure the progress, achievements, and continued relevance of the objective.

- b. Assess the number of study findings published in referred journals that use the new baseline data in their research methodology.
- c. Assess the number of references made to the new database in publications, national training workshops, state and national legislation, pharmaceutical literature, and clinical texts, and program policy manuals.

Objective 1.2 Area of Emphasis No. 1

Continue to conduct basic behavioral research on cultural difference of stress and coping to understand the mechanics by which culturally related stressors affect health.

This objective is ranked second among the four objectives in this Area of Emphasis.

A variety of means were used to acquire public comments to influence this objective. The means include: a) posting the NIMH draft strategic plan on the NIH website and soliciting comment; b) conducting public meetings at NAMHC sessions; c) requesting input from professional organizations and societies; and d) a review of the NIMH strategic plan by consultants and senior academicians.

Action Plan 1.2

- a. Steps to achieve the objective include continued NIMH support to nationally representative epidemiological studies of mental disorders and service utilization.
- b. The timeline for this objective is fiscal year 2002 through fiscal year 2006, continues ongoing studies.
- c. The estimated objective completion date is undetermined.

Performance Measures 1.2

The NIMH will use these performance measures to demonstrate accomplishment of the objective:

- a. Study the basic psychological processes related to stress, trauma and coping, with a focus on elucidating the complex processes that contributes to disparities in mental health.
- b. Validate diagnostic measures of mental disorders within ethnic/racial/cultural groups so that disparities can be more precisely documented and assessed.
- c. Examine cultural factors that foster resiliency or adaptive coping, with an aim of developing new prevention and treatment strategies.

Outcome Measures 1.2

The NIMH will use these procedures to measure and evaluate the outcomes of the objective:

- a. The NIMH will conduct an annual In-Process Review (IPR) to measure the progress, achievements, and continued relevance of the objective.
- b. The NIMH will review findings to determine differences in service usage in relation to patterns of coping and adaptation styles among various ethnic groups and determine the reduction of mental health disparities.
- c. The NIMH will assess differences in service usage by ethnic minority groups in relation to coping and adaptation styles and ethnicity in relation to length of residency in the United States.

Objective 1.3 Area of Emphasis No. 1

Study macro-structural factors in HIV/AIDS and mental disorders to improve understanding of the social and cultural context (i.e. macro-structural factors) in which members of racial and ethnic minorities live their lives and their impact on HIV- related behaviors and interventions.

This objective is ranked third among the four objectives in this Area of Emphasis.

A variety of means were used to acquire public comments to influence this objective. The means include: a) posting the NIMH draft strategic plan on the NIH website and soliciting comment; b) conducting public meetings at NAMHC sessions; c) requesting input from professional organizations and societies; and d) a review of the NIMH strategic plan by consultants and senior academicians.

Action Plan Objective 1.3

- a. Steps to achieve the objective include new and continued NIMH support to nationally representative epidemiological studies of mental disorders, decision-making, impulsivity, substance abuse, disability, and service utilization.
- b. The timeline for this objective is fiscal year 2002 to 2006 continue studies through an expanded RFA and develop a new RFA with a fiscal year 2003 release date.
- c. The estimated objective completion dates are undetermined.

Performance Measures Objective 1.3

The NIMH will use these performance measures to demonstrate accomplishment of the objective:

- a. Expand the RFA on stigma to include other macro-structural factors contributing to HIV/AIDS and mental disorders.
- b. Encourage focused ethnographic research as well as innovative approaches joining qualitative and survey methods to study HIV-related macro-structural factors.
- c. Develop a new initiative on culturally appropriate interventions to reduce mental illness stigma to encourage ethnic minority populations to seek mental health treatments as early as possible.

Outcome Measures Objective 1.3

The NIMH will use these procedures to measure and evaluate the outcomes of the objective:

- a. Annual In-Process Reviews (IPRs) to measure the progress, achievements, and continued relevance of the objective.
- b. Document the number of new studies on stigma that include macro-structural factors that contribute to HIV/AIDS and mental disorders.
- c. Analyze data and information from the studies to determine an increased focus on ethnographic research as well as innovative approaches joining qualitative and survey methods to study HIV-related macro-structural factors.
- d. Analyze data and information from the studies to determine an increase in studies designed to ascertain if new culturally appropriate behavioral interventions encourage ethnic minority populations to seek HIV and mental health treatments as early as possible.

Objective 1.4 Area of Emphasis No. 1

Conduct new pharmacogenetic and pharmacokinetic studies to identify and characterize candidate gene and gene products, Central Nervous System (CNS) receptors enzymes, and second messengers responsible for the therapeutic mechanisms of action of drugs used to treat mental disorders.

This objective is ranked fourth among the four objectives in this Area of Emphasis.

Public comments which influenced this objective were obtained by: a) posting the NIMH draft strategic plan on the NIH website and soliciting comment; b) conducting public

meetings at NAMHC sessions; c) requesting input from professional organizations and societies; and d) a review of the NIMH strategic plan by consultants and senior academicians.

Action Plan Objective 1.4

- a. Steps to achieve the objective include new NIMH support to nationally representative pharmacogenetic and pharmacokinetic studies to identify where genetic variations may cause drug response variation among susceptible individuals, families, high-risk populations, and/or ethnic minority groups.
- b. The timeline for this objective is fiscal year 2003 develop and release RFA, fiscal year 2004 review proposals and make awards; fiscal years 2005-2009 data collection; fiscal year 2010 analyze data and write report; fiscal year 2011 NIMH review report.
- c. The estimated objective completion date is September 30, 2011.

Performance Measures 1.4

To demonstrate accomplishment of the objective NIMH will develop an RFA to identify and characterize proteins/genes or gene families where genetic variation causes drug response variations in studies of susceptible individuals, families, high-risk populations, and/or ethnic minority groups.

Outcome Measures 1.4

The NIMH will use these procedures to measure and evaluate the outcomes of the objective:

- a. Annual In-Process Reviews (IPRs) to measure the progress, achievements, and continued relevance of the objective.
- b. Analyses of the NIMH portfolio to determine if studies identified and characterized proteins/genes or gene families where genetic variation causes drug response variations in studies of susceptible individuals, families, high-risk populations, and/or ethnic minority groups.

Area of Emphasis 2: Improve Outcomes Through Research

Rationale and Priority of Objectives for Area of Emphasis 2

Objective 2.1 of Area of Emphasis No. 2: Study the Factors that Produce Health Disparities in Treatment Responses, Adherence, Outcomes, and Quality (Continuation of Activities)

Clinical research by NIMH-supported investigators and others have demonstrated the efficacy of various interventions for mental illness. However, unless there is sufficient diversity in the clinical population studied, there can be no reasonable confidence that the results apply to all in the community. Part of the challenge is that minority groups are less likely to enroll in clinical trials of treatment interventions. Of particular interest is whether different groups have less response to commonly used interventions such as pharmacological medications and psychotherapeutic approaches. In addition research has shown that providers do not always deliver what are considered to be the best interventions for a particular illness. This gap in quality of care has been shown to be particularly problematic in relation to services provided to minority groups. Also, consumers do not always use what are considered to be the best interventions for a particular illness.

Objective 2.2 Area of Emphasis No. 2: Study Suicide/Depression and Other Severe Mental Illnesses in Minority Populations (New Initiative)

As noted in the Surgeon General's Call to Action to Prevent Suicide (1999), the suicide rates for the general population in the United States remained relatively stable with a small decline over the last two decades. However, the rates for specific age, gender, and ethnic groups have changed substantially. Among Native Americans and Alaskan Natives, many communities have experienced consistently elevated suicide rates. At increased risk are African American males aged 15-19 years whose rates of suicide have increased 105% between 1980 and 1996. Additionally, mental disorders, including depression, are thought to be under-diagnosed among ethnic minority populations due to differences in cultural beliefs, expression of symptomatology, and help-seeking behaviors. Among Asian Americans, rates of emotional distress appear to be higher than generally believed. The experience of acute and chronic discrimination appears to increase risk of major depression and anxiety for ethnic populations.

While chronic mental illnesses are comparatively prevalent in the minority and majority population, limited available evidence points to significant differences in treatment access, the appropriateness of diagnosis and treatment, cultural and family views of mental illness, and, as a function of all of these factors, effectiveness of treatment services and outcomes for minorities. Co-morbid substance abuse disorders as well as homelessness and incarceration may be more prevalent in some ethnic and racial

minorities. Reducing the burden of the most severe mental illnesses among minority populations require better understanding of these factors and use of that knowledge to adapt effective treatment and services.

Objective 2.3 Area of Emphasis No. 2: Identify Factors that Overcome Health Disparities Related to Health Service Delivery and Use by Ethnic Populations (New Initiatives)

NIMH supported researchers have shown that even when controlling for obvious confounding variables – such as health and mental health status, income, education, attitudes towards health, and status of health insurance – there are significant disparities in the use of mental health services across racial and ethnic groups. For instance, minority group members are less likely than people in the majority population to make return visits once in treatment, they are more likely to stay in treatment in an ethnically oriented program regardless of the race or ethnic background of the clinician, and ethnic minorities are less likely to agree to enroll in clinical trials.

Objectives, Action Plans, and Measures for Area of Emphasis No. 2

Objective 2.1

Objective 2.1: Study factors that produce health disparities in treatment responses, adherence, outcomes, and quality by conducting ongoing and new large clinical trials that incorporates representative numbers of minority participants. Where there is reason to believe that race/ethnicity is a significant factor, then sufficient numbers should be enrolled for a separate analysis.

This objective is ranked first among the three objectives of Area of Emphasis number two.

Public comments which influenced this objective were obtained by: a) posting the NIMH draft strategic plan on the NIH website and soliciting comment; b) conducting public meetings at NAMHC sessions; c) requesting input from professional organizations and societies; and d) a review of the NIMH strategic plan by consultants and senior academicians.

Action Plan Objective 2.1

- a. Steps to achieve the objective include continued NIMH funded support to a number of large clinical treatment trials that test treatments in the community and incorporate sufficient numbers of minority subjects to permit conclusions about the effectiveness of these treatments. NIMH has also launched a dissemination research program that supports research designed to understand why providers use certain treatments in the community and why consumers choose certain forms of treatment interventions.

- b. The Institute sponsors and co-sponsors workshops and conferences focused on improving participation of ethnic minority groups into research protocols. For example, a meeting to address Research Ethics in Mental Health Science Involving Ethnic Minority Children and Youth was held in July 2001. The conference was sponsored by the National Institute of Mental Health's Child and Adolescent Research Consortium, the American Psychological Association, and Fordham University's Center for Ethics Education. The conference derived from a series of projects designed by the NIMH and the Office of the Surgeon General to focus attention on research to help remedy the disproportionate impact of mental disorders on minority populations. The stakes are especially high for ethnic minority children and youth. While early identification of developmental factors contributing to mental health risk and resilience holds out the possibility of great treatment benefits, ethnic minority children and youth are most vulnerable to harmful effects that can arise when ethical procedures are not adequate to protect their rights and welfare. The goal of the conference was to produce a procedural recommendations that assist investigators, NIMH staff, and institutional review boards to incorporate at proposal development and throughout the course of research, ethical practices that reflect the unique historical and socio-cultural reality of ethnic minority participants and their communities. The guidelines are critical steps in increasing the science base and eliminating mental health disparities among ethnic minority children and youth.
- c. A new NIMH initiative is to encourage and facilitate the submission of minority specific ancillary studies to large-scale clinical trials. These studies will promote innovative lines of scientific inquiry regarding the understanding and treatment of mental disorders in ethnic and racial minority populations. Another new RFA would adapt the principles of NIMH's HIV and AIDS behavioral prevention and adherence interventions for use with ethnic minority groups to research adherence in minority populations with severe mental illness.
- d. The timelines for these objective are fiscal years 2002 to 2006 continue ongoing studies; release new RFAs in fiscal year 2003, in fiscal year 2004 review proposals and make awards; fiscal year 2005-2007 collect data; fiscal year 2008 analyze data and write report; FY 2009 NIMH review report.
- e. The estimated objective completion date is September 30, 2009.

Performance Measures 2.1

The NIMH will use these performance measures to demonstrate accomplishment of the objective:

- a. Determine strategies for recruitment and retention of minority group members into randomized clinical trials (RCTs).

- b. Determine which are the most relevant, appropriate, and acceptable outcomes regarding symptoms and functioning.
- c. Continue support to studies that attempt to learn whether there are, and the reasons for, differences in outcomes for ethnic minority groups when treatment interventions are provided in the community.
- d. Determine whether providers use different interventions for various ethnic minority groups and if so, why.
- e. Assess the reasons why ethnic minority consumers choose various treatment interventions.
- f. Determine the behaviors and principles for care providers that affect the quality of care and treatment outcomes for ethnic minority consumers.
- g. Determine the behaviors and principles for ethnic minority consumers on the quality of care and treatment outcomes for ethnic minority consumers.

Outcome Measures 2.1

The NIMH will use these procedures to measure and evaluate the outcomes of the objective:

- a. Annual In-Process Reviews (IPRs) to measure the progress, achievements, and continued relevance of the objective.
- b. Analyses of clinical trial databases to determine if there are recruitment and retention of representative minority group members in randomized clinical trials (RCTs).
- c. Analyses of the NIMH portfolio to determine if studies identified and characterized the most culturally relevant, appropriate, and acceptable outcomes regarding symptoms and functioning.
- d. Analyses of the NIMH portfolio to determine if studies determined whether there are, and the reasons for, differences in outcomes for minority groups when treatment interventions are provided in the community.
- e. Review of NIMH and other research institutes' studies to determine whether providers use different interventions for various minority groups and if so, why.
- f. Review of the completed studies to determine if researchers learned the reasons why minority consumers choose various treatment interventions.

- g. Analysis of studies to determine if findings indicate the behaviors and principles for care providers that affect the quality of care and treatment outcomes for ethnic minority consumers.
- h. Analysis of studies to determine if findings indicate the behaviors and principles for ethnic minority consumers on the quality of care and treatment outcomes for ethnic minority consumers.
- i. Analysis of the findings to determine if the principles of NIMH's HIV and AIDS behavioral prevention and adherence interventions can be adapted for use with ethnic minority groups to improve adherence in minority populations with severe mental illness.

Objective 2.2

Study suicide/depression and other severe mental illness in minority populations to decrease the incidence and disproportionate burden of depressive disorders and suicide within minority populations at increased risk (e.g. Native American and Alaska Natives and African American males aged 15-19).

This objective is ranked second among the three objectives in Area of Emphasis 2.

Public comments which influenced this objective were obtained by: a) posting the NIMH draft strategic plan on the NIH website and soliciting comment; b) conducting public meetings at NAMHC sessions; c) requesting input from professional organizations and societies; and d) a review of the NIMH strategic plan by consultants and senior academicians.

Action Plan 2.2

- a. Steps to achieve the objective include new NIMH support to nationally representative epidemiological suicide, depression, and severe mental illness studies to identify which factors cause variations among individuals, families, high-risk populations, and/or ethnic minority groups in order to eliminate the disparity with majority populations.
- b. The timeline for this objective is fiscal year 2003 release RFA, fiscal year 2004 review proposals and make awards; fiscal years 2005-2007 data collection; fiscal year 2008 analyze data and write report; fiscal year 2009 NIMH review report.
- c. The estimated objective completion date is September 30, 2010.

Performance Measures 2.2

The NIMH will use these performance measures to demonstrate accomplishment of the objective:

- a. Expansion of the initiative focused on improving valid and reliable measurement of psychopathology and other culturally relevant variables such as stress that are related to cultural adaptation for diverse ethnic and minority populations.
- b. Assembly of expert panels to establish guidelines for research methodology and measurement for research in diverse populations and minority populations such as the need for more naturalistic studies using qualitative methods to better understand the experiences of minorities.

Outcome Measures 2.2

The NIMH will use these procedures to measure and evaluate the outcomes of the objective:

- a. Annual In-Process Reviews (IPRs) to measure the progress, achievements, and continued relevance of the objective.
- b. Analyze the NIMH portfolio to determine if valid and reliable measurements of psychopathology and other culturally relevant variables such as stress that are related to cultural adaptation for diverse ethnic and minority populations were identified.
- c. Analyze reports from the expert panels to determine if guidelines for research methodology and measurement for research in diverse populations and minority populations such as the need for more naturalistic studies using qualitative methods to better understand the experiences of minorities are either practical or in development.

Objective 2.3 Area of Emphasis No. 2

Identify factors that overcome health disparities related to health service delivery and use by ethnic minority populations to determine why there are disparities in access to and in the use of mental health and mental health related services within and across ethnic minority groups. Also, determine the deferential patterns of mental health service utilization across ethnic minority and non-minority populations.

This objective is ranked third among the three objectives in Area of Emphasis 2.

Public comments which influenced this objective were obtained by: a) posting the NIMH draft strategic plan on the NIH website and soliciting comment; b) conducting public meetings at NAMHC sessions; c) requesting input from professional organizations and societies; and d) a review of the NIMH strategic plan by consultants and senior academicians.

Action Plan 2.3

- a. Steps to achieve the objective require new and continued NIMH efforts through support to nationally representative epidemiological studies on mental health service delivery and ethnic minority populations in order to eliminate the disparity with majority populations.
- b. The timeline for this objective is fiscal year 2002 release RFA, FY 2003 review proposals and make awards; FY 2004-2007 data collection data; FY 2008 analyze data and write report; FY 2009 NIMH review report.
- c. The estimated objective completion date is September 30, 2010.

Performance Measures 2.3

The NIMH will use these performance measures to demonstrate accomplishment of the objective:

- a. Development of a Program Announcement that focuses on practice research topics such as patient/consumer, provider, organizational, and modifiable environmental factors, to identify sources of health disparities that are amenable to change. Examples of research issues include individual health practices and treatment preferences, provider and patient decision-making, economic considerations, and quality of care in typical non-academic clinical/services settings where ethnic and minority patients are served.
- b. Continued support to grants under the Interventions and Practices Research Infrastructure Program (IP-RISP), PAR-00-096. This grant should be directed to support research on how to improve service utilization and care. This initiative would be directed to community and patient organizations, provider groups, community health center, professional organizations, payer, state mental health departments, policy, makers, the media, and other service system settings including jails, social services, and schools.
- c. Development of research on how individual, socio-cultural, and organizational contexts affect access to, use of, and perceptions of mental health services for ethnic minorities with cross-disciplinary translational approaches.

Outcome Measures 2.3

The NIMH will use these procedures to measure and evaluate the outcomes of the objective:

- a. Annual In-Process Reviews (IPRs) to measure the progress, achievements, and continued relevance of the objective.

- b. Analyses of the NIMH portfolio to determine if new studies focus on practice research topics such as patient/consumer, provider, organizational, and modifiable environmental factors, in an attempt to identify sources of health disparities that are amenable to change.
- c. Analyses of the NIMH portfolio to determine if new studies address research issues such as individual health practices and treatment preferences, provider and patient decision-making, economic considerations, and quality of care in typical non-academic clinical/services settings where ethnic and minority patients are served as a means of better understanding influences on service utilization.
- d. Analyses of the NIMH portfolio to determine if research under the Interventions and Practices Research Infrastructure Program (IP-RISP), PAR-00-096 produced viable findings on how to improve service utilization and care for ethnic minority populations.
- e. Analyses of the NIMH portfolio to determine how individual, socio-cultural, and organizational contexts affect access to, use of, and perceptions of mental health services for ethnic minorities with cross-disciplinary translational approaches.

Area of Emphasis 3: Expand Capacity for Tomorrow's Research

Rationale and Priority of Objectives: Area of Emphasis No. 3

Objective 3.1 Area of Emphasis No. 3: Improve Partnerships Between Ethnic Minority and Majority Research/Academic Institutions (Continuation of Activities)

Since its creation in 1946, the NIMH has introduced a variety of innovative funding mechanism designed to facilitate career development for mental health researchers in general and ethnic minority investigators, specifically. These mechanisms range from high school and undergraduate support to specialized programs for pre and postdoctoral fellows. These mechanisms have been developed because increased numbers of ethnic minority researchers are needed for at least three reasons: a) they are in insufficient numbers to meet the current demands of academia, basic and services research, and the duties of mentorship; b) the shortfalls projected in the nation's scientific workforce by the year 2050, which includes basic biomedical, behavioral, and social science researchers, can be avoided if development of ethnic minority investigators begins today; and c) there is a need to enrich the scientific knowledge base through increased participation, in every research arena, of both ethnic minority investigators and participants. Additionally, both empirical and anecdotal evidence indicates that ethnic minority investigators often have a particular commitment to research designed to address health care disparities.

Objective 3.2 Area of Emphasis No. 3: Expand Institutional Infrastructure Development Opportunities to Support Training of Minority and Majority Investigators Who Desire to Conduct Health Disparities Research (Continuation of Activities)

Institutions with strong programs for training minority investigators need institutional support to encourage and maintain their efforts. While the NIMH Minority Research Infrastructure Support Program (M-RISP) contributes to building strong infrastructures for research, NIMH will continue to seek additional avenues to enhance research capacity for junior and mid-career minority researchers. This may be accomplished through the use of other mechanisms supported by the Institute, here-to-fore not designed for support of minority research training, per se.

Objective 3.3 Area of Emphasis No. 3: Invigorate Minority-focused Training and Career Development Mechanisms to Enhance the Capacity of Predominantly Minority Institutions to Conduct Biomedical/Behavioral Research and Research Training (Continuation and New Activities)

The NIMH staff is engaged in ongoing discussions with minority institutions that are seeking opportunities to further expand their neuroscience training programs. Negotiations are underway for these institutions to combine resources and build new, diverse neuroscience training programs. This model could be expanded to promote creative partnerships between majority and minority institutions to enhance research and career development programs more broadly, and to encourage further study of mental health disparities among specific populations groups.

Objectives, Action Plans, and Measures for Area of Emphasis No. 3

Objective 3.1

Enhance partnerships between ethnic minority and majority research/academic institutions to improve mental health research training programs.

This objective is ranked first among the three objectives in Area of Emphasis 3.

Public comments which influenced this objective were obtained by: a) posting the NIMH draft strategic plan on the NIH website and soliciting comment; b) conducting public meetings at NAMHC sessions; c) requesting input from professional organizations and societies; and d) a review of the NIMH strategic plan by consultants and senior academicians.

Action Plan 3.1

- a. Fund successful applications received under RFA MH-01-009 (“Institutional Research Training Programs: Increasing Diversity”). Develop a Program Announcement that uses the Individual Pre-doctoral National Research Services Award for M.D./Ph.D., fellowships (F30) – non-minority –focused mechanism.
- b. The timeline for these objectives are fiscal year 2002 fund grants under MH- 01-009 and monitor to fiscal year 2006. In FY2003 develop and release F30 Program Announcement; fiscal year 2004 review proposals and make awards; fiscal years 2004-2006 monitor initiative; fiscal year 2007 data analysis and report preparation; fiscal year 2008 NIMH review.
- c. The estimated objective completion date is September 30, 2009.

Performance Measures 3.1

The NIMH will use these performance measures to demonstrate accomplishment of the objective:

- a. Fund the grants under RFA MH-01-009 (“Institutional Research Training Programs: Increasing Diversity”).
- b. Development of a Program Announcement that uses the Individual Pre-doctoral National Research Services Award for M.D./Ph.D., fellowships (F30) – non-minority –focused mechanism. This initiative provides combined medical school and pre-doctoral support for students who propose to conduct biomedical or behavioral research on mechanisms and processes that appear to contribute to health disparities in mental health.
- c. Continued discussions with and technical support of minority institutions seeking to further expand their current neuroscience and behavioral training programs.

Outcome Measures 3.1

The NIMH will use these procedures to measure and evaluate the outcomes of the objective:

- a. Annual In-Process Reviews (IPRs) to measure the progress, achievements, and continued relevance of the objective.
- b. Analyses of the research generated by investigators funded by the F30 – non-minority focused mechanism to determine if the initiative generates increased research on mechanisms and processes that appear to contribute to health disparities in mental health.

- c. Development of expanded neuroscience and behavioral training programs at minority institutions as a result of the NIMH initiatives.

Objective 3.2

Expand institutional infrastructure development opportunities to support training of minority and majority investigators who can conduct research to determine why there are disparities within and across minority groups in access to and in the use of mental health and mental health-related services; and to determine what the patterns of mental health service utilization are across ethnic minority and non-minority populations.

This objective is ranked second among the three objectives in Area of Emphasis 3.

Public comments which influenced this objective were obtained by: a) posting the NIMH draft strategic plan on the NIH website and soliciting comment; b) conducting public meetings at NAMHC sessions; c) requesting input from professional organizations and societies; and d) a review of the NIMH strategic plan by consultants and senior academicians.

Action Plan 3.2

- a. NIMH staff will continue to vigorously work in collaborative partnerships to develop and enhance initiatives involving minority and non-minority researchers who can study health disparity in general and disparities within and across minority groups in access to and use of mental health and mental health-related services.
- b. NIMH will continue to provide Minority Supplements (grant support) to researchers to add studies of service use and treatment acceptability and promote training and career development for investigators interested in research focused on access and treatment disparities, or on measurement of preferences and outcomes for ethnic minorities.
- c. The timeline for this objective is fiscal year 2002 pay Minority Supplements; fiscal years 2003-2016 monitor trainees' progression; fiscal year 2017 data analysis and report preparation; fiscal year 2018 NIMH review.
- d. The estimated objective completion date is September 30, 2019.

Performance Measures 3.2

The NIMH will use these performance measures to demonstrate accomplishment of the objective:

- a. Continued NIMH training support of minority and non-minority investigators who propose to conduct research to determine why there are disparities within and across

minority groups in access and in the use of mental health and mental health related services.

- b. Continued NIMH grant support to minority and non-minority investigators who propose to conduct research to determine what the differential patterns of mental health service utilization are across ethnic minority and non-minority populations.
- c. Continued provision of NIMH Minority Supplements (grant support) to researchers who propose to study or add studies of service use and treatment acceptability by ethnic minority groups, focus on access and treatment disparities, or on measurement of preferences and outcomes for ethnic minorities.

Outcome Measures 3.2

The NIMH will use these procedures to measure and evaluate the outcomes of the objective:

- a. Annual In-Process Reviews (IPRs) to measure the progress, achievements, and continued relevance of the objective.
- b. Analyses of the findings generated by minority and non-minority investigators supported by NIMH grants to ascertain if the source of disparities within and across minority groups in access and in the use of mental health and mental health related services were identified.
- c. Analyses of the findings generated by minority and non-minority investigators supported by NIMH grants to ascertain if the research determined the differential patterns of mental health service use across ethnic minority and non-minority populations.
- d. Analysis of the productivity of researchers supported by NIMH Minority Supplements (grant support) to determine if training and career development resulted in the development of senior investigators interested in research focused on access and treatment disparities, or on measurement of preferences and outcomes for ethnic minorities.

Objective 3.3

Invigorate minority-focused training and career development mechanisms that enhance the capacity of predominantly minority institutions to conduct biomedical/behavioral research and research training.

This objective is ranked third among the three objectives in Area of Emphasis 3.

Public comments which influenced this objective were obtained by: a) posting the

NIMH draft strategic plan on the NIH website and soliciting comment; b) conducting public meetings at NAMHC sessions; c) requesting input from professional organizations and societies; and d) a review of the NIMH strategic plan by consultants and senior academicians.

Action Plan 3.3

- a. NIMH will continue to fund meritorious Minority-Research Infrastructure Support Programs and increase the chances of trainee success by conducting technical assistance workshops.
- b. NIMH will continue to fund meritorious Career Opportunities in Research (COR) Education programs for training minority honors undergraduate and high school students in areas relevant to mental health.
- c. NIMH will develop an initiative to support short term training grants (R25), for minorities at institutions that bring together leaders in clinical interventions, services, and cultural/health disparities research. These short-term training grants would focus on networking and enhancing local capacity or the potential submission of ancillary studies or site participation.
- d. The timeline for this objective is fiscal years 2002-2005 continue to fund and monitor investigators; fiscal year 2003 release and pay RFA/PA; fiscal years 2004 –2006 monitor ongoing progress.
- e. The estimated objective completion date is indeterminate.

Performance Measures 3.3

The NIMH will use these performance measures to demonstrate accomplishment of the objective:

- a. Continued NIMH funding support to Minority-Research Infrastructure Support Programs and increase the chances of trainee success by conducting technical assistance workshops.
- b. Continued NIMH training support of technical assistance workshops with junior faculty at predominantly minority institutions to help develop junior faculty develop grants writing skills and become familiar with the priority science areas in mental health disparities.
- c. Continued NIMH funding support to meritorious Career Opportunities in Research (COR) Education programs to train minority honors undergraduate and high school students in areas relevant to mental health.

- d. Development of an initiative to support short term training grants (R25), for minorities at institutions that bring together leaders in clinical interventions, services, cultural and health disparities research to focus on networking and enhancing local capacity for the submission of ancillary studies or site participation.

Outcome Measures 3.3

The NIMH will use these procedures to measure and evaluate the outcomes of the objective:

- a. Annual In-Process Reviews (IPRs) to measure the progress, achievements, and continued relevance of the objective.
- b. Analyses of the research productivity of investigators funded by Minority-Research Infrastructure Support Programs to determine trainee success in performing mental health research in relation to the NIMH financial investment.
- c. Analyses of the research productivity of investigators who receive NIMH training through technical assistance workshops conducted with junior faculty at predominantly minority institutions to determine their success in obtaining mental health research grants.
- d. Tracking and analyses of the career/research selection choices of trainees funded by NIMH's Career Opportunities in Research (COR) Education programs to identify those who selected mental health research and other mental health career fields.
- e. Analyses of the productivity generated by recipients of the short term training grants (R25), for minorities at institutions to determine if those leaders in clinical interventions, services, cultural and health disparities research generated networks and enhanced local capacities for ancillary studies or site participation.

Area of Emphasis 4: Enhance Public Information Outreach and Dissemination Related to Ethnic Minority Oriented Research

Rationale and Priority of Objectives: Area of Emphasis No. 4

Objective 4.1 Area of Emphasis No. 4: Disseminate Mental Health Research Information at the (Grass Roots) Neighborhood Level to Heighten Awareness Among Ethnic Minorities (Continuation of Activities)

Approximately half of Americans with mental illness do not seek help. Lack of accurate information about mental illness and treatment services, as well as stigma and fear are significant barriers that prevent many people with mental illness and mental disorders from seeking professional help. For racial and ethnic minorities those obstacles can be

further compounded by cultural traditions, religious beliefs, coping styles, language, mistrust, unreliable transportation, and clinician bias all of which can be viewed as major contributors to health disparities. NIMH has approached the reduction of stigma and the differences in health outcomes between groups through a public education campaign on the causes, signs, symptoms, treatments, and prevention of mental disorders. However, to ensure the best use of research-based treatments in real world practice settings requires, educational efforts that should not only target consumers, but the consumer's support network, providers, policy-makers, payers, first-line responders, and educators among others.

Objective 4.2 Area of Emphasis No. 4: Outreach to Ethnic Minorities for Clinical Trial Participation to Increase Representation in Clinical Trials and Obtain Generalizable Results (Continuation of Activities)

For decades, NIH has sponsored research of how various illnesses and their treatments affect groups differently with respect to race, sex, and age. While the Institute has long emphasized the importance of including women and minorities in its intramural and extramural clinical trials, NIH made the inclusion an official requirement in 1995. However, efforts to recruit minorities have often been hampered by reasons ranging from mistrust of research motives to logistical problems (e.g. childcare and transportation). In the NIMH experience, minority recruitment into clinical trials has been impeded for these same reasons.

Objectives, Action Plans, and Measures for Area of Emphasis No. 4

Objective 4.1

Disseminate mental health research information at the (grass roots) neighborhood level to heighten awareness among racial and ethnic minorities that mental illnesses are real, common, and treatable to encourage them to seek research-based treatment. In addition, heighten awareness among diverse provider groups about state-of-the-art treatments and services in order to facilitate their implementation of treatments.

This objective is ranked first between the two objectives in Area of Emphasis 4.

Public comments which influenced this objective were obtained by: a) posting the NIMH draft strategic plan on the NIH website and soliciting comment; b) conducting public meetings at NAMHC sessions; c) requesting input from professional organizations and societies; and d) a review of the NIMH strategic plan by consultants and senior academicians.

Action Plan 4.1

- a. NIMH will continue to promote its mental health information outreach initiatives to include the “Constituency Outreach and Education Program”; a 5-year initiative launched in March 2000 and designed to close the gap between research and service. The initiative establishes “Outreach Partners” to enhance interactions with state mental health associations and public mental health authority (policy makers/funders) in every State, the District of Columbia and Puerto Rico.
- b. NIMH will continue to collaborate with the “Outreach Partners” and encourage them to focus on racial and ethnic minority groups using various communications strategies to educate people about mental illnesses. In addition, “Outreach Partners” are also targeting health care professionals with information on the importance of developing cultural competence in working with patients.
- c. The timeline for this objective is fiscal years 2002-2006 continue to monitor program progress.
- d. The estimated objective completion date is indeterminate.

Performance Measures 4.1

The NIMH will use these performance measures to demonstrate accomplishment of the objective:

- a. Continued NIMH support to the “Constituency Outreach and Education Program,” a 5-year initiative designed to establish “Outreach Partners” to enhance interactions with state mental health associations and public mental health policy makers and funders in every State, the District of Columbia and Puerto Rico.
- b. Continued NIMH collaborative efforts with “Outreach Partners” to encourage them to focus on racial and ethnic minority groups and use various culturally appropriate communications strategies to educate people at the neighborhood level about mental illnesses.
- c. Continued NIMH encouragement to “Outreach Partners” urging them to target health care professionals with information on the importance of developing cultural competence (sensitivity) in working with patients.

Outcome Measures 4.1

The NIMH will use these procedures to measure and evaluate the outcomes of the objective:

- a. Annual In-Process Reviews (IPRs) to measure the progress, achievements, and continued relevance of the objective.

- b. Analyses of the productivity of “Outreach Partners” to generate policy, plans and procedures that enhance the link between mental health research and services within the various States, the District of Columbia and Puerto Rico.
- c. Analyses of efforts by the “Outreach Partners” to target health care professionals with information on the importance of developing cultural competence in working with patients.

Objective 4.2

Outreach to minorities for clinical trial participation to increase minority representation in clinical trials and obtain generalizable study results.

This objective is ranked second between the two objectives in Area of Emphasis 4.

Public comments which influenced this objective were obtained by: a) posting the NIMH draft strategic plan on the NIH website and soliciting comment; b) conducting public meetings at NAMHC sessions; c) requesting input from professional organizations and societies; and d) a review of the NIMH strategic plan by consultants and senior academicians.

Action Plan 4.2

- a. The NIMH Office of Communications and Public Liaison will continue to provide public relations expertise directed towards the recruitment of participants/patients, particularly for several nationwide treatment-effectiveness studies.
- b. NIMH will continue to collaborate with other NIH Institutes/Centers, including the National Center for Minority Health Disparities (NCMHD) to issue a PAR to establish minority outreach clinical trials programs at medical schools throughout the United States and its territories.
- c. The timeline for this objective is fiscal years 2002-2005 continue to monitor ongoing programs and fiscal year 2003 develop, review and award PA; fiscal years 2004-2005 monitor outcomes of the PA; fiscal year 2006 NIMH prepare report.
- d. The estimated objective completion date is September 30, 2006.

Performance Measures 4.2

These performance measures will demonstrate accomplishment of the objective:

- a. Continued NIMH funding support and encouragement to its Office of Communications and Public Liaison to provide public relations expertise designed to

significantly increase the participation level of ethnic minorities in research studies in general and those funded by NIMH, in particular.

- b. Continued NIMH collaboration with other NIH Institutes/Centers, including NCMHD, to issue a PAR to establish minority outreach clinical trials programs at medical schools throughout the United States and its territories.

Outcome Measures 4.2

The NIMH will use these procedures to measure and evaluate the outcomes of the objective:

- a. Annual In-Process Reviews (IPRs) to measure the progress, achievements, and continued relevance of the objective.
- b. Data analyses which indicates a significant increase in the level of ethnic minority participations in research studies in general and those funded by NIMH, in particular as a result of activities by the Office of Communications and Public Liaison.
- c. Development and dissemination of a PAR to establish minority outreach clinical trials programs at medical schools throughout the United States and its territories.

03-Dec-2001