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

National Advisory Council on Minority Health and Health Disparities
September 14, 2004
Meeting Minutes

The National Advisory Council on Minority Health and Health Disparities (NACMHD) convened its seventh meeting on September 14, 2004 at the Marriott Bethesda in Bethesda, Maryland. Donna Brooks served as Acting Executive Secretary, National Center for Minority Health Disparities (NCMHD) and called the meeting to order at 8:35 a.m. John Ruffin, Ph.D., Chairman of the National Advisory Council on Minority Health and Health Disparities and Director of the NCMHD, presided over the meeting. Caroline Kane, Ph.D., Adjunct Professor, University of California, Berkeley, served as chair designee and facilitated the daylong meeting. In accordance with the Federal Advisory Committee Act (FACA), the meeting was open to the public from 8:35 a.m. to 12:15 p.m. and reconvened in open session from 1:20 p.m. to 4:15 p.m.

Council members present:
John Ruffin, Ph.D., Chair
Regina M. Benjamin, M.D., MBA
Roger Bulger, M.D., F.A.C.P.
Carl Franzblau, Ph.D.
Caroline M. Kane, Ph.D.
Elisa T. Lee, Ph.D.
Melvina, McCabe, M.D.
Eric Munoz, M.D.
Grace L. Shu, DOM, Ph.D.
Louis W. Sullivan, M.D. (via teleconference)
Augustus A. White, III, M.D., Ph.D.
M. Roy Wilson, M.D.

Council Members absent:
Ruth Johnson, JD

Ex-officio members present:
Virginia Cain, Ph.D.
Michael J. Fine, M.D., MSc
Kevin R. Porter, M.D.

Acting Executive Secretary
Donna A. Brooks

Welcome/Opening Remarks

In his opening remarks, Dr. Ruffin noted that this gathering marked the second anniversary of the Advisory Council's inaugural meeting in September 2002. He expressed appreciation for the invaluable guidance provided by the Council as NCMHD has worked to fulfill its mission. Dr. Ruffin introduced two new members of the NCMHD team: Dr. Jerome Wilson, Director of Scientific Operations, and Dr. Francisco Sy, Chief of Community-based Research and Outreach. He also explained the absence of several key NCMHD staff members who were participating in NIH senior leadership training and commented that he was pleased that so many senior administrators were selected to participate in that program.

Consideration of June 15, 2004 Minutes

The Advisory Council reviewed the June 15, 2004 meeting minutes and voted to approve the minutes with a correction to Dr. M. Roy Wilson's name.

Administrative Matters

Dr. Kane encouraged Advisory Council members to review the August 16, 2004 memo in their packets that outlined a recent NIH policy directive on FACA. She reminded the group of the NIH policy that business should not be conducted during social gatherings such as dinners or luncheons and that Council deliberation should not continue during private meetings. She also provided Council members with a copy of the 2004 NCMHD Advisory Council operating procedures, including the process for the secondary review of grant applications. She requested that Council members review this document and forward comments to Lisa Evans. Finally, she noted the Council's upcoming meeting dates: February 22-23, 2005; June 14-15, 2005, and September 13-14, 2005.

Sullivan Commission Update

Dr. Sullivan announced that the final report from the Sullivan Commission would be released on Monday, September 20, 2004 at the National Press Club in Washington, D.C. After conducting six hearings around the country and completing its comprehensive review, the Sullivan Commission will outline the status of minority participation in the health dentistry, nursing, and medical fields and suggest numerous strategies for promoting increased participation.

Giving a brief preview of the report's findings, Dr. Sullivan observed that while significant improvements were made in the 1960's through the 1980's, the country has not met its goal of having racial and ethnic diversity among health professionals approach the representation of minorities within the general population. He stated that by the end of the 1980's, initiatives seemed to run out of steam, and little progress has been made in the last decade. Currently, only 8 percent of nurses and 5.6 percent of physicians are of minority backgrounds (Native American, African American, and Hispanic). To reinvigorate this process, Dr. Ruffin shared that the Sullivan Commission will offer 37

recommendations that address financial aid strategies and activities to strengthen and broaden the educational pipeline for minority health professionals. He referenced one recommendation that urges better linkages with community colleges to help community college students' transition to 4-year colleges and pursue professional health careers. Dr. Sullivan underscored the importance of foundations, accreditation bodies, professional associations, and educational institutions working together to mobilize all parts of the educational pipeline. In addition, state legislatures and the business community need to understand the scope of and implications of the problem so they can help implement the Commission's recommendations.

Fellow Advisory Council members expressed appreciation for the work of the Sullivan Commission and suggested that most Americans may think this problem may have been solved. Additional comments focused on:

- The hope that the Commission would specifically address the issues facing smaller minority populations when publicly discussing its findings (e.g., Native Americans or subpopulations like Vietnamese and Cambodian).

- The possibility that the Association of Academic Health Centers might regularly dedicate a portion of its annual meeting to updates on best practices in reducing health disparities and related initiatives.

- The need to address sustainability and offer creative ideas to maintain and grow successful programs.

- Support for strengthening relationships with junior colleges. Given that more students are turning to the junior and community college systems for economic reasons, these systems represent an untapped resource for bringing students into the health profession pipeline.

Dr. Sullivan noted that the Commission was a bipartisan effort with former Congressman Paul Rogers and former Senator Robert Dole serving as honorary co-chairs. He also lauded the support of the Kellogg Foundation, which has demonstrated leadership in the health disparities field through its support of the Sullivan Commission and the Institute of Medicine (IOM) study, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*.

In closing, Dr. Sullivan shared these updates with Council members. He said that he was chairing the effort initiated in the late 1980's by former Surgeon General C. Everett Koop to establish a National Health Museum to educate the public on health issues. He stated that the real challenge had been obtaining suitable land near the Mall in Washington, D.C. He also advised the group that historically black colleges and universities in Virginia recently signed an agreement with the Medical College of Virginia and the University of Nebraska to enable more minority students to enter health profession programs at those two institutions. He remarked that if the bridging initiative worked, it would serve as a model for other states to adopt bridging efforts.

NCMHD Director's Report

Dr. Ruffin provided a report on recent management and programmatic activities.

- *Management Reviews*. Dr. Ruffin reminded the group that in order to meet the challenges of the Center's recent growth in responsibility, Booz Allen Hamilton is assisting the Center with a strategic review of its management and work force. Advisory Council members may hear from Booz Allen as it completes its work. Dr. Ruffin would like representatives from Booz Allen to attend the next Advisory Council meeting to report on the study and their findings.

- *Personnel*. Dr. Ruffin introduced Jerome Wilson, M.D. as the new NCMHD Associate Director and Director of Scientific Operations. In that role, he will advise Dr. Ruffin on scientific research issues. He also introduced Francisco Sy, M.D. as the new Chief of Community-Based Research and Outreach. Dr. Sy will develop a strategic plan for the NCMHD's community-based activities with input from the Advisory Council.

  Finally, Dr. Ruffin advised the Council that during the summer NIH redistributed its FTEs among the Institutes and Centers (ICs). NCMHD gained 2 FTEs, raising its ceiling to 30 FTEs.

- *NIH Guidelines*. Updating the status of the NIH guidelines and definitions on reporting health disparities, Dr. Ruffin reported that NCMHD received the necessary budget numbers from the NIH budget office in August and was now ready to finalize the report for Congress. He stated that at its next meeting, the Advisory Council will hear from (1) Mr. Doug Hussey, NCMHD Director of Scientific Planning and Policy Analysis, on the implementation of the guidelines and (2) a representative of the NIH Office of Budget to discuss the budget figures. Dr. Ruffin spoke of the importance of all the ICs using the same definitions and methodology to calculate the NIH's overall investment in health disparities.

- *Strategic Plan*. By October 2004, Advisory Council members will receive the draft of the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities, FY 2004 - FY 2008* for review and comment. The updated strategic plan encompasses all 27 ICs throughout NIH and will be submitted to the NIH Director, the Secretary of HHS, and then Congress. The public will have an opportunity to comment on the strategic plan, as well. Shepherding the development of this strategic plan is one example of NCMHD playing a coordinating role for the NIH. An Advisory Council member questioned whether all ICs will follow the same outline when submitting their respective plans, which facilitates review of the entire strategic plan. Dr. Ruffin responded that NCMHD provided a common outline and asked ICs to follow that format.

- *NCMHD Advisory Council.* In February 2004, the appointments of four Advisory Council members expired. Four new candidates have been identified, and their appointments are being finalized. Dr. Ruffin anticipates that these new members will be able to participate in the February 2005 meeting.

  Based upon the membership rotation, Dr. Ruffin made some preliminary changes to the Council's subcommittee composition so that each member is assigned to two subcommittees. He announced the new roster of subcommittee chairs: Dr. Kane will chair the Endowment Subcommittee; Dr. White will chair the Centers of Excellence Subcommittee; Dr. Lee will chair the Loan Repayment Subcommittee; and Dr. Wilson will continue to chair the Strategic Planning Subcommittee.

  Dr. Ruffin stated that he would like to expand the subcommittee structure by creating a Personnel Subcommittee to advise the NCMHD on issues outside of the Center's statutory responsibilities (e.g., management, personnel, budget, and legislation). He proposed that he would review the current membership structure to avoid overloading anyone with subcommittee responsibilities and name several Council members to serve on this new subcommittee.

  Dr. Kane suggested that this new subcommittee have the opportunity to review the upcoming Booz Allen Hamilton management review report and work with Dr. Ruffin to implement appropriate recommendations.

  Finally, Dr. Ruffin said he would strive to keep Council members abreast of NIH and HHS activities related to health disparities that may occur in members' communities. For example, the "Take a Loved One to the Doctor Day" on Tuesday, September 21, 2004 involves many celebrations in local communities. NCMHD is an avid supporter of this campaign and encourages Council members to join in the campaign to raise awareness.

- *IOM Assessment of Health Disparity Strategic Plan.* The IOM is conducting a preliminary evaluation of NIH's implementation of its 2002-2006 strategic plan, in concert with the requirement in Public Law 106-525 that the HHS Secretary provides the Congress with a 5-year evaluation of NIH health disparities activities. The 18-month study will assess how NIH is addressing health disparities and will involve a series of regional forums across the country. Dr. Faith Mitchell is serving as the new project director for this effort. It is anticipated that she will attend the Council's next meeting to provide an overview and update.

- *Collaboration with other Institutes/Centers.* The Strategic Planning Subcommittee made some recommendations about co-funding applications received from other ICs after reviewing the applications for their relevance to the NCMHD mission. In 2004, priority was given to new research initiatives in the Mississippi Delta Region due to the health disparities experienced by that area.

NCMHD had advised ICs that this region was a target of interest and sought applications for collaborative funding.

- *SBIR.* The Strategic Planning Subcommittee also reviewed Small Business Initiative Research (SBIR) applications, one of which will be forwarded to the full Council for its review. NCMHD and all other ICs must spend a set percentage of their budget on SBIR awards. NCMHD's approach has been to assist other ICs with their applications, but it is moving toward developing its own program headed by NCMHD's Vince Thomas. NCMHD must encourage researchers to develop initiatives that have a more direct connection to health disparities.

- *Review of NCMHD Programs.* Dr. Ruffin acknowledged the important contribution of the three individuals responsible for managing the process of grant reviews and awards in the Center's Office of Extramural Programs: Dr. Merlyn Rodrigues, Bryan Clark, and Monica Shaw-Cortez.

Dr. Ruffin briefly highlighted the status of the Center's programs:

- Loan repayment program. These contracts, unlike grants, are awarded directly to recipients and thus do not require a second review. Loan repayment applications are reviewed in the spring, verified in the summer, and awarded by the fall. In FY 2004, NCMHD received 422 applications, the highest number among all the ICs and the highest number ever received. Describing the program as a good return for the investment, Dr. Ruffin announced that NCMHD will award contracts to 243 health disparity scholars for a total of $10 million. The FY 2005 application cycle begins September 1, 2004 and closes December 15, 2004.

In response to Request for Applications, Council will have the opportunity to review applications for the following NCMHD Programs:

- Endowment Program
- Centers of Excellence
- Research Infrastructure for Minority Institutes (RIMI)
- Minority International Research Training (MIRT)

Discussion about the Director's Report

During the follow-up questions posed to Dr. Ruffin, Council Members discussed the following issues:

- *Strategy Behind Targeting Geographical Areas for Funding.* Council members inquired if there was a long-term plan to target other areas and about the duration of targeting the Mississippi delta region. Dr. Ruffin responded that the NIH strategic plan will guide the long-term plan for targeting and leveraging efforts; the length of the funding commitment will vary depending on the program, possibly up to 5 years; and typically, NCMHD commits for the initial year of funding and then the grantee must return to request funding for subsequent years.

He stated that by providing supplemental funding, NCMHD can use its funds as leverage and expand into additional target areas.

- *SBIR.* Council members expressed concern that NCMHD might miss important opportunities when it funds SBIR grants assigned from other ICs. Dr. Ruffin explained that the Center is developing a plan for how small businesses can support the NCMHD strategic plan. He advised that the Center would be more proactive in soliciting SBIR grants in the coming years. In the meantime, the SBIR solicitation manual includes NCMHD priorities, and the Center will encourage relevant SBIR applications from other ICs.

HHS Health Disparities Update

Garth Graham, M.D., MPH, Acting Director of the Office of Minority Health.

Dr. Graham reported on activities occurring within his jurisdiction as Acting Director, Office of Minority Health, and Executive Director, HHS Council on Health Disparities. He also noted the important contributions of Dr. Ruffin, who serves as the NIH representative to the HHS Council on Health Disparities.

Created in 1985 and reporting to the Assistant Secretary for Health, the Office of Minority Health (OMH) develops and coordinates health policies and works to ensure that federal, state, and local programs address health disparities. Some of OMH's recent initiatives and ongoing activities include the following:

- Annual "Take a Loved One to the Doctor Day" scheduled for September 21, 2004. OMH has worked with ABC radio networks to encourage African Americans and Hispanics to access primary care services.

- Stroke-belt Elimination Initiative. This effort targets the southeastern United States, where the stroke rate is 10 to 20 percent higher than the national average. The Initiative awards grants to local medical centers to prevent disability and death related to strokes, particularly in the minority communities.

- Tuskegee University Fifth Biomedical Research Symposium, held at the University's Kellogg Conference Center in June 2004. Researchers and medical doctors gathered to discuss health disparities from a statewide and global perspective; examine the history of health care for blacks; and consider strategies for eliminating health disparities. A final report based on the conference findings will be released in fall 2004.

Dr. Graham noted that NCMHD has been a key partner in all of the above initiatives.

Dr. Graham also described several other OMH initiatives, including funding initiatives for states and tribes with the highest infant mortality rates. These efforts are aimed at reducing the incidence of SIDS and low birth rate among Alaska Native, African

American, and Native American babies. OMH will also launch a campaign to address obesity and diabetes and its particular impact on the African American population.

As the Executive Director of the HHS Council on Health Disparities, Dr. Graham explained that the Council was established by HHS Secretary Thompson to oversee and coordinate initiatives on health disparities throughout HHS. Comprised of senior HHS leaders, the Council held its first meeting in February 2004. The Council is developing a framework for HHS to better coordinate and maximizes its disparity-related activities (e.g., research and other efforts targeting cardiovascular disease, infant mortality, and obesity). The Council has submitted a plan of action, which is undergoing final departmental review.

Dr. Graham invited input from NCMHD Advisory Council members on current and potential initiatives by both the Office of Minority Health and the HHS Council on Health Disparities. Initially, Council members asked questions and provided feedback on the following topics:

- *Patient Education.* Council members asked Dr. Graham's opinion on patient or pre-patient education as a mechanism for eliminating health disparity. The question, *given that the literature is not clear about its effectiveness, should patient education be a priority*, was raised. Dr. Graham commented that health literacy includes helping patients make informed decisions about their care.

  Supporting health literacy (including patient education) is important for addressing health disparities, as well as some of the other systemic challenges within today's healthcare infrastructure. He stated that patient education is an early intervention to achieve needed changes.

- *OMH Budget.* In response to questions, Dr. Graham reported that the OMH budget was approximately $49 million. While that budget has drifted downward, Dr. Graham reported that the Office still receives substantial attention and respect from the Secretary.

- *Collaboration with other Agencies.* Noting the multiple and complex factors that contribute to health disparities, Council members wondered if OMH has worked with other systems (e.g., education or legal) to think creatively about how to address these issues. Dr. Graham agreed that the tendency is to focus on the disease without recognizing the social and economic factors affecting the person and stated that successful efforts to address health disparities will require broader thinking and more interdepartmental collaboration.

Other points raised by the Advisory Council included: (1) the need to address the lack of insurance coverage and the resulting impact on access to care; (2) using *Healthy People 2010,* which outlines key health indicators, to measure progress in reducing health disparities and help build public awareness; and (3) the link between health policy and civil rights.

Advisory Council Subcommittee Reports

The chairs of the Advisory Council Subcommittees delivered their reports as follows:

- *Strategic Plan Subcommittee.* Chaired by Dr. Wilson, the Strategic Plan Subcommittee includes Drs. Franzblau, Munoz, Kane and Lee. Dr. Wilson reported that the Subcommittee met via phone on September 14, 2004. Participants discussed the status of the NIH report to Congress on resources dedicated to minority health research and the target date for finalizing the report. The Subcommittee also reported that the next iteration of the Strategic Plan is proceeding. NCMHD has received revisions from many ICs and should receive all of the updates shortly. The process will entail providing the revisions to the Advisory Council for its review and comment, a Council conference call to discuss the comments, and NCMHD working with different ICs to revise their submissions. This submission and review process will occur one more time. After the second round of revisions, NCMHD will submit the report to the NIH Office of the Director (OD), which will solicit review and comment from HHS. As the final step, NCMHD will work with the NIH OD and the ICs to finalize the report and transmit it to Congress. The target date for getting the next report iteration to Council is February 2005.

  Finally, the Strategic Plan Subcommittee discussed the four SBIR applications under consideration. It was stated that because NCMHD has an obligation to spend a certain amount on SBIR's and the applications were meritorious and warranted funding, the Subcommittee recommended that NCMHD fund the SBIR applications.

- *Loan Repayment Subcommittee.* Dr. Lee gave the report for the Loan Repayment Subcommittee, which consists of Drs. Johnson, Franzblau, and Shu. She said that the loan repayment program had been a big success in FY 2004, with 422 applications received. NCMHD was able to grant 243 awards, including 31 new awards for health disparity research, 69 health disparity research renewal awards, 19 new awards for extramural clinical research, and 24 renewals for extramural clinical research. About $10 million was distributed to recipients in 39 states. Dr. Lee reported that 58.4 percent of health disparity research awardees were members of health disparity populations. They are focusing their research on such areas as cancer, health care access, infectious diseases, mental health, substance abuse, obesity, and diabetes.

  It was reported that the FY 2005 announcement is under review and due to be released soon and that loan repayment applications can be submitted through December 15, 2004. The Subcommittee also discussed creating a strategic plan for working with NCMHD staff. Strategic ideas mentioned included incorporating loan repayment with other efforts to foster recruitment and retention, holding a conference for all health disparity scholars, helping young

investigators protect their research time, encouraging institutions to be more accountable, and offering a mentoring program to awardees.

- *Endowment Program Subcommittee.* Dr. Kane provided a report on the activities of the Endowment Program Subcommittee, which includes Dr. Shu and Dr. Benjamin. This unique program within NIH is restricted to institutions that hold Health Resources and Services Administration (HRSA) awards and have endowments that are at or less than 50 percent of the size of the average endowment of HRSA institutions. During its closed session, the Council will conduct a second-level review of six applications. Another Request for Applications is expected in January 2005.

- *Centers of Excellence.* Dr. White provided the report for the Centers of Excellence Subcommittee, consisting of Drs. McCabe, Benjamin, Munoz, and Wilson. He reported that there had been a competition for R24 funding. There were 16 R24 applications, and all are being forwarded for second level peer review.

  The subcommittee then discussed future P20 Centers of Excellence RFAs. Specifically, the NCMHD had asked for advice on whether the next P20 RFA should be open to only the current R24 institutions or to all qualified institutions. The subcommittee agreed that any future P20 competitions should continue to use scientific merit as the primary criterion for awards and recommended an open versus limited competition. Dr. Ruffin commented that future P20 and P60 competitions depend on availability of funds. Dr. Kane noted that R24 grantees also can apply for funds elsewhere, even if NCMHD can't expand its P20 or P60 funding to include R24 grantees, which have completed their planning processes.

NCMHD Grantees' Health Disparities Reports

David Forbes, Ph.D.
University of Montana, School of Pharmacy
NCMHD Endowment Program

Dr. Forbes described how the NCMHD Endowment Program worked in conjunction with other initiatives at the University of Montana and its Schools of Pharmacy and Allied Health Sciences. In a state where American Indians are the primary minority population and there is a scarcity of health career role models, these efforts work together to incorporate minority issues into the curriculum, recruit Native Americans into the pharmacy program, bring minority students to campus over the summer to introduce them to university life and a science career, increase the number of Native American faculty members, and provide scholarships and loans to disadvantaged students.

Dr. Forbes provided an overview of the various activities at the University of Montana designed for underrepresented minorities. These programs include: loans for disadvantaged students; partnership with a community health center to provide pharmacy

services to the community; two NCRR Center of Biomedical Excellence Research grants; and a National Science Foundation Experimental Program to Stimulate Competitive Research grant. He noted that the breadth of support also has been used as leverage to obtain private foundation support for the university's health education program.

While the NCMHD Endowment Program has not experienced much growth due to the down stock market, Dr. Forbes said that having an endowment enables the university to attract new funds. Once it grows, the endowment and matching funds will be used to: (1) create new tenure track faculty lines for Native Americans and other underrepresented minorities; (2) enhance opportunities for minority students to earn PharmD degrees or DPT degrees and obtain postdoctoral fellowship training in clinically relevant areas, especially those involving health disparity research; (3) enhance incentives and opportunities for minority students leading to *Ph.D.* degrees; (4) run university academies on Saturdays and during the summer to encourage American Indian high school students to enter the pharmacy, social work, and physical therapy fields; and (5) continue using endowment income to leverage private support.

Highlighting how the endowment can assist with recruitment, Dr. Forbes noted that endowment income contributed to the startup packages for recent university hires: 1) the first African American scientist, an epidemiologist (only the second African American epidemiologist in the state) and 2) a Hispanic female who assumed a new tenure track position in the Department of Biomedical and Pharmaceutical Sciences.

During the question and answer period, Advisory Council members asked how the University of Montana addresses the concerns of American Indian students who are worried they might lose their heritage by attending a major university. Dr. Forbes explained that through its summer programs and other outreach efforts, the university responds to those fears by asking American Indian young adults to share their positive experiences of going through a university program. Currently, the University of Montana has 800-900 American Indian students on its campus.

Council members wondered if the university recruits American Indians from other states or works with other state universities to recruit these students. Dr. Forbes commented that the university does recruit in Alaska, as that state does not have a university with a pharmacy or physical therapy program. However, most of the school's students are from Montana.

Other points raised during the discussion period included: (1) the university tracks students who attend its summer program to see if they enter the pharmacy or allied health science program, but does not know if they go into another health-related program (e.g., nursing); (2) the university also focuses on retaining American Indian students through mentoring and being flexible if students need to return to their families and tribes during the course of their studies; and (3) the curriculum incorporates the study of plants into the summer program which introduces students to indigenous plants used to develop medicine.

Barbara F. Atkinson, M.D.
Executive Dean, University of Kansas Medical Center
Endowment Program

Dr. Atkinson began by providing a context for understanding the diversity activities at the University of Kansas by providing a demographic overview of Kansas and the university. She stated that Kansas, a relatively unpopulated state known for its farming and cattle ranching industries, does not have as many minorities as the rest of the United States. She related that the racial disposition of the 2.7 million population of Kansas is 86.1 percent White, 9 percent Native American, 7 percent Hispanic, 5.7 percent African American, and 1.7 percent Asian.

To enhance diversity at the University of Kansas (where 85 percent of students are from in state), the university seeks characteristics such as life experiences in rural and inner city diverse communities; experience in non-Western or developing countries; bilingual or multilingual abilities; life experiences with individuals from other cultural backgrounds; and success in overcoming financial, social, physical, and educational barriers. As a result, underrepresented minorities comprise 16 percent of the university's student body.

The university's diversity goals include recruiting the best-qualified underrepresented minority students, retaining and enhancing the success of underrepresented minority students, helping all students understand health disparities research, encouraging underrepresented minority students to enter the health specialty of their choice rather than being limited by concerns about finances or debt; and facilitating understanding of cultural issues among all students and their patients.

Dr. Atkinson described several ways that the University of Kansas Medical Center prioritizes diversity, including the awarding of Health Careers Opportunity Program (HCOP) grants and Centers of Excellence grants commencing in the mid-1980's. Since 2000, African Americans have held several of the school's 18 clinical chairs.

Dr. Atkinson described how the Centers of Excellence, HCOP, and Endowment programs work together to attract racially and culturally diverse students and scientists. The university has: (1) developed a K-12 pipeline to recruit students through summer programs; (2) retained and graduated 95 percent of underrepresented minority medical students; (3) increased underrepresented minority faculty from 24 to 39 faculty members; (4) introduced curriculum modules on understanding cultural effects of care; and (5) provided opportunities for 48 underrepresented minority students to participate in health disparity research over the summer.

The University of Kansas' NCMHD Endowment Program has grown to nearly $4 million. With the endowment's earnings, the university has been able to provide scholarships, supplement a teaching center salary, and fund graduate awards banquets and educational supplies.

Dr. Atkinson expressed appreciation for the Endowment Program and its future potential to enhance the educational pipeline, research, community services, and faculty development.

Barbara Logan, Ph.D., RN, F.A.A.N.
Clemson University, College of Health, Education and Human Development
Project EXPORT

Dr. Logan described the collaborative partnership between Clemson University and Voorhees College to develop the Project EXPORT Center of Excellence, funded by an NCMHD P20 grant. Working together, the schools' objective is to reduce health disparities in rural South Carolina. The mission of the Center is to empower racial/ethnic rural minority families and communities to reduce the burden of health disparities by attaining maximal health through culturally sensitive, community-based research, training, and outreach. Progress has been made in each of the center's core areas.

Dr. Logan underscored the importance of generating institutional buy-in and making sure the EXPORT Center's activities fit within the university's structure to assure sustainability. She noted that the EXPORT Center's focus on teaching, research, and public service fits well with Clemson's traditional goals and priorities.

Collaboration is also key to successful outcomes. The EXPORT Center's major partners include: Family Health Centers, Inc. (which serve rural, ethnic minorities) in each county; Voorhees College's Edisto Research and Education Center; and the Clemson University cooperative extension service, which also serves families in rural areas of the state.

Dr. Logan also described the difference among the two partner institutions. Clemson is a land grant institution in a more urban area populated largely by Whites, while Voorhees is a small historically black college in Bamberg, South Carolina, a town with a high proportion of African Americans.

Dr. Logan gave an overview of three studies focused on obesity being conducted within the Center's research core. Using the network of community-based partners, each study examines diet and/or physical activity levels of rural residents or students. The objectives of the studies are to identify the sociocultural factors influencing choices and determine how environmental effects and knowledge of nutrition and physical activity impact choices about diet and exercise. She discussed the studies' current status and early lessons learned.

Observing the overall partnership between Clemson and Voorhees, Dr. Logan offered several lessons:

- Unlikely partners can work collaboratively and effectively.

- Mutual respect and patience are needed to build trust. Trust is key to establishing partnerships.

- Wheels turn slowly in community/university collaborations; things take longer than expected.

- Community participants want immediate results.

- Research studies foster interdisciplinary collaboration, cooperation and communication.

- Linkage with well-established agencies in the community fosters success.

After the presentation, council members discussed the potential for collaboration. One member complimented the partnership's creative use of the cooperative extension service, an infrastructure typically focused on agriculture, to work on health disparities. Dr. Logan noted that the collaboration resulted from an effort to align the EXPORT Center with Clemson's goals and promote the university President's desire to have the academic and extension side work more closely together. Another Advisory Council member mentioned the importance of engaging historically black colleges and universities and other colleges in similar partnerships to attract students from diverse backgrounds.

Sheila Gonzalgo, M.D., MPH
Fellow in Geriatric Medicine
Johns Hopkins University School of Medicine
NCMHD Loan Repayment Program

Entering her second year as a health disparity scholar through NCMHD's loan repayment program, Dr. Gonzalgo gave a presentation on her research project, "Active Life Expectancy and Mobile Life Expectancy in Mexican American Older Adults." She noted that despite higher poverty rates, lower educational attainment and poorer access to care, the projected life expectancy at birth of Hispanics exceeds that of Whites.

Observing that the overall public health goal is to maximize older adults' active life expectancy and minimize the amount of time they have a disability, Dr. Gonzalgo used the Nagi Model of Disablement as a framework to study the transition to a disabled state. The model describes how active pathology leads to impairment, functional limitations, and disability when activities of daily living are disrupted. Dr. Gonzalgo's objective was to examine whether the disablement process is different in older Mexican Americans.

Her methodology involved cross-sectional and longitudinal analyses using the Hispanic Established Populations for Epidemiologic Studies of the Elderly, a data set encompassing 2,700 community-dwelling Mexican Americans aged 65+ residing in five southwestern states, with complete data on all functional measures. Her analyses found:

- Being less acculturated to U.S. mainstream culture is associated with increased lower extremity functional limitation, but not ADL dependency. This association is stronger for women than men.

- Acculturation predicts the onset of ADL dependency in Mexican American older women but not in men.

- Neither nativity nor acculturation are predictors of mortality in this sample of Mexican American older adults.

Finally, Dr. Gonzalgo discussed the implications of her findings. Despite the paradox with regard to mortality in Mexican Americans, there are subgroups that are at greater risk of spending a greater proportion of their life after 65 in a disabled state. These subgroups include less acculturated citizens and women. Given the growing Mexican American population, health care planners need to improve access (and perhaps health care delivery) to less acculturated Mexican Americans, especially women. Similarly, health promotion strategies geared toward Mexican Americans need to take into account acculturation level.

In response, council members observed that an implication of this research might be that culturally competent care needs to address patients' levels of acculturation and help them maneuver through the mainstream health care system. Dr. Gonzalgo also reported using a language-based acculturation scale (i.e., proficiency in English and language used with spouse, children or parents), because components of the language-based acculturation scale have been found to be most highly correlated with acculturation. One council member suggested exploring other methods for measuring acculturation.

NIH Office of Behavioral and Social Sciences Research

Eliminating Health Disparities: The OBSSR Approach
Virginia S. Cain, Ph.D.
Acting Director, Office of Behavioral and Social Sciences Research, NIH

Appointed as Acting Director of NIH's Office of Behavioral and Social Sciences Research (OBSSR) in February 2003, Dr. Cain explained the office's premise that most health outcomes are the result of interactions of behavioral, social or environmental factors with both genetic and physiological factors. Believing that NIH needed such a focus, Congress established OBSSR within the NIH Office of the Director in 1995. Its responsibilities across NIH include: increasing support for behavioral and social sciences research; stimulating research in that area; serving as an advisor to the NIH Director; and serving as the focal point for research on the role of behavioral, social and lifestyle factors in the causation, treatment and prevention of disease.

One important role for OBSSR is to disseminate behavioral and social sciences findings to the public. Dr. Cain shared a number of findings related to health disparities with the NCMHD Advisory Council. Using National Center for Health Statistics data from the

CDC, Dr. Cain shared slides depicting racial disparities among several outcomes, including: life expectancy at birth, death rates adjusted by educational attainment across races, infant mortality, impact of income on health, and impact of occupation on health outcomes. A new area for study is the effect of neighborhoods and communities on health outcomes. Dr. Cain stated that behavioral and social sciences research offers an opportunity to intervene at many different levels, while traditional research sponsored by NIH often is aimed primarily at the individual level (e.g., genetic factors, individual risk factors).

She also highlighted some OBSSR activities, including:

- *Sponsoring a Racial/Ethnic Bias and Health Conference.* During this April 2002 conference, scientists presented evidence of the effects of racial/ethnic bias on health and identified areas for future research to explicate the relationship. Most of the papers presented at the conference were published in the February 2003 *American Journal of Public Health*, increasing the visibility of this topic.

- *OBSSR Research Initiatives in Conjunction with ICs.* While OBSSR does not fund research directly, it works with other ICs to stimulate such research. Upcoming program announcements will incorporate a focus on behavioral, social, and cultural dimensions of health. An FY 2003 RFA addressed the pathways linking education to health and was supported by a number of Institutes, which ended up funding 15 grants to examine that relationship.

- *Promoting Infrastructure Development: Training and Developing Scientists.* OBSSR is trying to publicize the minority scholars' web site (see http://mentorminorities.od.nih.gov/) so that NIH-funded researchers can link more easily with minority scholars. OBSSR also hosted a meeting of the Kellogg Foundation's health disparities scholars, thus enabling many young researchers interested in behavioral and social sciences to spend a day at the NIH. Finally, OBSSR is convening a coordinating committee with representatives from the ICs to meet regularly and discuss behavioral/social initiatives across NIH.

CLOSED PORTION - NCMHD

This portion of the meeting was closed to the public in accordance with the determination that it was concerned with matters exempt from mandatory disclosure under Sections 552b(c)(4) and 552b(c)(6), Title 5, U.S. Code and Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. appendix 2).

There was a discussion of procedures and policies regarding voting and confidentiality of application materials, committee discussions and recommendations. Members were instructed to absent themselves from the meeting during discussion of applications from their own institutions, or other applications in which there was a potential conflict of interest, real or apparent.

REVIEW OF APPLICATIONS

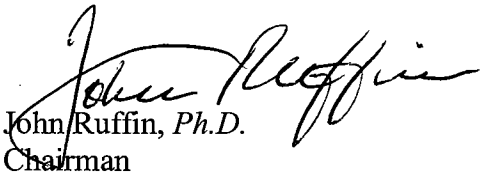
The Council considered 34 applications requesting $26,221,575 in total costs. Applications that were noncompetitive, unscored, or were not recommended for further consideration by the scientific review groups were not considered by Council. The Council by way of en bloc voting concurred with the first-level peer review on 34 applications requesting total costs of $26,221,575.

Adjournment at 5:00 p.m.

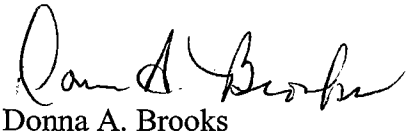
Ms. Brooks, NCMHD, formally closed the meeting.

Certification

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



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



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