

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTE OF HEALTH
NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES**

**MINUTES OF THE FIRST MEETING OF
THE NATIONAL ADVISORY COUNCIL ON MINORITY HEALTH
AND HEALTH DISPARITIES**

September 12, 2002

The inaugural meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD), was held on September 12, 2002 from 8:30 a.m. to 4:30 p.m. at the Marriott Hotel -Pooks Hill in Bethesda, Maryland. John Ruffin, Ph.D., Chairman of the NACMHD and Director of the National Center on Minority Health and Health Disparities (NCMHD), presided over the meeting, along with Dr. Raymond Rodriguez, Professor of Genetics at the University of California, Davis. The meeting was open to the public from 8:30 a.m. to 12:00 p.m. As provided in Sections 552b(c)(4) and 552B(c)(6), Title 5, U.S. Code, and Section 10(d) of Public Law 92-463, the afternoon session from 1:00 p.m. to 4:30 p.m. was closed to the public to allow the NACMHD to review, discuss, and evaluate grant applications.

COUNCIL MEMBERS PRESENT

John Ruffin, Ph.D. –Chair

Roger Bulger, M.D., F.A.C.P.
Carl Franzblau, Ph.D.
Terone B. Green
Ruth E. Johnson, J.D.
Caroline M. Kane, Ph.D.
Elisa T. Lee, Ph.D.
Eric Muñoz, M.D.
Raymond Rodriguez, Ph.D.
David Satcher, M.D., Ph.D.
Grace L. Shu, D.O.M., Ph.D.

Louis W. Sullivan, M.D.
Selwyn Vickers, M.D., F.A.C.S.
Augustus A. White, III, M.D., Ph.D.
M. Roy Wilson, M.D.

COUNCIL MEMBERS ABSENT

Melvina McCabe, M.D.
Lillian Tom-Orme, Ph.D., M.P.H., R.N.,
F.A.A.N.

EX-OFFICIO MEMBERS PRESENT

Claude Allen, Deputy Secretary, Department of Health and Human Services
Michael J. Fine, M.D., M.Sc., Director, Center for Health Equity Research and Promotion, Veterans Administration Pittsburgh Healthcare System
Raynard Kington, M.D., Ph.D., Director, Office of Behavioral and Social Sciences Research, Office of the Director, NIH
Elias A. Zerhouni, M.D., Director, National Institutes of Health, Department of Health and Human Services

OPENING REMARKS

Ruffin welcomed council members, staff, other NIH Institutes and Centers representatives and the general public to the first and historical meeting of the National Advisory Council on Minority Health and Health Disparities. He deemed it a historical event because the first meeting signaled the nation's recognition of the need to eliminate health disparities. The diverse makeup of the Advisory Council also demonstrates the country's enthusiasm. According to Ruffin, the enthusiasm of the country makes the work that the Council has to accomplish even more important. The Congress gave the NCMHD a charge and because of the commitment of many of the NCMHD's constituents, the country rallied behind the NCMHD. Special recognition was given to all those who worked tirelessly with the NIH through the Office of Research on Minority Health (ORMH) over the years, to make health disparities a national priority, including Louis Sullivan, M.D., former Secretary of the Department of Health and Human Services and David Satcher, M.D., former U.S. Surgeon General. Ruffin also acknowledged the work of the NCMHD staff, the other NIH Institutes and Centers and over 100 reviewers from across the country that worked together to conduct the initial review of the NCMHD's programs that the Congress authorized.

ADMINISTRATIVE MATTERS

Ruffin introduced Dr. Raymond Rodriguez, the meeting's facilitator. Rodriguez reviewed a few business matters, including the schedule for future meeting dates. The members discussed convening future meetings in different locations to allow more constituents to attend and increase the NCMHD's visibility in the community. It was suggested that the Council revisit this issue at a later date when the NACMHD becomes more established. After members introduced themselves, Ruffin introduced the Deputy Secretary of the Department of Health and Human Services, Claude Allen. Allen provided the Council with its charge and administered the oath to the NACMHD.

Ruffin informed the Council members about the development of subcommittees to provide guidance on aspects of the NCMHD's work related to the trans-NIH Strategic Research Plan and the statutorily mandated programs.

FUTURE MEETING DATES

The following future meeting dates were agreed to:

February 24, 2003 (Monday)
June 17 – 18, 2003 (Tuesday-Wednesday)
August 26 – 27, 2003 (Tuesday-Wednesday)
February 24-25, 2004 (Tuesday-Wednesday)
June 15 – 16, 2004 (Tuesday-Wednesday)
August 24 – 25, 2004 (Tuesday-Wednesday)

DEPUTY SECRETARY'S REMARKS

The Deputy Secretary expressed a personal commitment, as well as that of the Secretary and the President, to the elimination of health disparities. He reminded the Council of the realities of health disparities that are evident in the statistics. He stressed the opportunity to make a real and measurable impact in their respective communities, so that health disparities do not continue to exist. Allen's vision is that the Council and the NCMHD will educate health care providers and the communities they serve about the importance of eliminating health disparities. Health education must incorporate messages related to the importance of exercising, seeking health care services early, prevention measures and organ and tissue donation as viable treatment options.

Advisory Council members applauded Allen for his remarks and expressed their appreciation for the Administration's support of the NCMHD's work. The discussions following Allen's remarks touched on issues such as

- The economic impact and the improvements in health that can emanate from the success of the NCMHD's efforts.
- Prevention as a challenging but crucial area of focus in eliminating health disparities.
- The need to sensitize health care providers to the needs of the communities they serve. The role of organizations such as the National Medical Association and the Association of American Medical Colleges in training and sensitizing providers.
- The role of the Centers of Excellence for Health Disparities that will develop through the NCMHD's Project EXPORT program.

NCMHD DIRECTOR'S REPORT

Before presenting the Director's Report, Ruffin introduced Dr. Raynard Kington, Director of the NIH Office of Behavioral and Social Sciences Research (OBSSR). Public Law 106-525, requires the NCMHD to have representation from OBSSR on the Advisory Council. Kington serves as an Ex-Officio member. Other attendees representing community organizations, media and other NIH Institutes and Centers were given an opportunity to introduce themselves. Ruffin acknowledged the ICs present and the support that the NCMHD has received from all of the NIH ICs. He described the NCMHD as an extension of the other ICs and they share a collaborative relationship aimed at positive outcomes.

Ruffin briefly reviewed the history leading up to the establishment of the NCMHD. He noted that the task of the Fact-Finding Team under the auspices of the Office of Research on Minority Health was critical in shaping the creation of the Center. The purpose was to answer the question "*What is it that we're not doing that we ought to be doing?*" The team of 53 was diverse, and included representatives of various ethnic and racial groups, legislative and educational organizations. Town hall meetings were held in communities around the country in search of the answer. This inquiry resulted in 13 recommendations

that would later become the foundation for minority health research activities of the ORMH and the NIH.

Several events preceded and facilitated the creation of the NCMHD. The 1985 Report of the Secretary's Task Force on Black & Minority Health, also referred to as the Heckler Report, documented the state of minority health in the United States in the 1980's and the areas that necessitated attention. Healthy People 2000 and Healthy People 2010 also provided data to support the existence of disparities in the health status of racial and ethnic groups in America.

In April 2000, the ORMH convened the conference entitled *Challenges in Health Disparity in the New Millennium: A Call to Action*. The conference commemorated the 10th anniversary of the ORMH. Among the recommendations that emerged from the conference was a call for the creation of an Institute or Center at NIH to conduct minority health and health disparities research.

The *Minority Health and Health Disparities Research and Education Act* was passed in November 2000, and established the NCMHD. While the ORMH's focus was on minority health, the NCMHD's constituency was broadened to include other health disparity populations such as the rural and urban poor who live in medically underserved areas. There were other new developments, as well. The NCMHD was authorized to fund grants. The law also required other agencies of the Department of Health and Human Services, such as the Agency for Health Care Research Quality (AHRQ), to support the NCMHD's work to eliminate health disparities.

Congressional Requirements

The Congress directed the NCMHD to focus on four priority areas. Ruffin provided the status of each programmatic area.

A. The development of a **Loan Repayment Program** –The NCMHD launched two loan repayment programs in fiscal year 2001 and made the first set of awards to 45 health professionals. The awards were distributed between the two Loan Repayment Programs:

- i) The *Loan Repayment Program for Health Disparities Research*, also referred to as the HDR-LRP, which encourages the participation of health professionals in basic, clinical or behavioral research directly relevant to health disparities research. Twenty-eight awards were made under this program.
- ii) The *Extramural Clinical Research Loan Repayment Program* for Individuals from Disadvantaged Backgrounds or the ECR-LRP, which seeks to engage individuals from disadvantaged populations in clinical research. Seventeen individuals obtained funding through this program.

The loan repayment programs allow the NCMHD to play a crucial role in diversifying and strengthening the research and scientific workforce. These programs are aimed at

recruiting and retaining highly qualified health professionals to conduct clinical and/or minority health and health disparities research. The programs also create an avenue for NIH to engage in and promote the development of research programs that reflect the various elements associated with health disparities.

Fifteen scientific research areas are represented among the fiscal year 2001 awardees. Health disparities related research areas include:

- Diabetes
- Cancer
- Behavioral sciences
- HIV/AIDS
- Epidemiology

A total of 273 applications were received for fiscal year 2002, a 45% increase over fiscal year 2001 submissions.

B. The establishment of an **Endowment Program** --The Research Endowment Program was also launched in fiscal year 2001. This program targets Centers of Excellence already established by the Health Resources and Services Administration, DHHS. These Centers of Excellence are located at institutions created according to Section 736 of the Public Health Service Act. The purpose of the program is to build research capacity at institutions that demonstrate a commitment to educate and train researchers from minority and health disparity populations. The research infrastructure at these institutions will be developed to conduct minority health and other health disparities research. In fiscal year 2001, seven institutions were approved for funding. A total of 15 applications were submitted for fiscal year 2002 funding.

C. The creation of **Centers of Excellence** for Health Disparities -- Project EXPORT program, (Centers of Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training), will allow the NCMHD to engage its communities in eliminating health disparities. Project EXPORT will build research capacity at minority serving institutions, promote participation in biomedical and behavioral research among health disparity populations, and increase participation in health disparities research. The NCMHD convened four technical assistance workshops in February and March 2002 to raise awareness of the program. Workshops took place in Dallas, Texas; Morgantown, West Virginia; Birmingham, Alabama and Seattle, Washington.

The Center released three Requests for Applications to encourage broad participation and partnerships among institutions that are on different research infrastructure paths.

- **The R24 or Developmental Grant Awards:** are targeted to institutions that are beginning to build their health disparity research programs. Funds will support activities designed to develop or enhance the infrastructure for scientifically meritorious research on the determinants of health disparities. A total of 23 applications were received and reviewed for the R24.

- **The P20 or Exploratory Grant Awards:** are targeted to institutions that have research programs but need additional funding to develop a health disparity research program. Funds will provide a mechanism to strengthen the infrastructure for minority health and other health disparities research and training. In addition, program funds will provide resources to assist successful applicants in the development of innovative partnership models. Thirty-three applications were submitted and reviewed for the P20.
- **The P60 Center Awards:** are targeted for research-intensive institutions pursuing research in health disparities. Funds will be used to establish a health disparities research center. Thirty-seven applications were received and reviewed for the P60.

D. **Collaborations** --The elimination of health disparities calls for collaboration on many fronts --across the NIH, the Department of Health and Human Services and throughout the various communities in this country. The NCMHD depends on these constituencies to identify the issues and gaps in minority health and health disparities research, and to develop innovative projects to bridge those gaps, evaluate the outcomes and ultimately translate the outcomes into programs.

With the authority to provide grants, the NCMHD must focus on conducting its own research and developing the necessary programs to fulfill that requirement. This will allow other ICs to provide co-funding to some of the NCMHD's programs, while the NCMHD also continues to co-fund research projects with the other NIH ICs. This year the Center is co-funding approximately 160 projects with other ICs.

- The Jackson Heart Study with the National Heart, Lung, and Blood Institute
- The Centers for Research to Reduce Oral Health Disparities with the National Institute of Dental and Craniofacial Research
- The Health Disparities for Partnerships for Nursing Research with the National Institute of Nursing Research

The law requires the NCMHD to continue its collaboration with the ICs as it develops and updates the NIH Strategic Research Plan and Budget, the NIH Health Disparities Annual Report and any other NIH minority health and health activities reporting requirements.

NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities

The NCMHD was designated to coordinate the development of an NIH-wide strategic plan and budget for the conduct and support of all minority health and other health disparities activities. The NIH Strategic Research Plan and Budget is a roadmap for meeting the needs of those underrepresented populations on which it previously did not aggressively focus. It will contain the activities and plans of each NIH Institute and Center to conduct research, support research infrastructure and carry out community outreach to eliminate health disparities. The Plan will be revised and updated annually in collaboration with the NIH ICs and in consultation with the NACMHD members. The

Plan has been submitted to the Department of Health and Human Services for clearance, and will be submitted to the Congress.

The NIH 2001 Annual Report on Health Disparities Research

The NCMHD is required to provide an annual report of NIH health disparities research activities. This report highlights the NIH Institutes and Centers' progress made in health disparities research conducted or supported. A draft of the fiscal year 2001 Annual Report has been submitted to the Department of Health and Human Services for clearance.

Agency for Healthcare Research Quality

The Agency for Healthcare Research Quality's *EXCEED* Program, is a 5-year effort to analyze underlying causes and factors contributing to racial and ethnic disparities in health care. The program will also identify and implement strategies for reducing and eliminating such disparities. The NCMHD supports two Centers under this initiative – one at the Medical University of South Carolina, and the other at Baylor College of Medicine.

Indian Health Service

The NCMHD recently entered into an agreement with the Indian Health Service to co-fund its Tribal Epidemiology Program. The NCMHD will fund the Epidemiology Centers (EpiCenters), --an important component of the program.

EpiCenters can provide maximal impact in addressing and eliminating health disparities because of the broadness of its scope and regional focus. An EpiCenter can implement innovative strategies to monitor the health status of tribal members. Additionally, they can help to develop research and research training programs in collaboration with state and local health departments, area universities, the Centers for Disease Control and Prevention and other public health agencies.

Centers for Disease Control and Prevention

Since 2000, the NCMHD has provided annual support to the Centers for Disease Control and Prevention, totaling \$5 million for the Racial and Ethnic Approaches to Community Health Program (REACH 2010). The Center will maintain its commitment to Phase II of the program for fiscal year 2002 and 2003. Such funding will support organizations that serve racial and ethnic populations who are at increased risk for certain diseases. Funding organizations will develop, implement, and evaluate innovative community level intervention demonstrations, which could be effective in eliminating health disparities by 2010.

Office of Minority Health

The Center has funded several health related projects and training programs with national organizations such as the: Asian and Pacific Islander American Health Forum, Association of American Indian Physicians, National Medical Association, and National Council of La Raza.

Other NCMHD Programs

The NCMHD continues to fund several programs that were established or previously supported under the auspices of the Office of Research on Minority Health. Examples of those programs are:

I. The Research Infrastructure in Minority Institutions (**RIMI**). Previously administered through the National Center for Research Resources at NIH. The program has now been transferred to the NCMHD.

The RIMI program supports the development of biomedical research infrastructure at non-doctoral degree minority serving institutions. Since its inception, the NCMHD has supported seven institutions under this program. This year Morgan State University, one of the original seven, advanced to the Research Center In Minority Institutions (RCMI) Program as a new grantee.

II. Minority International Research Training (**MIRT**). Administered by Fogarty International Center. The NCMHD continues to support this program.

III. BRIDGES to the Future. This is a collaborative initiative with the National Institute of General Medical Sciences and is co-funded by NCMHD.

The NCMHD anticipates the continued collaboration and support of the other NIH Institutes and Centers as it seeks to eliminate health disparities.

NIH DIRECTOR'S REMARKS

Ruffin introduced Elias A. Zerhouni, M.D., Director, National Institutes of Health. Dr. Zerhouni shared brief remarks with the Council. He pointed out some key areas that he thought would drive the NIH agenda and be of significance to the NCMHD:

- The doubling of the NIH budget. He indicated that the NIH's future activities in using those dollars must be transparent, reflect accountability and the NIH must be proactive.
- The NIH Strategic Research Plan and Budget To Reduce and Ultimately Eliminate Health Disparities is a live document and the NCMHD is responsible for updating and improving it annually with the support of the other ICs.
- The NIH Road Map Exercise –a group of leaders from across the country have been convened to identify NIH priorities. Priorities related to the NCMHD will be shared with the Advisory Council as they emerge.

Dr. Zerhouni expressed his commitment to minority health and health disparities. He informed the Council of their challenge --by not having a disease specific focus, it is in a unique position and therefore it runs a major risk of losing what is essential. Zerhouni recognized Ruffin and the NCMHD staff for the outstanding work done to develop the trans-NIH Strategic Research Plan and Budget. He pointed out that minority health and health disparities activities should not just be delegated to the Center. Instead minority

health and health disparities activities should permeate every action across the NIH. The Strategic Plan should help to ensure that the NCMHD does not have to handle every minority health and health disparities activity.

Zerhouni reminded the Council that health disparities are a national priority, and the NCMHD is integral to the solution. He suggested one way for the Council to address its priorities is to set-up a liaison partnership with other NIH IC Advisory Councils. IC Councils could be invited to participate in NACMHD meetings to discuss health disparities related concerns of their respective Advisory Councils. Discussions following Zerhouni's presentation focused on:

- The role of the NIH Director's Council in helping to establish liaisons.
- The extension of the NCMHD's mission beyond the health arena and the dissemination of information regarding the NCMHD's challenges and need for support. Ruffin is federally mandated to be the NIH Coordinator and Representative on health disparities issues and is positioned to develop a system that will connect everyone. One approach would be to develop a trans-NIH or trans-Agency approach as the pipeline to get the information out.
- The doubling of the NIH budget and the commitment of the other NIH ICs to health disparities based on their contributions to health disparities activities.
- The role of the NACMHD in the Center's activities so as not to marginalize the Advisory Council. An immediate role of the Council will be to review the Strategic Plan. The Center will also work with the Council to ensure that it is involved in the NCMHD's activities.

Closed Session

Ruffin reminded Council members that material furnished for review and discussion during the closed portion of the meeting is considered privileged information. Advisors and consultants serving as members of a public health advisory committee may not participate in situations in which any violation of conflict of interest laws and regulations might occur. Responsible staff shall ensure that a Council member does not perform duties or render advice, which might have a direct and predictable effect on the interests of an organization, or institution in which he/she has a financial interest. In particular, Council members should not participate in the evaluation of grant applications for Federal support, which will affect the interests of such organizations or institutions. At the end of the meeting, all members were required to certify that they had not been involved in any conflict of interest situation during the review of grant applications.

During the closed session, the Advisory Council conducted the second-level review of applications that had received scores by the initial review committees. The process for conducting the review of applications including issues related to conflict of interest was

outlined prior to the deliberations¹. The Council deliberated, voted and provided recommendations to the NCMHD Director on potential projects to support.

Adjournment

With no further business for the Advisory Council, Ruffin adjourned the meeting.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.²

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

¹ Members recuse themselves from the meeting when the Council discusses applications from their own institutions or when a conflict of interest might occur. The procedure applies only to individual applications discussed, not to en bloc actions.

² At its next meeting the Council will formally consider these minutes, and any corrections or notations will be incorporated in the minutes of that meeting.