

NCCAM's Work on Health Disparities

The National Center for Complementary and Alternative Medicine (NCCAM) has as its vision:

To advance research to yield insights and tools derived from complementary and alternative medicine (CAM) practices to benefit the health and well-being of the public, while enabling an informed public to reject ineffective or unsafe practices.

An important aspect of realizing this vision is making these benefits available to all Americans. Among the challenges in this endeavor is the existence of health disparities in the United States.

"Health disparity populations" are populations where there is a significant disparity (difference), compared with the general population, in the overall rates of one or more of the following:*

- Disease incidence (that is, the number of new cases of a specific disease in a population in a specific period of time)
- Disease prevalence (the overall number of cases)
- Disease morbidity (the amount of disability associated with a disease)
- Disease mortality (the overall death rate from a disease)
- Disease survival

Generally, life expectancy and overall health have improved in the United States in the

past few decades. Among the reasons are an emphasis on preventive medicine, such as vaccines and behavior modification, and the development of new medical technologies. However, certain groups and individuals experience certain diseases, disorders, and conditions, as well as disability and premature death, disproportionate to their numbers in the population. They include racial and ethnic minority groups, as well as others who experience disparities because of their geographic location, income, level of education, disability, sexual orientation, cultural issues, and/or difficulties with language or literacy. Here are some examples drawn from Federal Government statistics.

- Population groups that have the worst health tend, statistically, to have the highest poverty rates and least education. The gains in health seen among Americans as a whole in recent years have not been seen in the lower socioeconomic groups. For example, people in the lowest-income families have three times the rate of activity limitation from chronic disease as people in the highest-income families. Infants of mothers who have less than 12 years of education have a mortality rate that is almost twice the rate among infants of mothers who have 13 or more years of education.
- Twenty-five percent of Americans live in rural areas (that is, with populations of 2,500 or fewer). Their rates of cancer, heart disease, diabetes, and injury-related



U.S. Census Bureau

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*Public Law 106-525, Minority Health and Health Disparities Research and Education Act of 2000

NCCAM's Work on Health Disparities

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deaths are higher than for urban populations. In rural Appalachia, for example, the rates of lung, colon, cervical, and rectal cancer are substantially higher than the national average.

- The infant mortality rate among American Indians and Alaska Natives is almost twice the rate among White Americans; among African Americans, it is more than twice the rate.
- Death rates from heart disease are more than 40 percent higher among African Americans than among Whites.
- Prostate cancer occurs more commonly in African American men than it is known to occur in any other group worldwide.
- Twenty-five percent of people with type 2 diabetes are from minority groups. Complications from that disease occur two to four times more often in minorities than in other groups.
- Native Americans and Alaska Natives suffer a disproportionately high rate of both depression and suicide.
- Hawaiian women die from cancer at a rate 20 percent higher than that of White Americans.
- Men have 6 years' less life expectancy than women, as well as higher death rates from each of the 10 leading causes of death.
- Women have a higher rate than men of certain diseases (even for some that are not specific to their biological gender), such as Alzheimer's disease and major depression.

According to a report for the Institute of Medicine in 2002, members of minority groups tend to receive lower-quality health care than White patients do, even when they have comparable insurance, income, age, and severity of medical conditions.



They also tend to have worse outcomes from the care, including higher death rates. The report also concluded that there is not one cause of this gap, but many.

NCCAM is seeking to help address problems of health disparities through a multi-pronged approach:

- Conducting and supporting **research**, including studies on why and how ethnic and racial minority populations use CAM, especially for diseases (like asthma) that disproportionately affect them
- Supporting **research infrastructure**
- Increasing **outreach** and the dissemination of health information to medically underserved people

"Our broad-based research portfolio reflects the diversity of people who use CAM," said Stephen E. Straus, M.D., Director of NCCAM. "More needs to be known about how factors such as age, gender, race, ethnicity, and locale interact and affect the use of CAM. This knowledge will also inform research on why specific populations use certain CAM practices, whether for cultural reasons, effectiveness, or problems accessing health care. In turn, the findings will help health care providers better meet the needs of these groups, and, we believe, have an impact upon the problem of health disparities."

In December 2000, the Center established the Office of Special Populations (OSP), part of the Division of Extramural Research and Training, as the focus for NCCAM's activities in health disparities. The director of OSP is Morgan Jackson, M.D., M.P.H. Dr. Jackson led development of NCCAM's *Strategic Plan To Address Racial and Ethnic Health Disparities*; he implements the

activities outlined in the plan; and he is NCCAM's liaison in health disparities endeavors with the National Institutes of Health (NIH) and the U.S.

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CAM at the NIH:

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Health Care in Alaska Native Communities: Learning Firsthand of the Challenges



Alaska Natives face many challenges in the arena of health and health care. For example, there is a need for culturally competent care (i.e., care that is appropriate in relation to the cultural characteristics of a specific group or



U.S. Census Bureau

individual). Many traditional ways of life that were supportive of health for Native Alaskans have been lost. Access to health care is often daunting; paved roads have not penetrated most of the state, and many villages can be reached only by plane or by hours on a snow machine (snowmobile). Harsh weather conditions have an impact on mobility, and communications are not always reliable.

A group representing 10 institutes and centers of the National Institutes of Health (NIH), learned more about these issues firsthand, as well as some practical solutions that are addressing them, when they traveled to Alaska in mid-February 2005. Irene Liu, M.P.H., public liaison officer at NCCAM, represented the Center.

The trip was arranged by the Southcentral Foundation (SCF). The foundation is an Alaska Native nonprofit health corporation formed under the tribal authority of Cook Inlet Region, Incorporated (CIRI). CIRI, which serves the Anchorage region and 55 villages, is 1 of 13 regional Native corporations in Alaska established by Congress under the Alaska Native Claims Settlement Act.

SCF's mission is to work together with the Native community to achieve wellness through health and related services. It oversees delivery of a wide variety of health care services, such as primary care, specialty care, home health care, programs for youth and elders, and residential

programs. In addition to conventional medical care, a traditional healing program and a complementary medicine clinic are offered. The traditional healing program includes healing hands, prayer, cleansing, song and dance, traditional plant medicines, and culturally sensitive counseling.

The complementary medicine clinic offers chiropractic care, massage therapy, and acupuncture. It emphasizes the integration of complementary care with primary care, promptness of care, and customer satisfaction. Access to the clinic's services is by referral from a physician at SCF's primary care center. Complementary care is provided for a limited list of health problems that staff have determined are scientifically supported. This approach has reduced what was a 6-month wait for an appointment to 2 days. Staff have found that use of the clinic's services has reduced their patients' number of visits for primary care, urgent care, and emergency care.

NIH staff also visited Kotzebue, a Native village north of the Arctic Circle. At the Manilaq Health Clinic there, programs

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Visit nccam.nih.gov/research/announcements/active for more information on these and other NCCAM-funded opportunities.

PA-05-046: Research on Sleep and Sleep Disorders.

Sponsors: NCCAM and 12 other components of NIH. An estimated 70 million people in the United States suffer from sleep problems, which cost \$66 billion per year in health care and lost productivity. In addition to conventional therapies for sleep problems, many people turn to CAM approaches such as meditation, yoga, and valerian. The goals of this initiative are to increase understanding of both sleep and sleep disorders, encourage early identification of problems, and identify safe and effective treatments.

RFA-MH-05-011: Course Development in the Neurobiology of Disease.

Sponsors: NCCAM and 14 other components of NIH. Diseases of the nervous system pose a significant public health and economic challenge, affecting nearly one in three Americans at some point in their lives and costing more than \$500 billion per year. This RFA is an initiative of the NIH Blueprint for Neuroscience Research (neuroscience.blueprint.nih.gov), a trans-NIH partnership formed to speed discoveries in neuroscience research and translate them to clinical benefits. The RFA will support graduate-level courses on the neurobiology of disease.

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News for Researchers

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Applying institutions must already have a Ruth L. Kirschstein National Research Service Award institutional training grant, with certain parameters. Note: Application receipt date is May 25, 2005.

DK-05-0130: Silymarin Product Development Program.

Sponsors: NCCAM and the National Institute of Diabetes and Digestive and Kidney Diseases. The awarded company will provide silymarin (a component of the milk thistle plant, *Silybum marianum*) for studies looking at the prevention and treatment of two liver disorders, chronic hepatitis C and nonalcoholic steatohepatitis.

NCCAM-NCI Medical Oncology-CAM Fellowship.

Sponsors: NCCAM, the National Cancer Institute (NCI), and the FDA. This 3-year fellowship will train academic oncologists in both medical oncology and CAM, as well as in legal and regulatory issues in the field. For information, go to nccam.nih.gov/research/intramural/camoncology_fellow. ■

The NCCAM Web site has two new pages that include information and resources specifically for researchers: the **NCCAM Office of International Health Research** (nccam.nih.gov/research/oihr) and the **NCCAM Office of Special Populations** (nccam.nih.gov/research/osp).

Alaska Native Health Care

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such as telemedicine, telepharmacy, and community health aides are helping to bridge the gap for access to care. Using telemedicine, a physician in Kotzebue can diagnose a child's ear infection, for example, using images and information transmitted live from 1 of 11 villages. In telepharmacy, pharmacists use computers, software, and special cabinetry to dispense drugs remotely in distant villages. In addition, the region has a model program for training community health aides to be the first line of care in the villages. These strategies are essential for delivering care in a region where the nearest health clinic could be 3 hours away by snow machine.

Ted Mala, M.D., M.P.H., is director of tribal relations (coordinating health initiatives for 53 villages) at SCF and director of its traditional healing program. Dr. Mala is also a member of the NIH Director's Council of Public Representatives, which advises the NIH Director on issues related to public input and participation in NIH activities, research priority setting, and

outreach. Dr. Mala said, "For me, it is important to increase sensitivity to and understanding of rural America, especially



Ted Mala, M.D., M.P.H.

tribal America. As NIH staff design outreach programs, educational materials, and research studies, I want them to think about conditions in tribal villages."

Irene Liu felt the visit will help NCCAM in its outreach to special populations. "I was inspired by the people in Alaska and their strength—the health care providers at SCF, the teens celebrating traditional culture through music and dance, and the college students considering research internships under NIH programs. This kind of field experience will prove helpful in many of our communications endeavors." ■

Ten Important Values in Alaska Native Culture

1. **Show respect to others**—each person has a special gift.
2. **Share what you have**—giving makes you richer.
3. **Know who you are**—you are a reflection on your family.
4. **Accept what life brings**—you cannot control many things.
5. **Have patience**—some things cannot be rushed.
6. **Live carefully**—what you do will come back to you.
7. **Take care of others**—you cannot live without them.
8. **Honor your elders**—they show you the way in life.
9. **Pray for guidance**—many things are not known.
10. **See connections**—all things are related.

Source: The Alaska Native Knowledge Network, sponsored by the Alaska Federation of Natives, the University of Alaska, the National Science Foundation, and the Alaska Department of Education

Five New Botanical Centers Grants Announced

NCCAM and the NIH Office of Dietary Supplements recently announced five new research centers grants that will focus on botanicals (plants and their products), including their safety, effectiveness, and how they may work.

Botanical Center for Age-Related Diseases

Principal Investigator: Connie Weaver, Ph.D.
Partner Institutions: Purdue University, West Lafayette, Indiana; University of Alabama at Birmingham; Rutgers University, New Brunswick, New Jersey

Researchers will investigate the health effects of polyphenols (a diverse group of chemical components in plants), from sources such as soy and kudzu, for their potential to prevent and treat osteoporosis, cognitive decline, cataracts, and other diseases and conditions.

Botanical Dietary Supplements for Women's Health

Principal Investigator: Norman Farnsworth, Ph.D. *Institution:* University of Illinois at Chicago

The center will focus on herbal supplements that may have benefits for women's health, such as black cohosh and red clover for menopausal symptoms. In addition, research training will be supported.

Botanicals and Metabolic Syndrome

Principal Investigator: William Cefalu, M.D.
Partner Institutions: Pennington Biomedical Research Center, Louisiana State University System, Baton Rouge; Center of Agriculture and the Environment of Rutgers University, New Brunswick, New Jersey

Researchers will study the effects of herbal extracts (Russian tarragon, Shilianhua, and grape) on metabolic syndrome. In this syndrome, patients have a clustering of abnormalities, including insulin resistance, elevated triglycerides, high blood pressure, and obesity, that increase the risk of developing diabetes and cardiovascular diseases.

MSKCC Research Center for Botanical Immunomodulators

Principal Investigators: Barrie Cassileth, Ph.D., and Philip Livingston, M.D.
Partner Institutions: Memorial Sloan-Kettering Cancer Center, New York City; Weill Medical College of Cornell University, New York City; The Rockefeller University, New York City; the Institute of Chinese Medicine and the Chinese University, Hong Kong, China

This center will investigate botanicals that may affect immune function—echinacea, maitake, astragalus, turmeric, and a traditional Chinese formula—and their possible relevance to the treatment of cancer and infectious diseases.

Wake Forest and Harvard Center for Botanical Lipids

Principal Investigator: Floyd Chilton, Ph.D.
Partner Institutions: Wake Forest University, Winston-Salem, North Carolina; Harvard University, Cambridge, Massachusetts

This center will study polyunsaturated fatty acids derived from botanicals, such as flaxseed, echium, and borage, for their anti-inflammatory actions and their potential to treat inflammatory diseases such as atherosclerosis (hardening of the arteries) and asthma. ■

Research Roundup

"Research Roundup" presents examples of recent reports on NCCAM-funded research, published in peer-reviewed journals listed in the National Library of Medicine's PubMed database.

Yoga and Exercise: Do They Help People with MS?

Fatigue, depression, and cognitive problems (including difficulties with paying attention and being alert) often affect people with multiple sclerosis (MS). In the first randomized clinical trial to learn whether yoga could help these symptoms, a team led by Oregon Health & Science University's Barry Oken, M.D., found that yoga—as well as aerobic exercise—reduced fatigue compared with a group of 20 people who did not participate in either activity. However, neither yoga nor exercise produced significant improvements in depression or cognitive problems. For 6 months, researchers followed 22 yoga participants and 15 exercise participants who did these activities in classes for 90 minutes weekly (modified to suit physical limitations) and at home. In the June 8, 2004, issue of *Neurology*, the authors described the results of this trial as significant but noted that no known direct physical cause-and-effect relationship could explain the findings, so other factors (such as the placebo effect) might have been at work.

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All NCCAM publications mentioned in this newsletter are also available from the NCCAM Clearinghouse (*see pg. 2*).

Research Roundup

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DHEA May Pose Prostate Cancer Risk

Dehydroepiandrosterone (DHEA) is a hormone that occurs naturally in the body. Levels decrease as people age. Some people take DHEA as a dietary supplement with the hope of slowing down the aging process. However, previous research on DHEA provided conflicting results about whether the hormone protects against or increases the risk of certain cancers. In the March 2005 issue of the *American Journal of Physiology—Endocrinology and Metabolism*, Julia Arnold, Ph.D., and a team of researchers at NCCAM described experiments conducted on DHEA and prostate cancer cells. The experiments indicated that DHEA, like other naturally occurring hormones, may cause prostate cancer cells to grow. Until more research is completed, the researchers cautioned that men who have or may have prostate cancer should avoid taking DHEA supplements.

Tart Cherry Extract Shows Promise for Pain Control

Tart cherries have been credited in unscientific reports as reducing pain from gout and arthritis. To investigate this possibility, Jill M. Tall, Ph.D., of The Johns Hopkins Hospital, directed experiments (at Hopkins and Michigan State University) with rats using tart cherry extracts called anthocyanins, pigments that color flowers and fruits from blue to red. Earlier laboratory research had found

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Spotlight on Clinical Trials

A clinical trial is a research study in which a treatment or therapy is tested in people to see whether it is safe and effective. More than 100 NCCAM-funded clinical trials are currently under way, including the ones below. More information, including the criteria to qualify, is available at nccam.nih.gov/clinicaltrials or from the NCCAM Clearinghouse (see pg. 2).

Chiropractic Care, Medication, and Self-Care for Neck Pain

www.clinicaltrials.gov/show/NCT00029770

Neck pain is a common condition, often treated with prescription medications. More neck pain sufferers are seeking relief from CAM therapies, such as chiropractic spinal manipulation (CSM). But there is little research that compares the effectiveness of CSM with that of medication or simple advice on self-care. This study will compare those three treatments, to identify effective therapies and increase knowledge about neck pain.

Qi Gong Therapy for Knee Osteoarthritis

www.clinicaltrials.gov/ct/show/NCT00104156

According to traditional Chinese medicine, disease—including arthritis—is caused by a blockage of qi, which is believed to be the life force that flows through the body and keeps people healthy. Qi gong is an ancient Chinese practice that aims to help

release that proposed blockage through meditation, breathing exercises, and the harnessing of energy. This randomized controlled pilot study seeks to determine whether qi gong is an effective treatment for knee osteoarthritis, whether it affects mood or anxiety in patients, and whether those with a history of using CAM are more likely to experience benefits.

Hypnosis for Hot Flashes in Breast Cancer Survivors

www.clinicaltrials.gov/ct/show/NCT00094133

Many breast cancer survivors experience hot flashes, which can cause anxiety, disrupt sleep, and decrease quality of life. Hormone therapy, a standard treatment for hot flashes, has issues for these survivors because of side effects and increased risk of cancer recurrence. This study will evaluate the effectiveness of hypnosis as a CAM treatment to reduce hot flashes in these patients. ■

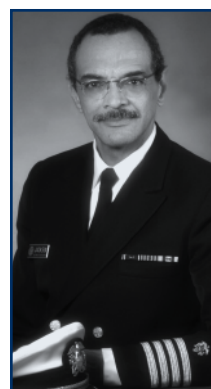
NCCAM's Work on Health Disparities

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Department of Health and Human Services. *CAM at the NIH* interviewed Dr. Jackson.

CAM at the NIH: *What led you to become interested in working in CAM and health disparities?*

Dr. Jackson: Prior to joining NCCAM, I worked on minority health and health disparities for a number of years at the Agency for Healthcare Research and Quality (AHRQ). It became apparent that many populations combine traditional approaches with conventional health care. I came to NIH in order to foster research on these practices, as well as to study directly the use of



Morgan Jackson,
M.D., M.P.H.

traditional and CAM practices. NCCAM regards America's diverse racial and ethnic groups as invaluable resources for learning about systems of healing and health practices outside the mainstream.

CAM at the NIH: *What research initiatives has NCCAM developed regarding health disparities?*

Dr. Jackson: One important initiative is *Secondary Analysis of Data on CAM Use in Minority Populations* (PAR-03-102). NCCAM has funded 11 grants through this initiative,

and with the final application receipt date in August 2005, we hope to fund a few more. These grants are analyzing previously collected data on a variety of topics, including CAM use in older minority adults and CAM use and access to care in Asian Americans and Pacific Islanders. Another grant is developing an archive of data sets on CAM use in minority populations. Through these projects, we expect to gain a better understanding of the extent of CAM use, as well as reasons for and some consequences of CAM use in minority populations.

Although there have been several national surveys on CAM, most of them have had limited minority participation. A recent NCCAM collaboration with the National Center for Health Statistics, part of the Centers for Disease Control and Prevention, developed a supplement on CAM for the 2002 National Health Interview Survey (NHIS). Because the NHIS intentionally obtains data from a disproportionately large number of African Americans and Hispanic Americans, it represents the largest compilation of data on CAM use in minority populations to date. It will yield a wealth of information that can help address health disparities. (*Editor's note:* The 2002 NHIS data on CAM that have been published so far can be found at nccam.nih.gov/news/report.pdf.)

CAM at the NIH: *What are some of the challenges associated with CAM research in the area of health disparities?*

Dr. Jackson: A major challenge is that CAM approaches alone cannot be expected to eliminate health disparities. Although several of today's mainstream medical practices once were considered CAM, most CAM practices lack proof of efficacy, so their use cannot be recommended in place of proven interventions. Incorporation of some CAM practices with conventional medicine may improve patient satisfaction or quality of life—for example, giving massage to cancer patients at the end of their lives.



Eric Furtan

CAM at the NIH: *Can NCCAM research help improve health care delivery for underserved groups?*

Dr. Jackson: We think that CAM practices afford a window into the cultural nuances of health behavior, and that a better understanding of why and how those practices are used can improve the cultural competence of health care delivery for all populations, particularly minority populations.

CAM at the NIH: *In addition to NCCAM's program announcements, are there any other activities that focus on minority health/health disparities research, or opportunities for minority researchers?*

Dr. Jackson: NCCAM has exciting opportunities now to examine healing practices used traditionally by indigenous peoples. For example, NCCAM is collaborating with the AHRQ, the Indian Health Service (IHS), and other components of the Department of Health and Human Services to develop a workshop focusing on research on traditional indigenous medicine. While it is challenging to study interventions involving a mixture of approaches, traditional Indian medicine and Native Hawaiian healing systems are important areas where research needs to be undertaken that is scientifically valid as well as culturally appropriate. In addition, NCCAM is working with the National Institute of General Medical Sciences and the IHS to fund research projects through the Native American Research Centers for Health program. NCCAM participates in two NIH-wide solicitations, *Research Supplements to Promote Diversity in Health-Related Research* and *Ruth L. Kirschstein National Research Service Predoctoral Fellowship Awards for Minority Students*, both of which support research-training experiences for minority students. ■

Research Roundup

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that anthocyanins had strong anti-inflammation properties. However, until this study, no research had been done with animals. This research found that anthocyanins given by mouth reduced pain and swelling related to inflammation as effectively as a medicine commonly used to treat pain and swelling. In their article in *Behavioural Brain Research* (August 12, 2004), the authors noted that the role of diet in pain is just beginning to be explored; additional research may increase treatment options for patients with chronic pain. ■

Resources

Statistical sources for this article are included below. Readers who do not have access to the Internet may contact the NCCAM Clearinghouse (see pg. 2) for the NCCAM plan or referrals to the sources outside NCCAM.

National Center for Complementary and Alternative Medicine. Office of Special Populations. nccam.nih.gov/research/osp

National Center for Complementary and Alternative Medicine. *Strategic Plan To Address Racial and Ethnic Health Disparities*. 2002. nccam.nih.gov/about/plans/healthdisparities

National Institutes of Health. *Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities, Fiscal Years 2002-2006*. 2002. www.ncmhd.nih.gov/our_programs/strategic/volumes.asp

National Center on Minority Health and Health Disparities. www.ncmhd.nih.gov

U.S. Department of Health and Human Services, Office of Minority Health. www.omhrc.gov

U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. 2000. www.healthypeople.gov/Document/tableofcontents.htm#under

Smedley BD, Stith AY, Nelson AR, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academies Press; 2002. www.iom.edu/report.asp?id=4475

CAM at the NIH:

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Calendar of Events

This calendar lists events on CAM in which NCCAM or other components of NIH are sponsors or participants, and includes information available at press time.

June 2005

Meeting of the National Advisory Council for Complementary and Alternative Medicine: June 3. *Location:* Natcher Conference Center, NIH, Bethesda, Maryland. See nccam.nih.gov/about/advisory/naccam.

The Biology of Manual Therapies: June 9-10. *Location:* Natcher Conference Center, NIH, Bethesda, Maryland. NIH and the Canadian Institute of Health Research are sponsoring a conference on the underlying biology of manual therapies—techniques that focus primarily on the structures and systems of the body, including the bones and joints, the soft tissues, and the circulatory and lymphatic systems. Examples include chiropractic and osteopathic manipulation and massage therapy. To find out more, go to nccam.nih.gov/news/upcomingmeetings/manual-conference.

September 2005

Meeting of the National Advisory Council for Complementary and Alternative Medicine: September 9. *Location:* Neuroscience Building, NIH, Bethesda, Maryland. See nccam.nih.gov/about/advisory/naccam.

NCCAM's New Strategic Plan Available

NCCAM's strategic plan for 2005-2009, *Expanding Horizons of Health Care*, was released in January 2005. Printed copies are available, as well as an online version. For a copy, go to nccam.nih.gov/about/plans/2005 or contact the NCCAM Clearinghouse (see pg. 2).

New NACCAM Member Appointed

In February, the Secretary of Health and Human Services appointed **Stefanie N. Vogel, Ph.D.**, to the National Advisory Council for Complementary and Alternative Medicine (NACCAM). Dr. Vogel is a professor in the Department of Microbiology and Immunology at the University of Maryland School of Medicine in Baltimore. She previously taught microbiology at the Uniformed Services University of the Health Sciences in Bethesda, Maryland, and continues there as an adjunct professor. ■