

**Department of Health and Human Services
National Institutes of Health
National Center on Minority Health and Health Disparities**

National Advisory Council on Minority Health and Health Disparities
February 24, 2004
Meeting Minutes

The fifth meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD) was held on February 24, 2004, at the Marriott Hotel-Pooks Hill in Bethesda, Maryland. Lisa Evans, J.D., Executive Secretary, NACMHD, called the meeting to order at 8:40 a.m. John Ruffin, Ph.D., Chairman, NACMHD, and Director, National Center on Minority Health and Health Disparities (NCMHD), and Caroline Kane, Ph.D., Adjunct Professor, University of California, Berkeley, presided over the meeting. The meeting was open to the public from 8:40 a.m. to 12:30 p.m. and reconvened in public forum at 1:40 p.m. to 5:03 p.m.

COUNCIL MEMBERS PRESENT

John Ruffin, Ph.D. - Chair
Roger Bulger, M.D., F.A.C.P.
Lisa Evans, J.D. - Executive Secretary
Carl Franzblau, Ph.D.
Terone B. Green, M.P.A.
Ruth E. Johnson, J.D.
Caroline M. Kane, Ph.D.
Elisa T. Lee, Ph.D.
Melvina McCabe, M.D.
Raymond Rodriguez, Ph.D.
Grace L. Shu, D.O.M., Ph.D.
Louis W. Sullivan, M.D.
Selwyn M. Vickers, M.D., F.A.C.S
Augustus A. White III, M.D., Ph.D.
M. Roy Wilson, M.D.

COUNCIL MEMBERS ABSENT

Regina M. Benjamin, M.D., M.B.A.
Eric Muñoz, M.D.

EX-OFFICIO MEMBERS PRESENT

Michael J. Fine, M.D., M.Sc.
Virginia Cain, Ph.D.

EX-OFFICIO MEMBERS ABSENT

Kevin R. Porter, M.D.

AD-HOC GUEST

Frank Staggers, Sr., M.D.

WELCOME/OPENING REMARKS:

Dr. Ruffin welcomed everyone to the fifth NACMHD meeting. He explained that the meeting was changed from a two-day meeting to a one-day meeting because of speaker cancellations on the second day.

Dr. Ruffin stated that since the last NACMHD meeting in September 2003, there has been a lot of media attention regarding health disparities and the activities of the NCMHD. He updated the Council with the following information:

NCMHD UPDATE

Dr. Ruffin updated the NACMHD on the status of activities surrounding the anonymous fax that questioned the administration of the NCMHD's Research Endowment program. The issue was first presented at the last meeting by Dr. M. Roy Wilson, and was subsequently sent to several NACMHD members, the NIH Director and other NIH senior officials. Dr. Ruffin reminded the Council that an article appeared in the *Washington Fax* newsletter raising the same issues. He informed Council members that as a response to his request for an investigation into the matter by the Office of the Inspector General, Dr. Elias Zerhouni, NIH Director, had asked the NIH Office of Management Assessment (OMA) to conduct a management review of the NCMHD. The review began two weeks ago. Dr. Ruffin remarked that the NCMHD is three years old, and the issues and challenges raised in the *Washington Fax* are a part of the "growing pains" for a Center in its formative years. He further expressed that such challenges will not slow the Center's pace, but will serve to bolster its efforts to achieve its mission. He concluded that he would keep the Advisory Council informed about the report from the OMA.

Dr. Ruffin stated that last fall (2003), NCMHD completed and released the first edition of the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities* for a sixty-day public comment period. Additionally, the fiscal year (FY) 2003 funding for NCMHD's programs was announced. He commented that NCMHD continues to receive inquiries and requests about its programs, especially the Centers of Excellence Program --*Project EXPORT*. He remarked that the NCMHD received support from the Department of Health and Human Services (DHHS), in announcing its awards. In October, Claude Allen, J.D., Deputy Secretary, presented the Project EXPORT award to Jackson State University in Jackson, Mississippi.

OTHER HEALTH DISPARITIES ACTIVITIES

Dr. Ruffin referenced the media inquiries that the NCMHD has received relative to the release of the National Health Care Disparities Report by the Agency for Health Care and Quality Research (AHRQ). He remarked that the NCMHD had to clarify that the mission of the NCMHD is health disparities research and that AHRQ is a health care quality agency. He stated that the *Minority Health and Health Disparities Research and Education Act of 2000* which created the NCMHD, also authorizes several other DHHS agencies to conduct specific activities to eliminate health disparities. The legislation makes references to AHRQ and the Health Resources Services Administration, which has allowed the NCMHD to build on pre-existing collaborations with these agencies.

Dr. Ruffin mentioned the recent introduction of the *Closing the Health Care Gap Act* by Senate Majority Leader Bill Frist, M.D. (R-Tenn.) and Senator Mary Landrieu (D-LA). The objective of the *Act* is to eliminate health disparities by expanding access to quality health care and boosting funding for research and programs to combat health disparities for racial and ethnic minorities and other underserved populations. The *Act* specifically requires the Director of NIH and the Director of the NCMHD to "expand and intensify" research at NIH relating to the sources of health and healthcare disparities and increase

efforts to recruit minority scientists and research professionals into the field of health disparities research.

NCMHD Staff Update

Dr. Ruffin introduced two new NCMHD staff members: Dr. Meryln Rodrigues, Director of the Office of Extramural Activities, and Ms. Monica Shaw-Cortez, Grants Management Specialist. He presented Dr. Tommy Broadwater, who recently retired from federal service, with an award acknowledging Dr. Broadwater for his service to the NCMHD and the different capacities in which he served as Senior Advisor for Extramural Activities, Acting Division Director for the Division of Research and Training Activities and Chief of Review, assisting with the launch of the NCMHD's Centers of Excellence Program (*Project EXPORT*), and overseeing the peer review process.

NACMHD Membership Update

Dr. Ruffin announced that this would be the last meeting for Drs. David Satcher, Raymond Rodriguez, Selwyn Vickers, and Mr. Terone Green. Dr. Ruffin remarked that continuity is essential for NCMHD's maturation as a new Center, and he hopes to continue to use the services of the four out-going members as ad-hoc members. Dr. Ruffin noted that he has not been notified of the 2004 new members to the Advisory Council, but he stated that he would introduce Dr. Regina Benjamin, the newest appointee to the Advisory Council, when she arrives during the afternoon session.

Overview of Meeting Agenda

Dr. Ruffin stated that in addition to the usual council proceedings, the agenda would include:

- An update about the Sullivan Commission by Dr. Louis Sullivan, Chair of the Sullivan Commission and President Emeritus, Morehouse School of Medicine.
- An overview of the health disparities activities of the National Institute of Dental and Craniofacial Research (NIDCR), by its Director, Dr. Lawrence Tabak.
- A presentation on a community-based research initiative of the University of Alabama – Birmingham by Dr. Mona Fouad.
- Ethics Training for the Advisory Council by Ms. Gretchen Weaver, Office of the General Counsel, NIH.
- He informed the members that Mr. George Strait, Assistant Vice Chancellor, Public Affairs, at the University California at Berkley, was invited to address the Council at this meeting as a follow-up to former Congressman John Porter's charge to the NACMHD at the last meeting, to spread the health disparities message via the media. Mr. Strait was unable to attend this meeting but hopes to participate in a future meeting.

ADMINISTRATIVE MATTERS

Dr. Kane reviewed the administrative matters for the meeting. The Advisory Council members reviewed and approved the September 16, 2003, meeting minutes with no changes. Future meeting dates were announced for June 15-16, 2004 and August 24-25, 2004. The Advisory Council members were encouraged to check their schedules for any conflicts.

INTRODUCTIONS

During Council introductions, Dr. Raymond Rodriguez introduced Dr. Frank Staggers, Sr., as an ad-hoc member to the NACMHD. Dr. Rodriguez stated that Dr. Staggers, Chairperson of the Ethnic Health Institute, has a strong history in his career of working to eliminate health disparities in Alameda County, California. Dr. Staggers expressed his gratitude to attend the NACMHD meeting and stated that his past efforts have involved serving as past president of the California Medical Association (CMA), past-chair of the CMA Board of Trustees, and past-president of the Alameda-Contra Costa County Medical Society.

A few Advisory Council members were acknowledged for recent esteemed promotions and awards. In April 2004, Dr. M. Roy Wilson will be inaugurated into his position as President of Texas Tech University Health Science Center. Dr. David Satcher received the *Voice of Conscious* award from Aetna, for his accomplishments in promoting the nation's awareness and urgency to address health disparities while serving as U.S. Surgeon General, at the Centers for Disease Control and Prevention (CDC), Meharry Medical College, and Morehouse School of Medicine. Dr. Satcher remarked that Aetna created the award in memory of Mr. Arthur Ashe. As a part of the award, Dr. Satcher received \$50,000 that he said would be used to support a program at Atlanta University Center in Atlanta, Georgia, to assess health risk factors in college students upon enrollment into college and to provide interventions to lower their health risks by graduation.

DIRECTOR'S REPORT

NCMHD Budget

Dr. Ruffin stated that Congress approved NIH's FY 2004 budget for 28 billion dollars, which is an increase of 3.1 percent over the FY 2003's budget. He remarked that NCMHD received 191.5 million dollars for FY 2004, which is also a 3.1 percent increase over its FY 2003 budget.

The NCMHD FY 2003 budget was 185.7 million dollars. Ninety-four percent was used to support programs, and 32 percent or 60 million dollars of that amount funded research, training, capacity building, and community outreach projects with other NIH Institutes and Centers (ICs) and DHHS agencies. The NCMHD expended about an equal percentage (3%) of its FY 2003 budget for its operations and for "taxes" or taps to

support various trans-NIH and departmental activities. The NCMHD currently has three vacant positions and once they are filled, it will have reached its FTE ceiling of 28.

According to Dr. Ruffin, based on recommendations from the NACMHD, in FY 2003:

- NCMHD awarded 51.3 million dollars for its Centers of Excellence Program -- *Project EXPORT* which included 32 million dollars to support 33 new awards bringing the current number of Project EXPORT programs to sixty.
- Compared to 37.1 million dollars in FY 2002, 41.3 million dollars funded 13 Research Endowment Program awards, including 4 new awards. Eligible institutions must have a Centers of Excellence designated by the Health Resources Services Administration (HRSA) as required by the section 736 of the Public Health Service Act. According to HRSA classification, the current 13 endowment awards are at institutions with Centers of Excellence categorized as:
 - 3- Historically Black Colleges & Universities
 - 1- Native American
 - 3- Hispanic-Serving
 - 1- Native Hawaiian and
 - 5- Other

A Request for Applications (RFA) for FY 2004 funding was released in early February. Letters of intent are due in mid March with application deadlines scheduled for April 19.

- Since 2001, NCMHD has funded 352 individuals under the Loan Repayment Program (LRP). In FY 2003, NCMHD received 222 applications --180 for the Health Disparities Research (HDR) program and 42 for the Extramural Clinical Research (ECR) program. The NCMHD allocated 8.3 million dollars for 147 awards. Additionally, the Office of Research on Women's Health funded seven Health Disparities Research program recipients.
- Current Loan Repayment Program applicants included 61 African Americans; 52 Caucasians; 19 Hispanic Americans or Latinos; 13 Asian Americans; 3 Native Americans; 1 Native Hawaiian or Pacific Islander and 5 individuals who did not self-identify race or ethnicity. Thirty-eight states are represented in the program with most awardees from California, Massachusetts, New York, and Texas. The goal according to Dr. Ruffin is to ultimately have all 50 states represented and to conduct outreach to more Native Americans, Asian Americans, and Native Hawaiians.
- Eleven awards including four new awards were funded totaling 10 million dollars for the Research Infrastructure in Minority Institutions (RIMI) Program, compared to 5.6 million dollars in FY 2002.
- NCMHD provided 3.9 million dollars to the Fogarty International Center (FIC), NIH, to fund the Minority International Research Training (MIRT) program. By

mid-March 2004, NCMHD will assume administrative support of the MIRT program from FIC. NCMHD will provide grantees with *bridging* funds for up to six months until the administrative transfer is completed and will seek to fund new and competing applications in FY 2005.

Program Concept

Dr. Ruffin informed the Council that he had convened an ad-hoc committee of researchers, scientists and health professionals that included Council member Dr. Sullivan, to look at the potential of a Biomedical Senior Scholars program in advancing the mission of the NCMHD. The group's recommendation was that such a program could have a major impact on the NCMHD's work to build a biomedical research enterprise. The goal of the program would be to deploy professionals in health disparities relevant fields to conduct lecture series and training sessions to young investigators on the NIH campus or at academic institutions across the country.

Conclusion

Dr. Ruffin concluded that despite a very tight budget, the NCMHD's health disparities activities continue to be important mechanisms toward eliminating health disparities. He indicated that collaboration with the other ICs will remain important to the NCMHD. However, he foresees a gradual decrease in co-funding dollars from the NCMHD as its research portfolio increases with the expansion of its core programs, and the development and acquisition of new health disparities initiatives. He hopes that all ICs would show an interest in co-funding the NCMHD core programs, in addition to maintaining their commitment to their own minority health and health disparities programs. He acknowledged and congratulated the NCMHD staff on their hard work and efforts to support current NCMHD activities.

Discussion

Highlights of the discussion that followed the Director's Report included the need for the Council to examine the issue of the eligibility of R24 grantees for P20 awards. Dr. Satcher expressed grave concern about the commitment of NIH to eliminating health disparities given the FTE level of the NCMHD. He challenged the NCMHD to consider and establish strategies for increasing the FTE level of the Center.

Minority Health and Health Disparities Research Definitions and Application Methodology

Dr. Ruffin introduced Mr. Doug Hussey Director, Division of Scientific Planning and Policy Analysis, NCMHD, who presented an overview of the *NIH Guidance on Minority Health and Health Disparities Research Definitions and Application Methodology* report and updates to the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities, FY 2002-2006*.

Mr. Hussey stated that the *NIH Guidance on Minority Health and Health Disparities Research Definitions and Application Methodology*, were developed by a NIH committee, commissioned by Dr. John Ruffin and Dr. Elias Zerhouni to provide guidance that would serve as a foundation to record and track the health disparities activities of the ICs. Mr. Hussey remarked that before the guidelines are launched NIH-wide, the Advisory Council needs to forward its recommendations, comments, and approval to the NIH committee.

Discussion

Discussion involved an explanation of the different definitions of “minority” in the *NIH Guidance on Minority Health and Health Disparities Research Definitions and Application Methodology* and the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities FY 2002-2006* and the use of the guidelines in NIH-supported research. Dr. Carl Roth, a member of the NIH Committee on Minority Health and Health Disparities Research Application Methodology, stated that PL 106-525 defines the term *minority* as reflected in the *Strategic Plan*. Mr. Hussey remarked that the guidelines in the *NIH Guidance on Minority Health and Health Disparities Research Definitions and Application Methodology* would not interfere with guidelines previously established for conducting NIH research.

Dr. Kane motioned to approve the *NIH Guidance on Minority Health and Health Disparities Research Definitions and Application Methodology*; the motion was seconded and unanimously approved.

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

Mr. Hussey presented an update on the *Strategic Plan* on behalf of the Strategic Plan Subcommittee. He presented responses and comments about the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities FY 2002-2006* received from the public, DDHS agencies, academic institutions, professional associations and racial and ethnic/cultural organizations, and health care associations. He stated that the *Strategic Plan* was available for public review and comment from October 30, 2003, through January 5, 2004. He also presented the following six major themes that emerged from these comments:

- Increase the numbers of health disparity populations studied by the NIH, such as lesbian, gay, bisexual, transgender communities, and Haitians, studied by the NIH.
- Use racially and culturally sensitive and appropriate communication.
- Expand the scope of scientific inquiry and study access to health care. Produce accurate *health disparities* definitions and data.
- Improve research infrastructure at minority academic institutions.
- Strengthen the capacity of minority communities.
- Distribute NIH resources equitably across all populations.

Mr. Hussey related that the next step would require the Advisory Council to review and comment on the draft public comments before they are presented to the NIH ICs to consider as they update their *Strategic Plan* submission. He proposed that the new *Strategic Plan* should be completed in six months.

Discussion

The Advisory Council discussed the issue of populations that should be studied by NIH and whether special emphasis should be given to men. Advisory Council members suggested using descriptive wording rather than specific language to address diseases specific to both genders in the *Strategic Plan*. It was noted that Dr. Vivian Pinn, Director, Office of Research on Women's Health, NIH, is the NIH representative on issues regarding the men's health movement and she could be invited to a future NCMHD meeting if the Council wishes to further discuss the topic. Dr. Ruffin reminded the Advisory Council that the *Strategic Plan* is not an NCMHD document, but an NIH document and that the Council has the opportunity to review and add feedback and important missing pieces.

SULLIVAN COMMISSION UPDATE

Dr. Louis Sullivan described the continuing development of the *Sullivan Commission Report*. He conveyed that members of the Commission include past members of Congress, business and academic leaders, such as Eric Holder Jr., Partner, Covington & Burling; George Strait, Vice Chancellor, Public Affairs, University of California, Berkeley; Dr. Joan Reede, Dean, Office of Diversity and Community Partnership, Harvard Medical School; Dr. Elena Rios, President and Chief Executive Officer, National Hispanic Medical Association; and Mr. Louis Stokes, Partner, Squire, Sanders & Dempsey. Dr. Sullivan informed the Council about a taping on health disparities organized by the Commission, scheduled for February 25, 2004 at Howard University.

Dr. Sullivan discussed the completion of several hearings that were conducted at public forums in Los Angeles, Atlanta, Denver, New York City, Chicago, and Houston. He stated that these hearings involved participation and input from several elected officials whose remarks will be used in developing the *Report*.

Dr. Sullivan remarked that he hoped that the findings in the *Sullivan Commission Report*, funded by the W.K. Kellogg Foundation and Duke University School of Medicine, would change the financial aid structure at medical schools and would reignite the process that schools have utilized to guide minority students and students from disadvantaged backgrounds toward a career in the health professions. The *Sullivan Commission Report* is currently in the draft phase, and the final *Report* is scheduled for release on May 18, 2004, at the National Press Club in Washington, DC.

Discussion

Advisory Council members commended Dr. Sullivan and members of the Commission on their efforts and commitment to produce the *Report*. Comments and discussions from the Advisory Council included inquiries about efforts by the Sullivan Commission to track the percentage of minority medical students who enter the academic professions; the capacity of Historically Black Colleges and Universities (HBCUs) to support promoting its students toward a career in the health professions; and follow-up activities that should be conducted after publication of the *Report* to mobilize political and public systems to provide adequate numbers of faculty in medicine, dentistry, and nursing and eventually move toward pharmacy and public health professions.

SUBCOMMITTEE REPORTS

Centers of Excellence (Project EXPORT)

Dr. Kane stated that the applications approved for FY 2004 would fund three or four new R24 grants and that the current P20 and P60 grants would be funded through FY 2006-2007. She noted that a meeting of Program Directors for the Centers of Excellence Program has been tentatively scheduled for mid-summer in Washington, DC. She explained that the meeting would allow the Program Directors to share their project experiences, network, and suggest program improvements to NCMHD

Dr. Ruffin suggested that the *Strategic Plan* and its measures should be used as a model to guide and monitor the work conducted by the *Project EXPORT* grantees.

Discussion

The Advisory Council requested that a meeting date for the Program Directors and Principal Investigators be established as soon as possible.

NCMHD Branding

Dr. Ruffin introduced the concept of branding the NCMHD programs, an issue that Dr. Raymond Rodriguez, University of California, Davis, had examined using the *Project EXPORT* program as a model.

Dr. Raymond Rodriguez presented an overview of *branding*. He remarked that a tremendous change has occurred in the nation with the passage of PL 106-525 to address health disparities. However, the public is not aware of the NCMHD's leadership in supporting this important health initiative. He stated that building a brand is an organization's way to *sink roots* because it needs to build a foundation.

Dr. Rodriguez stated that branding is a way that others perceive a group; it is not an advertisement; it creates and evokes an emotional connection between the organization and its stakeholders—transcending space, time, and individuals. For example, Coca-Cola, Disney, and Ford are brands, compared to sub-brands, such as NCMHD's Loan Repayment Programs and Centers of Excellence, which can be used by an organization to guide the public's perception.

To demonstrate the effect of branding at NCMHD, Dr. Rodriguez presented the names of 60 NCMHD grants funded under *Project EXPORT* where several did not identify NCMHD in the title of their programs. He performed an internet search of other NIH programs by institute such as the National Cancer Institute, which resulted in over 1,400 hits, the National Institute of Environmental Health Sciences, with over 1,000 hits, and one hit for NCMHD. He explained that the internet search results are generated from the popularity and frequency of users.

Dr. Rodriguez presented the following branding recommendations for NCMHD:

- Establish a unique and consistent identity that reinforces how NCMHD is perceived, and apply its brand across all its programs and media platforms.
- Require all of its grant and fellowship recipients to use the NCMHD brand.

Dr. Rodriguez remarked that the benefits of branding would establish loyalty from NCMHD's stakeholders that would be translated into greater support from the public, Congress, and other ICs at NIH.

NCMHD Endowment Program

Dr. Selwyn Vickers, University of Alabama at Birmingham (UAB), presented a brief description of the section of PL 106-525 that mandated the establishment of a research endowment program. Eligible schools must be Health Resources and Services Administration (HRSA) Centers of Excellence, as defined in Section 736 of PHS Act 42 U.S.C. 293, and have corporate or total institutional endowment assets of less than half the nation's average for Section 736 institutions. He explained that S21 awards are used to support schools with smaller endowments (less than 25 percent of the national average) to build their research capacity to conduct health disparities research. The S22 awards were created to target schools with underrepresented minority students that have endowments between 25 and 50 percent.

Dr. Vickers presented the formula to determine each award based on the school's health disparities index and Institute's endowment index. He mentioned that in January 2004, a meeting of Program Directors and Principal Investigators was held to acquaint the new grantees with the program.

Discussion

Advisory Council members discussed the media attention generated from the Washington Fax about NCMHD's Endowment program and future implications. NCMHD was able to explain in detail the methodology employed to award and fund institutions. Currently, no other NIH IC has an endowment program. As the program becomes more established, NCMHD may be in a position to contribute additional funding to select more institutions for endowments.

Loan Repayment Program (LRP)

Dr. Rodriguez provided a program update about the LRP. He stated that the LRP subcommittee members participated on a teleconference on February 16, 2004. Currently 457 LRP applications have been received for FY 2004, compared to 222 in FY 2003. Applications for FY 2004 will be reviewed between March and May, and the final decisions will be announced in June.

Dr. Rodriguez presented highlights from the LRP roundtable discussion held at NIH in July 2003. He stated that roundtable attendees discussed developing a listserv to facilitate communication among LRP recipients and a NCMHD affiliated title for award recipients, such as NCMHD Scholars. Dr. Ruffin remarked that the present challenge is to encourage and to recruit medical scholars to continue in health disparities research.

National Institute of Dental and Craniofacial Research (NIDCR) Health Disparities Research Portfolio

Dr. Ruffin introduced Dr. Lawrence Tabak, Director of NIDCR, NIH, who discussed the Institute's health disparities research and capacity building activities to eliminate oral health disparities. Dr. Tabak acknowledged joint efforts between NCMHD and NIDCR to support oral health disparities research. Dr. Tabak presented findings from the 2000 *Oral Health in America: A Report of the Surgeon General* that identified poor children and elderly populations with a high incidence of oral disease.

Dr. Tabak described that the more commonly observed oral diseases and conditions seen in health disparity populations include: dental caries, oral cancer, periodontal disease, and craniofacial injuries. He stated that the most prevalent condition is dental caries, which is seen five times more than childhood asthma.

He presented the clinical picture of dental caries. The greatest percentage of untreated cases is found among children two to nine years old, poor populations, and Black and Mexican American groups. He stated that an individual's genes, diet, infectious agents, smoking, pollution, behavioral and social systems attribute to the incidence of dental caries.

Dr. Tabak stated that NIDCR has a health disparities strategic plan as part of the NIH's Health Disparities Strategic Plan. He acknowledged that NIDCR's plan to reduce oral health disparities includes cross-cutting, multi- and interdisciplinary research, and information dissemination. He described NIDCR's current primary health disparities activity, *The Centers for Research on Oral Health Disparities*. This is a cooperative agreement between NIDCR and the University of Michigan, University of California, San Francisco, New York University (NYU), University of Washington, and Boston University (BU). The project requires involvement between the community and the research team. He remarked that all the Centers have developed studies examining oral health programs on childhood health, except NYU, which has focused its work on oral and pharyngeal cancers.

The *Detroit Dental Health Project: Center for Research on Oral Health Disparities* seeks to understand the differences in the dental health between inner city and suburban students within the same socioeconomic status in Detroit, Michigan. One thousand children have enrolled in the study. Preliminary results from Phase 1 have shown that by five years old, 14 percent of the children do not have dental caries, compared to 35 percent who do have dental caries, supporting a prime opportunity to conduct early, non-invasive preventive activities. The project is preparing for Phase 2 of the study to implement multilevel and tailored interventions.

Dr. Tabak stated that 22 thousand Americans die each year from oral and pharyngeal cancers. The 5-year survival rates for individuals with a localized lesion are 82 percent for Whites and 72 percent for Blacks, and the 5-year survival rates of unstaged diagnosis are 36 percent for Whites and 23 percent for Blacks. He noted that similar disparities are also observed among Puerto Ricans. Thus, NYU's *Research on Adolescent Health and Adult Health Promotion Project* is trying to ascertain the following:

- Contribution of environmental components
- Differences in the 5-year survival rates between ethnic and racial groups
- Oral cancer detection techniques
- Feedback from smoking cessation programs
- Factors related to minority participation in research.

Dr. Tabak discussed additional gaps in research that must be studied to understand the incidence of dental decay in poor populations. He presented findings from research conducted among residents in the Appalachian region in West Virginia where 66 percent of those studied were diagnosed with dental decay, and 37 percent of the 8-year olds had untreated dental decay. One-third of the residents under the age of 35 years old had lost six permanent teeth, and 48 percent of the adults were edentulous. The rate of smokeless tobacco use in the community was three times the national average. He stated that the University of Pittsburgh and West Virginia University have received R01 grants from NIDCR to study the environmental and genetic components and social and behavioral factors contributing to West Virginia's dental problems.

Dr. Tabak stated that NIDCR's research capacity includes RFAs, loan repayment programs, and training and career development opportunities for minorities and disabled

individuals. The Institute's Program Announcements (PAs) and RFAs include areas of research in epidemiology, behavioral health, special needs in older populations, and health disparities. In his prospective evaluation of the portfolio of NIDCR's health disparities strategic plan, he remarked that the Institute would evaluate descriptive and analytical data, assess the need for additional research capacity and quality of life interventions, and review program outcomes.

Discussion

Advisory Council members presented questions and comments for discussion about the incidence and prevalence of oral diseases among obese individuals, diabetics, correlation with cardiovascular and systemic diseases, and the lack of research conducted among Native Americans, Chinese Americans, and Japanese Americans.

THE MINORITY HEALTH PROGRAM AT THE UNIVERSITY OF ALABAMA

Dr. Vickers introduced Dr. Mona Fouad, Director of the Minority and Health Research Center at UAB, Associate Professor of Medicine at UAB, and Co-Principal Investigator of UAB's Center Of Excellence on Project EXPORT. Dr. Fouad stated that the objective of the UAB Minority and Health Research Center (UABMHRC), an education and research institution, is to reduce health disparities. The Center's theme is to build trust, share power, and reduce racial bias. The UAB established the Center because of Alabama's high minority population and disproportionate mortality rates among African Americans. She remarked that UABMHRC has assisted UAB by:

- Supporting faculty in obtaining research grants
- Providing minority faculty development and research infrastructure, such as Project EXPORT
- Coordinating quarterly junior faculty training and development programs with Morehouse College, and conferences
- Developing partnerships with the community.

Dr. Fouad also discussed the work conducted at the Recruitment and Retention Shared Facility (RRSF) at UAB. She stated that the RRSF resulted from a preventive medicine pilot project funded by a grant from the Health Services Foundation. Currently, RRSF receives funds from an NCI grant and provides recruitment plans for research proposals, conducts recruitment messages, assists investigators in their grant applications, prepares target population health profiles, provides linkages between UAB researchers and the community, and trains volunteers to help transmit health messages. She remarked that RRSF successfully enrolled 16,000 women in NIH's Women's Health Initiative's hypertension pharmaceutical study, which involved 41 researchers in 18 departments at UAB.

Dr. Fouad presented samples of RRSF's recruitment brochure and explained that RRSF's success in recruiting its study volunteers has been its ability to develop and maintain rapport with community leaders, including conducting project orientations in the

communities, which has helped to understand and to effectively address barriers in the studies.

Dr. Fouad stated that community-based projects are successful in addressing health disparities. She presented the design of UABMHRC's community-based projects that included the following framework models: Coalition Development Model, Community Empowerment, and Community Health Advisor Model. She acknowledged the efforts of the trained volunteers, Community Health Advisors, who received 8 weeks of training by the Center and who have been very successful in reaching the hard-to-reach populations. She described a community-based project that resulted in a 6.2 percent increase in African American women who participated in mammography screening from 3 percent of African American women who initially expressed no intentions to take the exam. She presented results from a project funded by the Avon Foundation to follow up with clients who had or were receiving positive results from their cancer screenings. She explained that the Community Health Advisors desired to provide additional assistance to the cancer patients and helped the patients to develop a plan of care and served as case managers in their support groups.

Discussion

The Advisory Council members congratulated Dr. Fouad on her work at the UABMHRC and the RRFS. Council members discussed enrollment and retention of minorities in the health professions at UAB and the availability of outreach assistance from Dr. Fouad to help other institutions in the development of their community-based projects.

ETHICS TRAINING

Gretchen Weaver of the NIH Office of the General Counsel conducted the annual ethics training of Advisory Council members. The following Advisory Council members were not present for training:

- Dr. Michael Fine
- Dr. Virginia Cain
- Dr. Kevin Porter
- Dr. Louis Sullivan
- Dr. Regina Benjamin

RECOGNITION OF SELECT COUNCIL MEMBERS

Dr. Ruffin acknowledged four Council members: Drs. Satcher, Vickers, Rodriguez, and Mr. Greene, whose Board-appointed terms had expired. Dr. Ruffin again thanked them for their work and commitment to the NACMHD, and each Council member thanked Dr. Ruffin and the members of NACMHD for the opportunity and honor to work with the Council.

CLOSING

Ms. Evans formally closed the meeting at 5:03 pm.

Certification

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

/s/

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

/s/

Lisa Evans, J.D.
Executive Secretary
National Advisory Council on Minority Health
and Health Disparities