

**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**

**June 17, 2003 MEETING MINUTES**

The third meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD) was held on June 17, 2003 at the Marriott Hotel - Pooks Hill in Bethesda, Maryland. Lisa Evans, J.D., Executive Secretary to the Advisory Council, called the meeting to order at 8:30 a.m. 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 1:15 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 2:00 p.m. to 5:30 p.m. was closed to the public to allow the NACMHD to deliberate on several programmatic issues before the Advisory Council subcommittees.

**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.  
Melvina McCabe, M.D.  
Eric Muñoz, M.D.  
Raymond Rodriguez, 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**

David Satcher, M.D., Ph.D.

**EX-OFFICIO MEMBERS PRESENT**

Virginia Cain, Ph.D.  
Michael J. Fine, M.D., M.Sc.  
Kevin R. Porter, M.D., CAPT

**AD HOC MEMBER**

Dr. Jeanne Sinkford

**EXECUTIVE SECRETARY**

Lisa Evans, J.D.

## **INTRODUCTIONS**

Dr. Rodriguez welcomed everyone and turned the meeting over to Dr. Ruffin.

## **OPENING REMARKS**

Dr. Ruffin thanked everyone for attending the meeting and for their continued interest in the Center. Dr. Ruffin provided a brief overview of the meeting agenda that would be of an informational nature, with an update on NCMHD programs and activities, as well as NIH developments that could impact the Center.

Dr. Ruffin welcomed Dr. Kevin Porter, the Council's newest member, serving in an ex-officio capacity. Dr. Porter is Chief of the Viral Diseases Department of the Naval Medical Center, and a graduate of Duke University and Morehouse College.

Dr. Ruffin also introduced Dr. Jeanne Sinkford, Associate Director of the American Dental Association and thanked her for attending the meeting as an ad hoc member. Dr. Ruffin informed the Advisory Council that he would occasionally invite ad hoc members to participate in council meetings. Both Drs. Porter and Sinkford gave brief remarks expressing their pleasure to participate on the Council and their commitment to minority health and health disparities issues.

## **ADMINISTRATIVE MATTERS**

Dr. Rodriguez began the meeting with consideration of the minutes of the February 24, 2003 meeting of the Council. He informed the Council of two corrections on page 6, related to the number of awards the NCMHD made in fiscal year 2002 under the Project EXPORT program. Under the P20 mechanism, 10 awards were made and for the P60 mechanism, 11 awards were made. Dr. Louis Sullivan sought clarification on how a "research intensive" institution is defined. Dr. Ruffin explained that whether an institution is research intensive depends on prior research awards and funding at the institution. With no additional changes to the minutes, Dr. Sullivan motioned to approve the minutes and Dr. Elisa Lee seconded the motion.

Dr. Rodriguez reviewed other administrative matters including the format of the current meeting and the contents of the desk folder. Dr. Rodriguez announced the next Council meeting for September 16-17, 2003, noting that it will be a rigorous one because the Council will be conducting secondary reviews for the NCMHD research applications. Council members were asked to verify the roster information and to submit any changes to Ms. Donna Brooks, NCMHD Administrative Officer.

Dr. Roy Wilson joined the Council for the first time in his new position as President of Texas Technical University Health Sciences Center, and Dr. Sullivan congratulated him on behalf of the Council.

## **DIRECTOR'S REPORT**

Dr. Ruffin acknowledged new staff members to the Center. He introduced Dr. Mireille Kanda, who serves in a dual capacity as the Associate Director of Scientific Program Operations with oversight of the statutorily mandated programs, and as the

Acting Deputy Director of the NCMHD. Dr. Kanda briefly introduced herself, expressed her enthusiasm for joining the NCMHD and her anticipated work with the Council members. Dr. DeLoris Hunter, also a recent NCMHD hire who serves as the Director of the Division of Research and Training Activities, is a member of the Commissioned Corps and was unable to attend the Advisory Council meeting because of a prior commitment. Dr. Ruffin also informed the Council that the Center is recruiting a Chief of the Office of Community Based Research and Outreach, since Dr. Naomi Tomoyasu returned to her previous employer after approximately three weeks with the NCMHD. Dr. Ruffin thanked the Council members who participated in the selection process of the new staff members.

### ***NCMHD FY 2003 Budget***

The fiscal year 2003 budget for the NCMHD is \$185.8M. The NCMHD anticipates using approximately 60 % of its budget to make awards through its four main programs – the Loan Repayment, Research Endowment, Centers of Excellence (Project EXPORT) and Research Infrastructure in Minority Institutions (RIMI) programs. Dr. Ruffin expressed his desire to spend about 90% of the budget on programming which would also encompass collaborations with other Institutes and Centers (ICs) of the NIH and other federal agencies. He stated that as more substantial investments are made in the NCMHD's programs, current levels of funding for collaborations with the other ICs would begin to decrease if the budget does not keep up with NCMHD's growth. The development and expansion of the NCMHD's programs is priority, given the congressional mandates and the Center's grant-making authority. Therefore, IC collaborations must become a two-way process. This will permit the NCMHD to keep pace with its current funding priorities.

### ***Strategic Plan***

Dr. Ruffin updated the Council on the NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities. The Plan has been approved by Tommy Thompson, Secretary of the Department of Health and Human Services (DHHS) and was submitted to the Congress in March. Dr. Ruffin noted that “the Plan is for the entire NIH community, and if we get this right, we will get it right for health disparities. It is the health disparities road map.” He indicated that the Plan will be posted on the NCMHD website ([www.ncmhd.nih.gov](http://www.ncmhd.nih.gov)) for a 60-day public comment period. Dr. Ruffin invited the public, including everyone in attendance at the meeting, to take the opportunity to review the Strategic Plan and provide comments to ensure that the NCMHD and the NIH are aware of their concerns in order to consider them as the Plan is updated.

The public comments will be the basis for developing the second iteration of the Plan. The Strategic Plan subcommittee, which is chaired by Dr. Roy Wilson, will facilitate the Council's involvement in updating the Plan.

### ***IC Assessment Workshops***

In an effort to support the ICs with the update of their Health Disparities Strategic Plans, the NCMHD has agreed to support IC Assessment Workshops. These workshops may involve outside experts and members from stakeholder groups, who could assess the IC's strategic plan agenda or the progress of the ICs efforts in health disparities research, and make recommendations for modifications or new activities. As part of the Center's co-funding process, the NCMHD offered all IC Directors the opportunity to submit assessment workshop proposals for consideration. A few ICs have submitted proposals and the NCMHD will provide each with \$50,000 to conduct these workshops.

Dr. Ruffin also updated the Council on the activities of the NIH Committee on Minority Health and Health Disparities Research Definitions and Application Methodology (the Definitions Committee). The Definitions Committee will develop definitions and an application methodology for NIH-wide minority health and health disparities research activities. The Definitions Committee has developed draft definitions that will be pilot tested by six NIH Institutes and Centers over the coming weeks. Those ICs are: the National Cancer Institute, the National Heart Lung and Blood Institute, the National Institute of Dental and Craniofacial Research, the National Institute of Neurological Disorders and Stroke, the National Institute of Child Health and Human Development and the National Institute on Alcohol Abuse and Alcoholism.

Once the results of the pilot testing are obtained, the Committee will develop guidance to present to Dr. Elias Zerhouni, NIH Director, and Dr. Ruffin. Dr. Ruffin will present the guidance to the NACMHD for review and comment. Feedback from the Council will assist the NCMHD with ensuring proper implementation among the ICs, since this guidance will have implications for future minority health and health disparities research activities at NIH.

The Committee's guidance for the NIH is important for several reasons:

1. The NCMHD, in consultation with the Advisory Council, is required by statute to submit a report to the Congress by December 2003, which describes the NIH methodology for determining the resources NIH dedicates to health disparities research. This report will be based upon guidance provided by the NIH Definitions Committee.
2. The development of the next issuance of the Strategic Plan will also be based on the guidance and input provided by the Definitions Committee.

### ***Annual Report***

*The NIH Annual Report on Health Disparities Research* was submitted to the Congress. The report describes and evaluates the NIH's progress in conducting and supporting health disparities research. The report also summarizes the funds dedicated to NIH health disparities research. Copies of the *NIH Annual Report* will be forwarded to the Advisory Council for input prior to posting on the NCMHD website. As with the Strategic Plan,

the next version of the *NIH Annual Report* will reflect the definitions to be provided by the NIH Definitions Committee. Council members raised questions related to the work of the NIH Definitions Committee. Some of the issues included:

- The Committee's approach to addressing the accounting methodology. It was understood that each ICs approach may be different, thus the Committee will conduct pilot tests to look at how the ICs report the results. Each IC will look at targeted dollars and are using the definitions developed by the Committee. This approach will be adopted by all ICs.
- Using the performance measures and outcomes in the NIH Strategic Research Plan and Budget for Health Disparities Research and the Annual Report, as tools to conduct a long-term assessment of the decrease in health disparities.

### ***NCMHD Programs***

Requests for Applications (RFA) or program announcements were issued for four NCMHD programs for fiscal year 2003 funding –the Loan Repayment, Research Endowment, Centers of Excellence and the Research Infrastructure in Minority Institutions programs. The initial review phase started on June 16 with the review of the P20 applications for the Centers of Excellence Program.

### ***Centers of Excellence Program***

The Centers of Excellence Program, which the NCMHD calls *Centers of Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training (Project EXPORT)* aims to conduct minority health and/or health disparity research; encourage the participation of members of health disparity groups in biomedical and behavioral research as well as prevention and intervention activities; and build research capacity in minority serving institutions.

A total of 11 applications were submitted for review for the P20 RFA. The NCMHD is presently supporting 10 institutions under this mechanism. These institutions have existing research programs but need additional funding to develop a health disparity research program.

On July 8th and 9th, the initial review committee will review the 15 Centers of Excellence program R24 applications that were submitted. The R24 mechanism is targeted to institutions that are beginning to build their health disparity research programs. Six institutions are presently receiving funding under this mechanism.

Sixteen applications were received for the Centers of Excellence P60 mechanism and will be reviewed on July 21 and 22. The P60 is for research-intensive institutions pursuing research in health disparities. These funds will be used to develop health disparities research centers. The NCMHD presently supports 11 institutions in this category.

Geographic distribution is important to the NCMHD, as it is to the Congress. This year,

26 states and Puerto Rico are represented among the Centers of Excellence applicants, from Alaska to Mississippi, Tennessee, Oklahoma, Iowa, and Louisiana.

Dr. Wilson inquired about the criteria used to determine the mechanism under which the institutes were required to apply. It appears that some research-intensive institutions received grants under the P20 rather than P60 funding mechanism. Dr. Ruffin explained that the NCMHD needs to develop guidance that will ensure that the congressional intent carries through. The intent of the funding mechanisms was to level the playing field so that institutions with less infrastructure competed against each other, and not with research-intensive institutions. Dr. Broadwater added that previously some institutions qualified for the P20s based on the entity that they partnered with. The Council was assured that this will not occur in the current application cycle.

### ***Loan Repayment Program***

The Loan Repayment Program will allow the NCMHD to play a crucial role in diversifying and strengthening the scientific research workforce. The program is aimed at recruiting and retaining highly qualified health professionals to conduct clinical and/or minority health and health disparities research. The program also creates an avenue for NIH to engage in and promote the development of research programs that reflect the current issues associated with health disparities. There are two programs within the Loan Repayment Program –the Loan Repayment Program for Health Disparities Research and the Extramural Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds.

This year, the initial count of 209 applications was submitted for funding through the Loan Repayment program. Reviews for this program will take place on July 16-18. The Extramural Clinical Research Loan Repayment Program received 33 applications and 168 individuals applied to the Health Disparities Research Loan Repayment Program.

### ***RIMI and Endowment Programs***

Applications for the Research Infrastructure in Minority Institutions Program (RIMI) and the Endowment Program were received a few days ago. The Center for Scientific Review has not provided a count on the applications submitted for these programs. The RIMI program supports grants that focus on building research capacity in predominately minority-serving academic institutions that offer health or science related Baccalaureate and/or Master's degrees.

The NCMHD is the only NIH entity with an Endowment program. 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. Eligible institutions are Section 736 institutions

with Centers of Excellence designated by the Health Resources Services Administration (HRSA).

The initial reviews for the RIMI and Endowment programs are scheduled to take place in early August. Dr. Ruffin acknowledged and thanked the individuals who agreed to serve as reviewers for the NCMHD, as well as the NCMHD staff and the staff of the other ICs for their efforts in assisting with this year's reviews.

### ***MIRT Program***

The Center continues to work with Fogarty International Center to finalize the administrative transfer of the Minority International Research Training (MIRT) program to the NCMHD. A RFA will be released this fall. The purpose of this grant program is to offer international research opportunities to qualified undergraduate, graduate and health professions students who are from health disparities groups that are underrepresented in biomedical and behavioral research career tracks.

### ***Internship Programs***

In keeping with its goal to strengthen and diversify the biomedical research field and increase the number of minorities in the field, the NCMHD coordinates the Minority Summer Internship Program and participates in the National Youth Initiative Program. The Minority Summer Internship program provides a 10-week biomedical training apprenticeship for minority college students who have expressed an interest in pursuing professional careers in biomedical science. Working with the National Hispanic Association of Colleges and Universities (HACU), National Association for Equal Opportunity in Higher Education (NAFEO) and the Washington Internship for Native Students (WINS), this year, the NCMHD recruited and placed 21 HACU, 18 NAFEO and 3 WINS undergraduate and graduate students as summer interns in ICs at the NIH.

Dr. Ruffin acknowledged Dr. Lorrita Watson who has managed the program for the NCMHD for several years. He also recognized the NCMHD interns who were present at the meeting.

### ***Congressional Update***

Dr. Ruffin provided a brief update on the Congressional Appropriations Hearings. The House and Senate Subcommittees were informed of the NCMHD's accomplishments including the completion of the NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities, the NIH Annual Report on Health Disparities Research, the development of the three statutorily mandated programs and their status, as well as a progress report on some of the NCMHD's collaborative projects. Rural health was an area of great interest and Dr. Ruffin was able to discuss some of the NIH rural health research activities.

Dr. Ruffin also informed the Council of his appearance on Congressman Jessie Jackson

Jr's "*A Perfect Union*" public affairs cable television show to discuss the NCMHD and its role in eliminating health disparities. He also informed the Advisory Council about a recent meeting with former Congressman John Porter and Dr. Linda Teplin from Northwestern University. Dr. Ruffin noted that Congressman Porter played a key role in the doubling of the NIH budget and the creation of the NCMHD, and that he would be invited to address the Council at the next meeting.

### ***Collaborations***

The Strategic Planning Subcommittee of the Advisory Council reviewed all of the projects that were submitted to the NCMHD from the ICs and other HHS agencies for fiscal year 2003 co-funding. The subcommittee provided funding recommendations to Dr. Ruffin. The full Council will review those recommendations before funding decisions are finalized.

Following the Director's Report, the Advisory Council engaged in discussions on topics including:

- The efforts made by several individuals and institutions to support the doubling of the NIH budget. In order for the NCMHD funding to expand, Council members must demonstrate that same interest by getting involved and making recommendations in support of an increase in the Center's budget.
- The status of a Minority Research Supplement Program at the NCMHD. The NCMHD continues to co-fund this program at other ICs. It is a great vehicle at NIH for premier investigators with NIH awards to take young investigators into their labs to train them at no additional expense. The emphasis at NIH and the NCMHD should be on K-12, undergraduate and graduate levels.

## **HEALTH DISPARITIES COLLABORATIONS-UPDATES**

After the question and comment session, Dr. Ruffin proceeded to the health disparities collaborations presentations. He invited four entities to make presentations to the Council that demonstrate the diversity of the research funded by the Center, and model the spirit of "One-HHS." He asked the Agency for Healthcare Research and Quality (AHRQ), the Indian Health Service (IHS), the Centers for Disease Control and Prevention (CDC), and a researcher supported by NCMHD funding from Northwestern University, to briefly describe projects that the Center co-funds, and to answer questions that the Council might have.

### **AHRQ**

Dr. Ruffin introduced Dr. Kaytura Felix-Aaron, Senior Advisor for Minority Health at the AHRQ. Dr. Felix-Aaron is responsible for developing, communicating and implementing a minority health services research agenda at AHRQ. She gave the



Council an overview of AHRQ, noting that the agency's priority is to study and improve the health delivery system. AHRQ is very patient-focused and tries to disseminate information to practitioners. AHRQ's health disparities strategies consist of funding new knowledge, developing tools and talents, and taking findings to practice. Dr. Felix-Aaron provided highlights of some of AHRQ's minority health and health disparities initiatives including:

*The National Health Care Disparity Report* --is a congressionally mandated report that attempts to document socio-economic disparities in health care in this country. The report suggests that the existing healthcare system has serious deficits, and provides recommendations for managing those deficits. Dr. Felix-Aaron pointed out that in addition to affecting racial and ethnic minorities, health disparities also currently affect women, children, rural poor and other low-income groups. The report attempts to address whether the quality of care for each of these groups is effective, safe, culturally competent, timely and accessible. She noted that the report would not give insight on why health disparities exist or evaluate specific interventions.

*The Excellence Centers To Eliminate Ethnic/Racial Disparities (EXCEED) Program* is a 5-year effort to analyze underlying causes and contributing factors for racial and ethnic disparities in health care. The program will also identify and implement strategies for reducing and eliminating such disparities. The EXCEED Program is a collaborative effort with several NIH ICs that documents and describes health disparities, and incorporates both a community outreach component and a research and training component.

Council discussions following Dr. Felix-Aaron's presentation dealt with:

- The evaluation of the role of caregivers and healthcare providers in accounting for health disparities.
- The funding for EXCEED. Dr. Felix-Aaron indicated that there are 9 centers with 5-year awards. These awards range from \$100,000 to \$2,000,000, for a total funding of \$9,000,000. ARHQ is looking to expand the program, but currently, they have only had one application cycle.
- The racial and ethnic groups that are covered by the National Health Care Disparities Report and whether ARHQ is sampling to address smaller racial and ethnic groups or sub-populations. It was noted that AHRQ obtains information from various state and national databases that are updated periodically, although there is a lack of data for some populations, specifically, American Indians, Alaska Natives, and Hispanic sub-populations.
- Whether racism is considered a factor in health disparities. It was noted that the Institute Of Medicine had taken on the issue in a recent report, *Unequal Treatment*. While it is recognized that socioeconomic factors contribute to health disparities, not enough attention is given to bias and clinical uncertainty in the

clinical encounter. The Centers for Disease Control and Prevention has working groups seeking to quantify the role of racism in health disparities.

- Having the various reports related to minority health and health disparities submitted to the NCMHD. The NCMHD could serve as a repository of information and monitor the trends in data.
- Whether the National Health Care Disparities Report could be viewed as recommendations from AHRQ to the Administration on how to make changes in data collection. It was noted that the report would highlight best practices, not provide recommendations.

### **INDIAN HEALTH SERVICE (IHS)**

Next, Drs. Nolan and Cobb from IHS were introduced. Dr. Cobb spoke about the health needs in Indian Country, and the EPI Centers, a project co-funded by the NCMHD. EPI Centers were initiated 5-6 years ago, and bring the full spectrum of health information and services to Indian country. There are currently 6 EPI Centers, and each receives approximately \$200,000, which is well below the estimated \$500,000 needed to adequately support an epidemiology center. In fiscal year 2002, the NCMHD provided funding to help build capacity in the EPI Centers. This increase in funding allowed the IHS to support one additional EPI Center. The IHS has made a request to the NCMHD for \$1 million for FY 2003. With the additional funding, the Indian Health Service is looking to develop training programs for physicians practicing in Indian Country, and addressing the needs of Urban Indians.

Dr. Ruffin indicated that some tribal educational institutions have become active in the NCMHD's programs, particularly Project EXPORT. He referenced Black Hills State University in South Dakota and the Montana-Wyoming Tribal Leaders Council and Tribal Colleges, and Project HOPE Center for Health Affairs. They have developed and implemented standardized data collection protocols to assess community health needs across tribal populations in Montana and Wyoming, which will be used to identify high priority health areas for community outreach and information dissemination. He also mentioned that the LRP has 8 American Indian investigators receiving loan repayment assistance. He suggested that IHS tap some of these individuals for expertise.

### **Centers for Disease Control and Prevention**

Sakeena Smith serves as Acting Team Leader for CDC. She provided a report on the Racial and Ethnic Approaches to Community Health program, otherwise known as the REACH 2010 program. REACH 2010 is a demonstration project that asks "can we do better if we seriously tap into the genius of local creativity?" The NCMHD has been co-funding this initiative for several years. The program supports organizations that serve racial and ethnic populations who are at increased risk for certain diseases, to develop, implement, and evaluate innovative community level intervention demonstrations which could be effective in eliminating health disparities by 2010. The strategy employed by the program is to study the similarities and differences between community-based

responses to health disparities issues, and generate lessons that when applied, will increase the effectiveness of future programs. As examples, Ms. Smith spoke about the successes of the Charleston, South Carolina and the Georgetown Diabetes Coalition, as well as the Vietnamese REACH for Health Initiative Coalition.

### **The Northwestern Juvenile Project**

After the CDC presentation, Dr. Linda Teplin, made a presentation on research funded in part by the NCMHD. Dr. Teplin is the Owen L. Coon Professor of Psychiatry and Behavioral Sciences and Director of Psycho-Legal Studies at the Feinberg School of Medicine at Northwestern University. Dr. Teplin conducts the Northwestern Juvenile Project. The aim is to assess alcohol, drug and mental health disorders among delinquent youth. Specifically, the project is investigating persistence and change in these disorders, co-morbidity, and associated functional impairments.

This project differs from previous studies that examine general population youth to see who becomes delinquent. This project is a large-scale longitudinal study of youth in the Cook County Detention Center. These youth are at high risk for developing psychiatric disorders, HIV and AIDs risk behaviors and life-threatening problem behaviors. For example, the study has found high death rates among these youth—to date 58 of the subjects of the study have died (out of 1829 youth) violent deaths, and all but eleven died from gun shot wounds. Dr. Teplin argues that there is a need for data to plan intervention strategies for delinquent youth.

Some of the salient points that make this study unique are the follow-up with all youth, whether the subject is in the community or incarcerated; there are more frequent interviews with a random sample, and the project has access to all official records that relate to the subject. They have obtained court orders opening all official records, which Dr. Teplin indicates, is highly unusual in these types of studies. Subjects are tracked using a sophisticated computer tracking system, which has proven to be extremely successful.

Dr. Ruffin thanked Dr. Teplin for her presentation. He indicated that the statistics presented are staggering, and sobering. Before the open session was adjourned, Dr. Teplin took a few questions related to the participation of Native Americans in the study, and the number of youth in the study who had been involved in special education, since a lot of school districts appear to have an overrepresentation of minority students in special education, and perhaps these needs are not being met in the educational system. According to Dr. Teplin this was not an element currently being tracked in the data set. The open session ended at 1:15 p.m.

### **Closed Session**

The closed session resumed at approximately 2:00 p.m. During the closed session, the Advisory Council subcommittee Chairs provided an update on recent subcommittee discussions. After subcommittee reports, the Council deliberated over several NCMHD programmatic issues.

**Adjournment**

With no further business for the Council to consider, the meeting was adjourned by the Executive Secretary, Ms. Evans.

**Certification**

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.<sup>1</sup>

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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

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

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<sup>1</sup> 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.