

**U.S. Department of Health and Human Services (HHS)
National Institutes of Health (NIH)
National Center on Minority Health and Health Disparities (NCMHD)
National Advisory Council on Minority Health and Health Disparities (NACMHD)**

**Marriott Bethesda Suites
6711 Democracy Boulevard
Bethesda, Maryland
September 8, 2009
8:00 a.m. - 5:00 p.m.**

Meeting Minutes

Council Members Present

John Ruffin, Ph.D., Director, NCMHD; Chair, NACMHD
Paula A. Braveman, M.D., M.P.H.
Mona Fouad, M.D., M.P.H.
Faye A. Gary, Ed.D., R.N., FAAN
Alvin E. Headen, Jr., Ph.D.
Brian D. Smedley, Ph.D.
Stephen A. Smith, M.B.A.
José Szapocznik, Ph.D. (via phone)
Luther S. Williams, Ph.D.

Ex Officio Members

Christine A. Bachrach, Ph.D.
Michael J. Fine, M.D., MSc.

Executive Secretary

Donna A. Brooks

Deputy Director, NCMHD

Joyce A. Hunter, Ph.D.

Guests

Tina Cheng, M.D., M.P.H.
Renee R. Jenkins, M.D., FAAP
Michael P. Johnson, M.D., M.P.H.
Caya B. Lewis, M.P.H.
Kathy Sanders-Phillips, Ph.D.

CLOSED SESSION

The first portion of the meeting was closed to the public in accordance with provisions set forth in Sections 552b(c)(4) and 552b(c)(6), Title 5, U.S.C., and Section 10(d) of the Federal Advisory Committee Act, as amended, U.S.C. Appendix 2.

Executive Secretary Donna Brooks called the closed session to order at 8:09 a.m. and turned the meeting over to NCMHD Director and NACMHD Chair Dr. John Ruffin. Dr. Ruffin presided and Dr. Faye Gary served as Chair-Designee to facilitate the meeting.

The Council considered 701 applications requesting an estimated \$306,865,480 in total costs. The Council considered applications for all of the ARRA initiatives as well as applications for five of the NCMHD's regular programs. Voting en bloc, the Council concurred with the first-level peer review of the following: 701 Challenge Grants, 56 Grand Opportunity Grants, 45 dissertation applications, 171 Community-Based Participatory Research Program (CBPR) applications, 40 Centers of Excellence applications, 165 R01 applications, 18 Research Infrastructure in Minority Institutions (RIMI) applications, 41 Small Business Innovation Research and Small Business Technology Transfer (SBIR/STTR) program applications, 2 Scientific Conference Grants (R13), and one Pathway to Independence (K99) Grant.

Ms. Brooks adjourned the closed session at 9:48 a.m.

OPEN SESSION

CALL TO ORDER & WELCOME

Ms. Brooks called the Open Session to order at 10:08 a.m.

OPENING REMARKS & INTRODUCTIONS

Dr. Ruffin welcomed all attendees to the Open Session of the 22nd NACMHD meeting and thanked NCMHD staff and contractors for their work. He reported that Dr. Francis Collins, the former Director of the National Human Genome Research Institute (NHGRI) was appointed as the new NIH Director and that Kathy Hudson, Ph.D. had been named the NIH Chief of Staff. Dr. Hudson had previously served as the Assistant Director for Public Policy at NHGRI and was the founding Director of the Genetics and Public Policy Center at Johns Hopkins University.

Dr. Ruffin acknowledged the passing of Senator Edward Kennedy and noted that all of NCMHD mourned his passing. In December 2008, on behalf of NIH, Dr. Ruffin had the opportunity to honor Senator Kennedy (*in absentia*) with the Health Disparities Lifetime Achievement Award for the senator's indelible contributions towards ensuring the health of all Americans.

Introductions

Dr. Ruffin introduced Satabdi Raychowdhury, a new grants management specialist, who came to NCMHD from Johns Hopkins University. Dr. Ruffin also welcomed Dr. Paula Braveman to her first meeting as a member of the Council. Members of the Council took a few minutes to introduce themselves and provided brief updates on their professional activities.

CONSIDERATION OF MINUTES

A motion to accept the Minutes from the June 23, 2009 Council meeting was unanimously approved.

FUTURE MEETING DATES AND ADMINISTRATIVE MATTERS

Dr. Gary reviewed a few administrative matters and the future meeting dates of the Advisory Council. Members were asked to forward any roster changes to Ms. Brooks.

- **Future Meetings:** February 23, June 8, and September 14, 2010

COUNCIL ORIENTATION

Dr. Ruffin began by reviewing the history of NCMHD noting that it is a Congressionally mandated component of NIH. The Center was created in 2000 by the *Minority Health and Health Disparities Research and Education Act*. A key role of the NACMHD is to assist the NCMHD in ensuring that it fulfills its responsibilities under Public Law 106-525. For example, Dr. Ruffin noted that NCMHD will look to the Council for guidance in developing the 2009 – 2013 NIH Health Disparities Strategic Plan and Budget. The NCMHD's purpose is "the conduct and support of research, training, dissemination of information and other programs with respect to minority health conditions and other populations with health disparities." Dr. Ruffin pointed out some key functions of the NCMHD that distinguishes it from its predecessor, the Office of Research on Minority Health. For example, NCMHD has grant funding authority and its constituency has broadened beyond racial and ethnic minorities to include rural, low income, and medically underserved populations. Several of NCMHD's programs, specifically, the Research Endowment Program, the Center of Excellence Program, and the Loan Repayment Program, are mandated by Public Law 106-525. .

NCMHD Organizational Structure

Dr. Ruffin reviewed the NCMHD organizational structure which consists of three primary organizational components: Office of the Director (OD), Division of Extramural Activities and Scientific Programs (DEASP), and the Division of Scientific Strategic Planning and Policy Analysis (DSSPPA). He described the functions of each component.

NCMHD Programs

Dr. Francisco Sy, Director, Division of Extramural Activities and Scientific Programs presented an overview of the NCMHD core programs. NCMHD Centers of Excellence Program: supports multidisciplinary research to address health disparities in priority diseases and conditions. Some of the main cores of the program are research, training, and community engagement. The program is funded using two distinct mechanisms to support exploratory Centers (P20) and comprehensive Centers (P60). Since 2002, the NCMHD has funded 87 Centers of Excellence grants.

NCMHD's Community-Based Participatory Research Program is implemented in three phases: a three year planning phase, a 5 year research intervention phase, and a 3 year research dissemination phase. NCMHD Loan Repayment Program (LRP) is mandated by law. The goals include increasing the pool of extramural researchers who conduct health disparities research and recruiting and retaining more members of health disparity populations in biomedical research. The program offers two different loan repayment opportunities. The NCMHD Loan Repayment Program for Health Disparities Research (HDR) supports health professionals who engage in basic, clinical, behavioral, social sciences or health services research addressing health disparities. The NCMHD Extramural Clinical Research Loan Repayment Program (ECR) for Individuals from Disadvantaged Backgrounds supports health professionals from financially disadvantaged backgrounds who engage in clinical research. Most LRP grantees hold PhDs, and some have M.D. and DDS degrees. : The law requires that at least 50 percent of award recipients in the HDR-LRP program be a member of a health disparity population. Approximately 60 percent of the award recipients are from a health disparity population. The NCMHD

Loan Repayment Program is largest Loan Repayment Program at NIH averaging about 650 applications annually with an award rate of almost 50%.

NCMHD Research Endowment Program: supports research infrastructure development at eligible academic institutions. Eligibility include being a section 736 institution with an active Health Professions Center of Excellence grant from the Health Resources Services Administration. Since the inception of the program, NCMHD has made Research Endowment grants to 17 institutions.

Dr. Nathaniel Stinson, Chief, Office of Scientific Programs, wrapped up the orientation with a report on other NCMHD programs.

The Research Infrastructure in Minority Institutions Program (RIMI) establishes and improves the scientific infrastructure of predominantly minority-serving academic institutions. Grants from this program provide a means for institutions to 1) strengthen their basic research infrastructure and capacity; 2) institute comprehensive research faculty development training programs; 3) establish academic research enrichment training programs for students interested in science careers and 4) support individual faculty-initiated research projects that may lead to the development of independent researchers in minority health and health disparities.

The Minority Health and Health Disparities International Training (MHIRT) Program is another popular NCMHD program. MHIRT awards support the ability of US academic institutions to offer short-term international training opportunities in health disparities research for undergraduate and graduate students in the health professions who are from health disparity populations and/or are underrepresented in basic science, biomedical, clinical or behavioral health research career fields.

NCMHD Intramural Research Program --the first programmatic initiative of the NCMHD's recently implemented Intramural Research Program, entitled the *Disparities Research and Education Advancing our Mission (DREAM) Career Transition Award* was launched. It will be a campus-community system with two major components: a health disparities career development component and a health disparities research intervention component. Dr. Stinson noted the DREAM program has identified its first three participants this year. Potential sites where the DREAM fellows will be located include the National Institute on Aging, with the National Cancer Institute, and negotiations are still taking place on a location for the third fellow who is a linguist with research focus on provider-patient communications and limited English proficiency.

NCMHD DIRECTOR'S REPORT

Dr. Ruffin shared the following information during his presentation: He began by elaborating on earlier remarks by Dr. Sy and Dr. Stinson. Dr. Ruffin emphasized the importance NCMHD assigns to supporting the development and training of future researchers focusing on health disparities through successive phases of their educational careers and the value of programs such as RIMI, MHIRT, the Loan Repayment Program and now the DREAM program in that effort.

In FY2009 the NCMHD Loan Repayment Program awarded grants to approximately 314 scholars. Of these, 184 were new grants and 130 were renewals. Applications for FY 2010 will be due on December 1, 2009.

NIH Science of Eliminating Health Disparities Summit: The Summit Proceedings are nearing completion and should be released early next year. NCMHD has also been working with the American

Public Health Association on a special supplement for the American Journal of Public Health focusing on the Science of Eliminating Health Disparities. This supplement will be based on the findings from the summit. It will be published during the spring of 2010.

NIH Health Disparities Strategic Plan: The NCMHD created a NIH Health Disparities Strategic Plan Working Group to assist with developing the framework for the next version of the NIH Health Disparities Strategic Plan (FY2009-2013).

AHRQ/NCMHD Committee – NCMHD and AHRQ are collaborating to establish a committee to develop guidance for determining what populations are health disparity populations.

Rural Health Workshop – On July 30th - 31st the NCMHD convened a rural health workshop in partnership with the Office of Rural Health Policy at the Health Resources Services Administration (HRSA). The purpose was to look at best practice models, identify research gaps, and opportunities to address rural health disparities.

NIH Health Disparities Seminar Series

In July, NCMHD launched the NIH Health Disparities Seminar Series.

- Dr. Brian Smedley kicked off the first seminar with a lecture on the social determinants of health.
- The August 2009 Health Disparities Seminar Series focused on community-based participatory research (CBPR) with Dr. Barbara Israel, University of Michigan, and Ms. Angela Reyes, Detroit Hispanic Development Corporation
- The theme for the September Seminar will be Hispanic American Health Disparities, in recognition of Hispanic Heritage Month.

NCMHD 10th Anniversary: NCMHD will celebrate its 10th anniversary starting in 2010. Dr. Ruffin indicated that he will be calling on the Advisory Council members to help with planning an appropriate way to commemorate this important milestone.

NIH Cultural Lecture: The annual NIH Cultural Lecture is scheduled for September 23, 2009. The speaker will be world renowned poet, author, actress, playwright and historian, Dr. Maya Angelou.

RURAL HEALTH INITIATIVE CONCEPT CLEARANCE

Following the conclusion of Dr. Ruffin's Director's Report, Dr. Joyce Hunter provided some background about the development of a Rural Health Initiative for the NCMHD.

The estimated 50 million residents of rural areas comprise 17 percent of the U.S. population. Rural Americans are older, more impoverished, and have worse health on average than their urban counterparts. NCMHD is committed to facilitating promising and innovative practices that build on the culture of rural communities to address health disparities. Dr. Hunter noted that local challenges often drive innovation and that resource scarcity frequently drives creation of collaborations and networks that share human resources, expertise, and technology. Dr. Hunter indicated that high priority would be given to projects that are collaborative, applicable to rural communities, and can be easily replicated and disseminated. The social determinants of rural health, she explained will include environmental issues and economic factors.

In exploring the idea of a Rural Health Initiative, Dr. Hunter reported that NCMHD held a workshop

with several agencies, HRSA in particular, to discuss best practices, models, and gaps in research. By learning from what other entities, like Veterans Hospitals, have encountered, NCMHD will be able to refine its understanding of the work that needs to be done to reduce rural health disparities.

Council members thought that the Initiative was an excellent idea and critical to addressing the often neglected topic of rural health. It was noted that having the appropriate community partners (e.g. USDA land grant universities) would be crucial to making the Initiative a success. Dr. Ruffin noted that NCMHD anticipates seeking guidance from Council members as well as from experts that the Council may identify, as further discussion of this Initiative continues.

The Council voted unanimously to support and to continue development of the concept of a Rural Health Initiative.

SCIENTIFIC PROGRAMS PRESENTATIONS

“FIC Health Disparities Research” Michael P. Johnson, M.D., M.P.H., Deputy Director, Fogarty International Center

Dr. Michael Johnson spoke to the Council about FIC's minority health and health disparities research and training portfolio.

Dr. Johnson opened his talk by emphasizing the similarities between FIC and NCMHD: both are Centers not Institutes, both are comparatively small in terms of the NIH budget, and their missions are to work collaboratively with other entities, both inside and outside of NIH. FIC's mission is to support and facilitate global health research conducted by U.S. and international investigators, building partnerships between health research institutions and training the next generation of scientists to address global health needs.

Dr. Johnson indicated that about two percent of the NIH's roughly \$30 billion budget is devoted to global health investment. Americans are highly interested in global health, he stated, noting that a November 2008 survey by Research!America revealed that 60 percent of Americans would be willing to pay \$1 per week more in taxes if they were certain that it would go toward increased U.S. investment in global health. Dr. Johnson reminded attendees that the Obama administration has committed to spending \$63 billion over six years to bring better health to people around the globe.

Dr. Johnson showed the Council several slides indicating how health disparities persist in populations according to race, economic class and educational attainment. He expressed confidence that there are many opportunities both inside the U.S. government and with other partners to address social determinants of global health. He encouraged Advisory Council members to look at FIC's strategic plan, available from its website, for further information.

“Health Reform in the Context of Health Disparities” Caya B. Lewis, M.P.H., Office of Health Reform HHS. Ms. Caya Lewis is the Director of Outreach and Public Health Policy, Office of Health Reform, HHS. The Office of Health Reform focuses on policy issues and works in close coordination with the White House Office of Health Reform and the White House Office of Public Engagement and Intergovernmental Affairs. Prior to joining HHS, Ms. Lewis was the Deputy Staff Director for Health for the Senate Health, Education, Labor and Pensions Committee and worked for the late Senator Edward Kennedy.

Ms. Lewis thanked Dr. Ruffin for his leadership at NCMHD and brought greetings on behalf of President Obama and Secretary Kathleen Sebelius, both of whom are committed to comprehensive, quality, affordable care.

Ms. Lewis provided a brief outline of a few health care reform issues of particular significance to health disparity populations and some key statistics noting --People of color are disproportionately uninsured. Eighteen percent of African-Americans are uninsured, with Latinos and American Indians uninsured at a rate of nearly 35 percent. Twelve percent of Whites are uninsured.

Some of the health investments made in the American Recovery and Reinvestment Act (ARRA) have been: \$19 billion in health IT, community health centers, \$500 million in workforce training programs, and \$1 billion in prevention and wellness. There was also \$10 billion in stimulus funds given to NIH to focus on construction and renovation, research, education, and training. Money has also been invested in the National Health Service Corps which provides loan repayment for doctors, nurse practitioners, and other clinicians that go into underserved areas. Ms. Lewis noted that it is essential that larger numbers of providers be willing to provide care in underserved areas.

Ms. Lewis reminded attendees that ARRA funding for health IT includes provisions for building a health IT system that is able to collect data on race, ethnicity, primary language and other demographic factors. She concluded her remarks by indicating that additional information on the administration's health care proposals is available at www.healthreform.gov. The website www.whitehouse.gov/realitycheck also contains accurate information that debunks the myths and misinformation regarding health care reform, she explained.

Dr. Ruffin noted that the Council had approved ARRA grants totaling \$52 million in the closed Council meeting earlier in the day.

Child Health Disparities: Speaking up for the Issues of Children

Dr. Renee Jenkins, F.A.A.P. , Professor Department of Pediatrics and Child Health, Howard University College of Medicine; Adjunct Professor at George Washington University; and former President of the American Academy of Pediatrics.

Dr. Kathy Sanders-Phillips, Professor of Pediatrics, Howard University; and Director of the Research Corps of the D.C.-Baltimore Research Center on Child Health Disparities (Research Center).

Dr. Tina Cheng, Professor of Pediatrics, Johns Hopkins School of Medicine, with a joint appointment in the Bloomberg School of Public Health and Division of General Pediatrics and Adolescent Medicine.

Dr. Jenkins started the presentation by describing the main goal of the Research Center is to produce original and innovative research. She noted that the Center is trying to merge clinical and basic science research in ways that provide information on how some disparities may evolve. Dr. Jenkins presented a slide to the Council outlining the Research Center's organizational structure.

Dr. Sanders-Phillips provided a brief synopsis of the Research Center's subprojects. She explained that the Center focuses on science, practice, and policy issues that are pertinent to child health disparities. Dr. Sanders-Phillips heads a Research Center investigation examining the extent to which genetic factors may be associated with vulnerability to drug use. This study is going to look at 600 subjects aged 18 to 25, with data collection beginning in the fall.

She noted that Dr. Eric Hoffman directs the Research Center's study of genetic risk factors for metabolic syndrome in minority populations. The study specifically targets university students. Fifty-two percent of the female participants in the study are above the normal threshold for waist circumference and 26 percent of the female participants are below the normal threshold for HDL.

Two Pilot Projects being conducted by the Research Center are:

1. AsthMaP is a genetic study of asthma in inner city pediatric populations. Researchers hope to develop a statistical model that identifies the contribution of environmental tobacco smoke exposure to a child's asthma severity while adjusting for genetic loci and other associated factors.
2. Obesity. Researchers are investigating contextual influences on children's dietary and physical activity-related behaviors which may be associated with obesity.

Training and Conferences

Dr. Cheng discussed research training. The Research Center provides guidance and support to junior investigators in child health disparities research with particular emphasis on utilizing trans-disciplinary approaches. She noted that Johns Hopkins' Division of General Pediatrics and Adolescent Medicine had trained 27 fellows over the last six years. Fifteen of the fellows were African American and two were Hispanic.

One of the Center's initiatives in 2008 had been an invitational conference, "Starting Early: a Life-Course Perspective on Child Health Disparities: Developing a Research Action Agenda." Dr. Cheng said that there is growing amount of research demonstrating that adult health issues are often rooted in childhood. Research recommendations coming out of the Conference focused on defining and conceptualizing child health disparities. Dr. Cheng noted that she and her colleagues had a JAMA publication titled, "Health Disparities Across the Lifespan: Where are the Children?" (*JAMA, June 17, 2009; 301: 2491 – 2492*). This Conference was funded, in part, by a grant from NCMHD.

Dr. Jenkins closed by saying that she and her colleagues will continue to make presentations at national meetings and that she appreciated the opportunity to share the work on children's health disparities with the Council.

ADJOURNMENT

Dr. Ruffin thanked all of the speakers for their presentations and made some closing remarks. Ms. Brooks adjourned the open session at 4:11 p.m.

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

/John Ruffin/

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

/Donna A. Brooks/

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