

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

**6707 Democracy Blvd., Suite 849  
Bethesda, MD**

**February 26, 2013  
8:00 a.m. – 3:34 p.m.**

**Meeting Minutes**

**Council Members Present**

John Ruffin, Ph.D., Director, NIMHD  
Otis Brawley, M.D., Chair, NACMHD  
Jasjit S. Ahluwalia, M.D., M.P.H.  
David Baines, M.D.  
Patricia N. Henderson, M.D., M.P.H.  
Marjorie Mau, M.D., M.S.  
The Honorable Kweisi Mfume  
Jesus Ramirez-Valles, Ph.D.

**Ad Hoc Members**

Judith Bradford, Ph.D.  
Eddie Greene, M.D.  
Valerie Montgomery Rice, M.D.  
Lisa Newman, M.D., M.P.H., FACS, FASCO  
William Robinson, M.D.  
Frank Talamantes, Ph.D.  
Linda Thompson-Adams, Ph.D., R.N., FAAN

**Ex Officio Members**

Michael J. Fine, M.D., M.Sc.  
Robert M. Kaplan, Ph.D.  
Gary Martin, D.D.S.

**Executive Secretary**

Donna A. Brooks

**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.*

## **REVIEW OF GRANT APPLICATIONS**

Executive Secretary Donna A. Brooks called the Closed Session to order at 8:06 a.m. Dr. John Ruffin, Director of the National Institute on Minority Health and Health Disparities (NIMHD), welcomed the Council members.

Dr. Otis Brawley, Chair Designee of the National Advisory Council on Minority Health and Health Disparities (NACHMD), led the second level review of grant applications. The Council considered 436 applications requesting an estimated \$124,326,888 in total costs. Applications from the following programs and initiatives were considered: Social and Behavioral Health Services and Policy Research on Health Disparities; Basic and Applied Biomedical Research on Health Disparities; Community-Based Participatory Research Initiative (CBPR) in Reducing and Eliminating Health Disparities; Transdisciplinary Collaborative Centers for Health Disparities Research; Scientific Conference Grants; Small Business Innovation Research (SBIR)/Small Business Technology Transfer Research (STTR); Research on the Health of LGBTI Populations. All second level review decisions were made through *en bloc* voting.

Ms. Brooks adjourned the Closed Session at 9:05 a.m.

## **OPEN SESSION**

### **CALL TO ORDER AND WELCOME**

Ms. Brooks called to order the Open Session at 9:32 a.m.

### **OPENING REMARKS AND INTRODUCTIONS**

Dr. Ruffin welcomed all attendees to the 32nd NACMHD meeting. Several new members attended the meeting in an *ad hoc* capacity while they await official appointment to the Council by the Secretary, Department of Health and Human Services (HHS).

Dr. Brawley has been designated as the new NACMHD Chair. Dr. Brawley is the Chief Medical Officer of the American Cancer Society and Professor of Hematology, Oncology, Medicine, and Epidemiology at Emory University.

Dr. Ruffin thanked everyone who helped plan or participated in the 2012 Summit on the Science of Eliminating Health Disparities. The Summit was well attended, and the sessions and workshops were stimulating. NIMHD is working on post-Summit activities, including the development of a report on the proceedings.

Council members introduced themselves and updated the group on their current activities.

### **CONSIDERATION OF SEPTEMBER 2012 MINUTES**

Council members unanimously approved the minutes of the September 2012 NACMHD meeting.

### **FUTURE MEETING DATES AND ADMINISTRATIVE MATTERS**

NACMHD meetings are scheduled for June 11, 2013 and September 10, 2013.

## **NIMHD DIRECTOR'S REPORT**

Dr. Ruffin presented the NIMHD Director's Report to update the Council on recent activities at NIMHD and across the National Institutes of Health (NIH).

### *New NIMHD Staff*

- Office of Extramural Research Administration: Dr. Hui Chen and Dr. Deborah Ismond, scientific review officers.
- Office of Communications and Public Liaison: Madeline Beal, technical writer; and Shaunte Williams, front office assistant.
- Office of Strategic Planning, Legislation and Science Policy: Dr. Mitra Ahadpour, medical officer; and Jessica Escobedo, technical writer.
- Division of Data Management and Scientific Reporting: Dr. Nancy Jones, health policy analyst; Dr. Xinzhi Zhang, epidemiologist; and Dr. Mark Williams, technical writer.
- Division of Intramural Research: Dr. Gary Gibbons, Director of the National Heart, Lung and Blood Institute, has chosen NIMHD as the host Institute for his laboratory, which will be part of the cardiovascular disease cluster. Dr. Sharon Davis has established a laboratory in the cardiovascular disease cluster. Dr. Eddie Reed, a former NACMHD member, has been appointed Clinical Director for the Intramural Research Program; his research will be housed in the cancer cluster. Other new intramural program staff include: Dr. Adam Davis, biomedical informatics technical expert; Dr. Samson Gebrera, research fellow; Dr. Jennifer Amable, staff scientist in the cancer cluster; and Krystine McGrath, human resources liaison.

### *NIMHD Budget*

In Fiscal Year (FY) 2012, the NIMHD budget was approximately \$276 million, the majority of which \$257 million was expended on extramural research programs for new and continuation awards. The following programs were supported: the Centers of Excellence Program included 48 new Centers; the Research Centers in Minority Institutions Program made three new awards; the Community-Based Participatory Research Program; the Research Endowment Program with one new award; the Loan Repayment Program support 261 scholars; the Transdisciplinary Collaborative Centers for Health Disparities initiative with three awards focused on social determinants of health And fourteen new R01 research grants. The intramural program received \$3.8 million in total funding.

For FY 2013, NIH is operating under a continuing resolution until at least March 27, 2013. The resolution provides funds at the level of the FY 2012 budget.

### *Current Funding Opportunity Announcements*

NIMHD programs currently accepting applications are:

- **NIMHD Minority Health and Health Disparities International Research Training Program** supports international research training opportunities at foreign sites for undergraduates, post-baccalaureates, or graduate students who are under-represented in biomedical, behavioral, clinical, and social sciences research. Awards will be made to U.S. institutions that have developed qualified programs. The application deadline is March 20, 2013.

- Scientific conference grants program fund scientific conferences relevant to the mission of the NIMHD. Applications are due on April 12, 2013. Potential applicants are reminded to obtain written permission from the Institute prior to submitting an application. Dr. Ruffin noted that applicants should be aware of dates for second level review by the Council to ensure that applications can be fully reviewed before the conferences are scheduled to take place.

#### *NIMHD's Coordinating Role for Minority Health and Health Disparities*

The Institute is preparing for the development of the 2014-2018 NIH Health Disparities Strategic Plan. NIMHD is designated by law to coordinate the development of a strategic plan that encompasses all 27 NIH Institutes and Centers (ICs). A priority setting working group and an implementation working group have been established with IC representatives and individuals from the extramural research community. At the Summit, NIMHD built on the recommendations of those working groups by soliciting input from the public with respect to directions NIH can take to accelerate the elimination of health disparities. In June 2013, the Council will be updated with an analysis of recommendations from those groups and an in-depth discussion of the framework and priorities for the strategic plan. In addition, a working group of Council members will be formed to facilitate the development process and provide ongoing input.

#### *Translational Health Disparities Course*

NIMHD will offer its translational health disparities course in August 2013. This free two-week course provides instruction on the concepts, principles, methods, and application of health disparities science, practice, and policy. Attendance is limited, and admission is competitive.

#### *Working Group on Diversity in the Biomedical Research Workforce*

Dr. Francis Collins, NIH Director, created the Working Group on Diversity in the Biomedical Research Workforce to address the findings of *Ginther et al* that minorities were less likely to obtain an NIH R01 grant. In June 2012, the Working Group, which was co-chaired by Dr. Ruffin, Dr. Reed Tuckson, and Dr. Lawrence Tabak, presented its recommendations to Dr. Collins. He then assembled an implementation committee of NIH representatives to closely review and prioritize those recommendations and to advise NIH senior leadership on next steps.

Priority has been given to implementation of three initiatives with support from the NIH Common Fund located in the Office of the NIH Director. NIMHD has been assigned to administer the new initiatives. The organizational structure for overseeing these initiatives includes three co-chairs (Dr. Ruffin, Dr. Gibbons, Dr. M. Roy Wilson), a working group coordinator (Dr. Joyce A. Hunter), and a working group comprising representation from all ICs.

The three initiatives are:

- *Building Infrastructure Leading to Diversity (BUILD) initiative*: BUILD will provide resources to institutions that have a demonstrated track record of training scientists from under-represented backgrounds in order to help NIH achieve its goal of increasing diversity in the scientific workforce. Components of the program include: (1) one-on-one mentored research experiences for undergraduate students, including two summers during college and

no more than two years after graduation; (2) tuition scholarships that offer undergraduate stipends and the possibility of loan repayment funds for those in a Ph.D. program; (3) salary offset and other infrastructure support for key faculty involved in training; (4) resources for hiring effective mentors to train new mentors; and (5) support for “innovative space” for grantees to develop creative and novel approaches to increase the diversity of the student pool that enters the Ph.D. training pathway in biomedical research. The primary institution in a BUILD partnership must receive less than \$7.5 million per year for NIH research project grants, and at least 25 percent of its students must be supported by PELL grants.

- *National Research Mentoring Network (NRMN)*: The objective of the NRMN is to establish a national network of scientific leaders who are willing to serve as mentors. Key goals are: (1) develop standards for good mentorship; (2) connect students, postdoctoral fellows, and faculty from under-represented groups to experienced mentors both in person and through an on-line network; (3) provide training to individuals interested in learning how to become better mentors; (4) provide or arrange for relevant workshops and training opportunities in grantsmanship and career survival strategies; (5) connect with mentees from under-represented groups across the “Enhancing the Diversity in the NIH-Funded Workforce” program, as well as mentees outside the consortium; and (6) create networking opportunities for student, postdoctoral fellows, and faculty with the larger biomedical research community.
- *Coordinating and Evaluation Center for BUILD and NRMN*.

Funding Opportunity Announcements (FOAs) for planning grants to prepare applications for multi-year awards for BUILD and NRMN will be issued in March 2013. The FOA for the Coordinating and Evaluation Center is expected to be released in June 2013. The FOA for multi-year awards for BUILD and NRMN will be released in November 2013. NIH plans to commit a total of \$50 million per year for the next 10 years for these initiatives.

Other activities are ongoing to address the Working Group report. For example, the director of the Center for Scientific Review, Dr. Richard Nakamura, is developing recommendations for changes to the peer review process. NIH will implement bias training internally and with the extramural community. A pilot program is underway to train young investigators on the peer review process. Finally, NIH has created a new position of Chief Executive of Scientific Research Diversity to oversee the implementation of workforce diversity issues in the intramural and extramural programs. Dr. Roderic Pettigrew, Director of the National Institute of Biomedical Imaging and Bioengineering, is serving in this role on an interim basis..

#### **CERTIFYING COMPLIANCE WITH NIH POLICY ON INCLUSION GUIDELINES**

Dr. Derrick Tabor, NIMHD Health Science Administrator, presented the NIMHD biennial Advisory Council report certifying compliance with NIH inclusion guidelines.

Public Law 103-43 requires that women and minorities be included in all clinical and research studies. Women and minorities must be included in all phase III clinical trials, and trials must be designed to permit valid analysis of the differences between women and minorities and the majority population. NIH must support outreach efforts to recruit and retain women and

minorities. This policy applies to patient-oriented research, epidemiological and behavioral studies, outcomes research, and health services research as defined by HHS.

Dr. Tabor presented data on the enrollment of women and minorities in NIMHD-supported studies in FY 2011 and 2012. For both years, approximately 95 percent of competing awards were compliant with the NIH policy on inclusion upon submission of the applications to integrated review groups.

The Council voted unanimously to approve the biennial report.

## **SCIENTIFIC PRESENTATIONS**

### **Overview of the NIH Office of Disease Prevention**

Dr. David Murray, Associate Director for Disease Prevention and Director of the Office of Disease Prevention (ODP), presented an overview of the ODP. He is responsible for promoting and coordinating prevention research across NIH ICs, as well as between NIH and other public and private entities.

ODP is part of the Division of Program Coordination, Planning, and Strategic Initiatives within the Office of the NIH Director. The ODP mission is to improve public health by increasing the scope, quality, dissemination, and impact of prevention research across NIH. Prevention research includes activities designed to promote health, as well as prevention of the onset of disease, disorders, disabilities, injuries, and progression of asymptomatic disease. Research may target biology and genetics, individual behavior, factors in the social and physical environment, health services, and policy regulation. Goals may include identifying risks and protective factors, screening, evaluating innovations to reduce risks, translating and disseminating effective programs, and developing methods to support prevention research.

ODP funds workshops, research projects, and meetings in a variety of areas with a particular interest in topics related to health disparities and minority health. The Gordon Lecture recognizes epidemiologists and biostatisticians who have contributed significantly to clinical trials research. The Medicine in the Media program brings journalists to the NIH campus to teach them how to evaluate research articles. Each year, 50 participants attend this 2½-day course. The Medicine: Mind the Gap seminar series presents multiple seminars each year on topics for which public perception might be at odds with current science. Evidence-based Methodology Workshops are designed to stimulate progress in a field that is ripe for a breakthrough. The first Workshop was held in December 2012 on the topic of polycystic ovary syndrome. The office is developing an FOA on physical health and will encourage applications related to health disparities. Workshop topics and Gordon Lecture nominees can be suggested by any IC.

ODP represents NIH on many Federal partnerships, such as the U.S. Preventive Services Taskforce. NIMHD is welcome to communicate with ODP on issues of interest that should be shared with those groups.

ODP is involved in the Tobacco Regulatory Science Program, a collaborative program between NIH and the Food and Drug Administration (FDA). The FDA provides funding—an estimated

\$100 million in new research activity in FY 2013—for NIH to support tobacco research that is relevant to the FDA’s regulatory authority. Extramural researchers submit applications to FDA, and any NIH IC can offer to administer an approved grant that is aligned with its mission. ICs can also submit applications to ODP, which will coordinate with FDA for funding consideration.

The Population Assessment of Tobacco and Health (PATH) Study is a joint FDA-NIH project administered by the National Institute on Drug Abuse. The study is collecting data from 40,000 users of tobacco products or those who are at risk of using tobacco products. The Council recommended that the study consider oversampling for American Indians and Alaskan Natives.

ODP offers a consensus conference every year on topics suggested by ICs. A conference on diagnosing gestational diabetes was scheduled for March 2013. Consensus conferences take approximately 2 years to organize, including an 18-month literature review by the Agency for Healthcare Research and Quality.

ODP is undertaking its first strategic planning process. Draft strategic priorities include: monitor investments that NIH makes in prevention research; identify and promote areas that need additional effort and investment; promote the use of the best available methods in prevention research; encourage collaboration across ICs; identify and promote effective prevention methods; and increase the visibility of prevention research at NIH. ODP is accepting comments on these draft priorities at [prevention-nih.org/aboutus/strategic\\_plan/rfi.aspx](http://prevention-nih.org/aboutus/strategic_plan/rfi.aspx) until April 14, 2013.

#### **Overview of the NIMHD Intramural Research Program**

Dr. William Coleman, the NIMHD scientific director, gave an overview of the NIMHD Intramural Research Program (IRP). Dr. Coleman presented highlights from the 5-year IRP Strategic Plan. The plan is meant to be a living document—evolving as science evolves. The overall goal is to improve minority health and reduce health disparities using an integrated multidisciplinary approach.

The strategic plan was developed with input from 23 scientists from diverse disciplines who met at NIH in September 2011. The group comprised members of extramural and intramural research organizations, as well as public health and community organizations serving disparate populations. The scientists were asked to consider questions related to priorities, gaps in knowledge, goals that could be achieved in the short term, opportunities for multidisciplinary collaboration, ways to optimize training, and disease-specific issues related to health disparities.

The IRP is organized in three disease-oriented research clusters focusing on cardiovascular disease, diabetes, and cancer—all diseases that are getting worse in minority populations or sub-populations. These diseases overlap in terms of biology, as well as mechanisms for prevention, diagnosis, and treatment. Moreover, each of these diseases is a focus for research supported by other NIH ICs, which creates opportunities for collaboration. The IRP supports research on these diseases in racial and ethnic minority, rural, and socially and economically disadvantaged populations. Each cluster will be staffed with a multidisciplinary team of investigators with complementary expertise in basic, clinical, and social and behavioral sciences. Information sharing within each team is expected to accelerate research progress. This organization will allow the IRP to focus on problem-solving.

The IRP is in the process of implementing the Strategic Plan. Laboratory space is being secured in buildings on the main NIH campus and off site. Dr. Reed, the new Clinical Director, is establishing a research branch for each of the clusters.

### **Research Highlights from the NIMHD DREAM Program**

Dr. Eleanor Murphy, NIMHD senior research fellow and licensed psychologist at the New York Psychiatric Institute, spoke on the pharmacological treatment of major depressive disorders among African Americans and the social and biological influences on response and remission. Dr. Murphy is mentored by Dr. Francis McMahon of the National Institute of Mental Health.

Multiple studies have shown that African Americans and blacks have lower prevalence rates of depression than whites. However, African Americans who have depression experience higher rates of chronicity and impairment. They spend more time ill and are less likely to seek or obtain professional treatment. Those who do seek treatment are less likely to adhere to or remain in treatment, leading to poorer outcomes. Further, poor retention of African American subjects has been observed in clinical studies of depression, including the STAR\*D and CO-MED trials.

Dr. Murphy examined the reasons for enrollment and patterns of attrition for African American subjects compared to white subjects in a large clinical study of major depressive disorder. She found that African Americans dropped out of each study phase at higher rates than whites, but the most commonly ascribed reasons for drop-out were identical between the two groups: failure to return to the clinic; non-adherence to medication; non-adherence to study procedures; lack of efficacy; and unacceptable side effects. This observation suggests that attrition was not driven by race but by a systemic factor(s) that differentially impacts the two groups.

Within the cohort of African American subjects, broad correlates of dropping out included more depression, lower perceived mental and physical functioning, lower age, less than high school education, and greater impairment from medication side effects. Dropping out early in the studies was associated with core mental anxiety disorders, lower household income, higher perceived physical function, having a family history of alcoholism or having a parent, child, or sibling who had a known problem with alcohol, and younger age. Factors associated with returning to the clinic were being not married, higher perceived physical functioning, having had more than one major depressive episode, and having a belief that family and friends make it more difficult rather than more helpful for the patient to cope with his or her depression.

After controlling for drop-out rates and other sociological factors, African Americans report lower rates of response and remission in clinical trials. African American subjects had a greater severity of baseline psychiatric symptoms and greater co-morbidity of medical and psychiatric disorders. Researchers have speculated that genetic variation may influence antidepressant treatment, although no differences have been found between African Americans and whites in relation to SSRI response.

Dr. Murphy examined the extent to which self-reported race corresponds to genetic African ancestry and the extent to which African ancestry is associated with response to antidepressant treatment independent of social demographics and socioeconomic, clinical, and psychosocial



factors. She found that the primary influences on racial disparity in remission and response to antidepressant treatment are time spent in the study, socioeconomic status, and psychosocial functioning. A small but statistically significant effect of genetic ancestry was also observed.

#### **PUBLIC COMMENTS**

Members of the general public in attendance at the meeting were offered the opportunity to make comments. One attendee expressed an interest in wanting to raise awareness about increasing funding for NIMHD and health disparities.

#### **CLOSING REMARKS**

Before making closing remarks to recap the day and thank the Council members and presenters, Dr. Ruffin provided an opportunity for the Council to make any final comments. In response to comments from the Council, Dr. Ruffin noted that the federal report on diversity in the biomedical workforce and the NIH Health Disparities Strategic Plan were developed through independent processes. Council members suggested that implementation of the diversity initiatives could benefit from partnership and co-funding with other federal agencies. Dr. Brawley and Dr. Ruffin thanked all Council members for their participation in the meeting.

#### **ADJOURNMENT**

Ms. Brooks adjourned the 32nd NACMHD meeting at 3:34 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., Director, National Institute on Minority Health and Health Disparities, NIH

/ Donna A. Brooks /

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