

National Advisory Council on Minority Health and Health Disparities Director's Report

February 28, 2017

Eliseo J. Pérez-Stable, M.D.
Director, NIMHD



NIH National Institute
on Minority Health
and Health Disparities

NIH News



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NIH Director's Appointment Held Over

Francis S. Collins, M.D., Ph.D., appointed by President Barack Obama in 2009, is being held over by the Trump Administration until further notice.



David R. Wilson, Ph.D.

(Diné, Born for Tódích'íí'nii and born to Honágháahnii)

Appointed Director of the new NIH Tribal Health Research Office

The office coordinates NIH research related to the health of American Indians and Alaska Natives across NIH.

Dr. Wilson began his new role on February 13.

Previously served as public health advisor and lead for American Indian and Alaska Native Policy at the HHS Office of Minority Health.

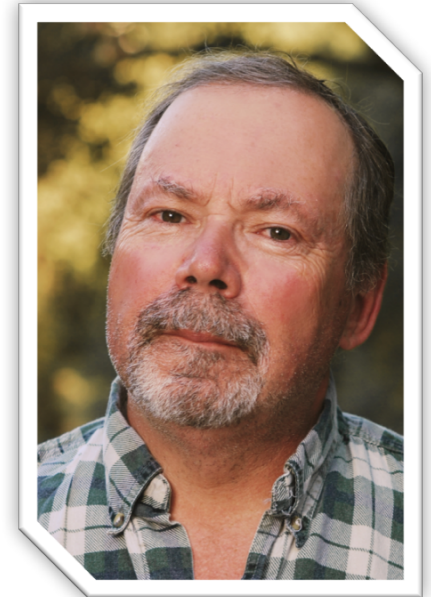
Serves as adjunct professor at the Center for American Indian Health, Johns Hopkins University School of Medicine.

Received a PhD in molecular and cellular biology from Arizona State University.



Departing NIH Staff: Philip E. Bourne, Ph.D.

Dr. Bourne will depart NIH, from the position of NIH Associate Director for Data Science to become Director of the Data Science Institute and professor, Department of Biomedical Engineering at the University of Virginia.



National Library of Medicine Director Patricia Flatley Brennan, R.N., Ph.D., will serve as Interim Associate Director for Data Science.



21st Century Cures Act Signed 12/3/2016

Provisions Specific to NIMHD

- ' **Sec. 2031. National Institutes of Health strategic plan -** Directors of the other ICs to consult annually with the director of NIMHD regarding their objectives to ensure that future activities take into account minorities and reducing health disparities.
- ' **Sec. 2038. Collaboration and coordination to enhance research -** Encourages the NIMHD Director to foster partnerships between ICs and funding of collaborative research projects to achieve the goals of NIH related to minority health and health disparities.
- ' **Sec. 2044. Sense of Congress on increased inclusion of underrepresented populations in clinical trials -** NIMHD should include within its strategic plan ways to increase representation of underrepresented populations in clinical trials.
- ' ***Legislative Implementation workgroup in process***



NIH Updates in Clinical Research

Common Rule, effective January 19, 2018

HHS revised the Common Rule to better protect human participants involved in research, while facilitating valuable research and reducing burden, delay, and ambiguity for investigators. Effort to modernize, simplify, and enhance the current system of oversight.

Improvements in Clinical Trials

NIH is the largest public funder of clinical trials in the United States, currently investing more than \$3 billion each year. To that end, NIH has launched a multifaceted effort to improve the quality and efficiency of clinical trials, an effort that is focused on a variety of key points along the “lifespan” of a clinical trial.



All of Us National Network of Inaugural Partners

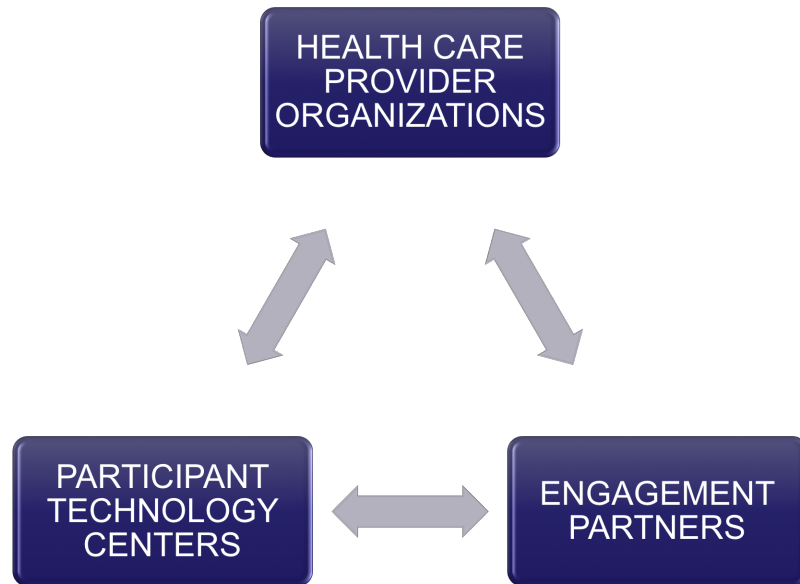
National Partners

RMCs

FQHCs



Triple Engagement Strategy



Engagement Partnership Funding

- Fund 3-4 awards in the spring of 2017 and additional awards in FY2017.
- The total project period will be approximately three (3) years
- Applications are due: March 24, 2017
- Awards may range from \$25K – 500K depending on the type of project and organization (e.g. local community engagement; regional/national scale community engagement; health care professional engagement awards)

The program launch date is pending



SGM Formally Designated as a Health Disparity Population for Research Purposes

The Minority Health and Health Disparities Research and Education Act of 2000 authorizes the Director of the National Institute on Minority Health and Health Disparities, in consultation with the director of the Agency for Healthcare Research and Quality at the U.S. Department of Health and Human Services, to define health disparity populations.

Sexual and gender minority populations face unique challenges across disease areas, including certain mental health conditions, HIV/AIDS, CV Disease and cancer. The designation –

- ' Formally recognizes that sexual and gender minority populations have been subjected to systematic discrimination and face health disparities
- ' Promotes more NIH support for research to address understanding of health disparity issues for this population
- ' Applies only to NIH-funded research



NIH-ACMG Seeking Physicians to Lead Genomic Medicine Research and Implementation



- **Goal:** To increase the pool of physicians trained in managing research and implementation programs in ‘genomic medicine’ —the use of genomic information as part of an individual patient’s clinical care
- **Program:** 24 months, located primarily in Bethesda, MD; Serve as Associate Program Director for initial 4-6 months with an NIH IC, then subsequent ~3 month rotations with other ICs, as Assistant Program Manager at ACMG, and/or assistants to program leaders in the NIH Intramural Research Program
- **Collaborating Institutes:** NHGRI, NHLBI, NIMH, **NIMHD**, and All of Us Research Program
- **Application Deadline is March 1, 2017. Contact:** edgreen@mail.nih.gov



NIH Tribal Consultation Advisory Committee

Meeting: February 23, 2017

Part 1

- ' The role of NIH in advancing research to address public health needs
- ' The role of NIH in assuring the protection of individuals and populations participant in NIH-funded research
- ' IRB review and approval of research, including research with tribal populations

Part 2

- ' Integrating tradition and culture in the design and conduct of research involving tribal populations
- ' Partnering with tribes in the design and conduct of research



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NIMHD News



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Remembering Dr. Judith Bradford, NIMHD Advisory Council Member and Friend

Judith Bradford, Ph.D., Director of the Center for Population Research in LGBT Health and Co-Chair of the Fenway Institute in Boston, Mass.

She played a key role in building the framework for LGBT-focused research and teaching. She had the distinction of serving on the first Institute of Medicine panel focused on lesbian health almost 20 years ago.

Dr. Bradford was the first research scientist to head a NIMHD-funded population studies center focused on sexual and gender minority health, and the first to receive NIH funding to support a summer institute to train the next generation of LGBT health researchers held at the Fenway Institute.



Special Issue/ Section on Bisexual Health Research in honor of Dr. Judith Bradford



- ' Call for Paper Proposals
- ' Seeking contributions that explore the unique health issues faced by diverse bisexual populations.
- ' Published papers will highlight research from the Bisexual Research Collaborative on Health (BiRCH), a multi-institutional scientific initiative focused on the health and wellbeing among individuals. Research from the broader field is also encouraged.
- ' BiRCH is one of Dr. Bradford's last contributions to the field.
- ' Deadline is April 1, 2017
- ' Contact Dr. Brian Dodge (bmdodge@indiana.edu) or Dr. Wendy Bostwick (wbostw1@uic.edu)



Legislative and Budget Updates



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Congressional Members Visit NIH



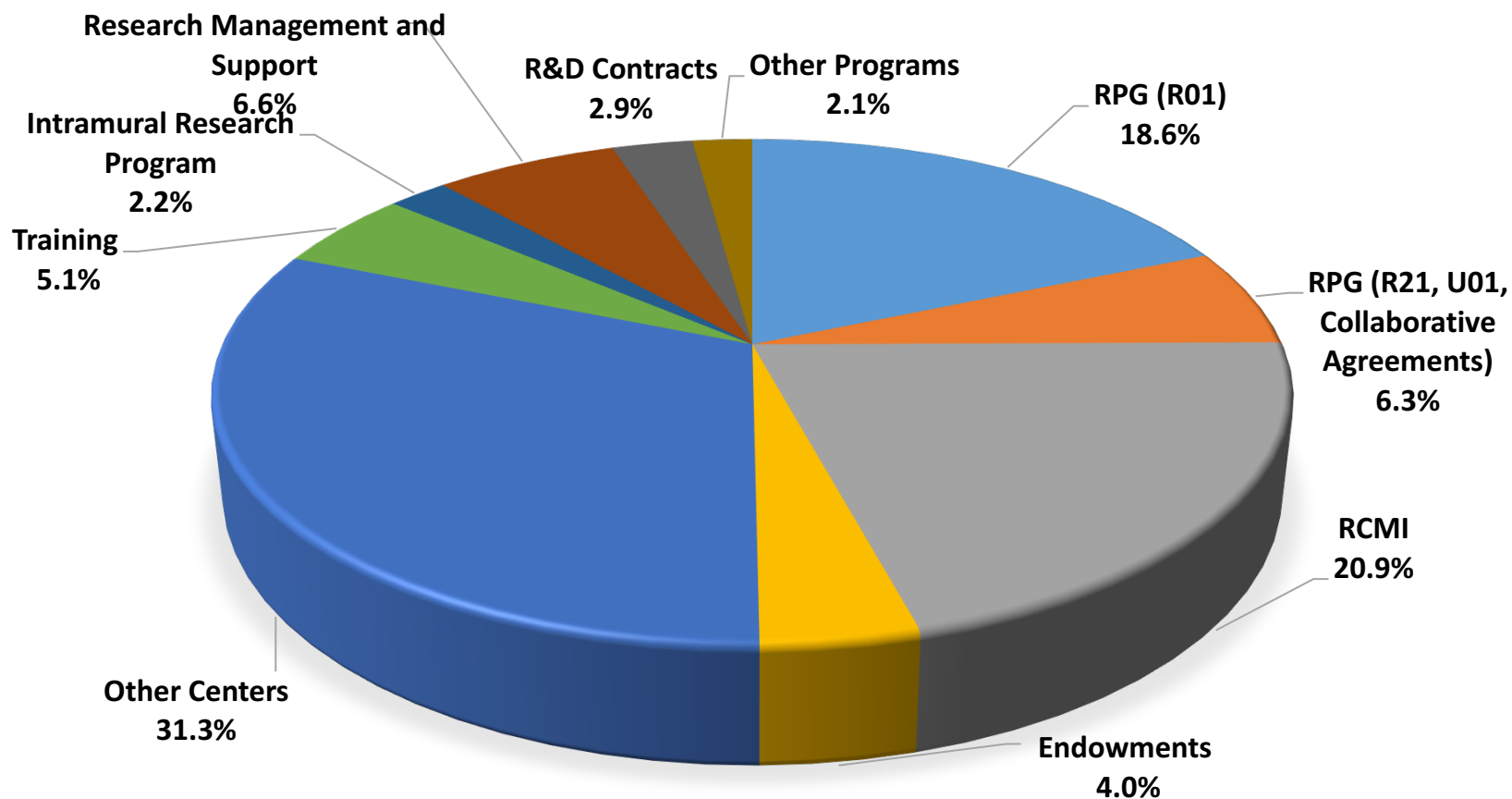
Dr. Eliseo J. Pérez-Stable greets Rep. Barbara Lee (D-CA).
Rep. Nita Lowey (D-NY) also shown with NIH staff.

- ' On February 6, 2017, House Appropriations Subcommittee on Labor, HHS, Education Chairman Tom Cole (R-OK) visited NIH and accompanied by Subcommittee members and staff. Representatives Mike Simpson (R-ID), Andy Harris (R-MD), Jaime Herrera Beutler (R-WA), John Moolenaar (R-MI), Nita Lowey (D-NY), Rosa DeLauro (D-CT), and Barbara Lee (D-CA).
- ' During the visit, Dr. Francis Collins, Director, NIH and Dr. Lawrence Tabak, Principal Deputy Director, NIH, and NIH IC Directors, including Dr. Eliseo J. Pérez-Stable met with members during a meet and greet.



Budget Update for FY 2016

PERCENT FUNDING DISTRIBUTION: TOTAL \$280.3M



Budget Update: FY 2017 Appropriation

☐ **NIMHD is under a Continuing Resolution until April 28, 2017.**

- FY2017 President's Budget: \$279,680,000
- FY2017 House of Representatives Mark: \$286,446,000
- FY2017 Senate Mark: \$292,323,00

☐ **Research Centers in Minority Institutions (RCMI)**

- Total funding increased by 2.5% for FY 2017.
- “NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD): Research Centers in Minority Institutions (RCMIs). The agreement continues to support RCMIs and expects the RCMIs to receive no less than \$58,177,388, which is the fiscal year 2016 enacted level plus the proportional share of the general increase provided to NIMHD.”



NIMHD Activities



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Engaging With Our Stakeholders

- ' HSR&D Field-Based Meeting to Engage Diverse Stakeholders in Advancing Health Equity in the VA Healthcare System. Philadelphia, PA September 21, 2016
- ' American Association for Cancer Research, Cancer Health Disparities Conference Addressing Racial Disparities. Ft. Lauderdale, FL September 25, 2016
- ' University of California, San Francisco, 10th Annual Health Disparities Research Symposium. October 21, 2016



Dr. Said A. Ibrahim (c), Dr. Michael Fine (l) of the VA Center for Health Equity Research and Promotion and Dr. Eliseo J. Pérez-Stable (r).



Engaging With Our Stakeholders



Dr. Louis Wade Sullivan provided an NLM History of Medicine lecture on October 4, 2016 in Lipsett Amphitheater. Dr. Sullivan, former HHS Secretary, has a significant relationship with NIMHD. In 1990, The Office of Minority Programs was established in the NIH Office of the Director, at the request of then Secretary Sullivan.

Secretary Sullivan (c) with Dr. Regina James (l) and Dr. Eliseo J. Pérez-Stable (r)



Promoting NIMHD Vision and Agenda

- ' **General Internal Medicine Grand Rounds, Johns Hopkins University, Baltimore, MD, September 23, 2016**
- ' **7th Annual James Reed Lectureship, Morehouse School of Medicine, Atlanta, GA, September 28, 2016**
- ' **Public Health Grand Rounds, University of Miami, Miami, FL September 29, 2016**
- ' **25th Anniversary Miami VAMC Geriatric Research, Education and Clinical Center, Miami, FL, September 30, 2016**
- ' **Research Centers in Minority Institutions Program, Howard University School of Medicine, Washington, D.C., November 9, 2016**
- ' **18th Annual HHS SBIR/STTR Conference: *Shining a Light on Small Business Innovation*, Orlando, FL, November 15, 2016**



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Engaging With Our Stakeholders

Mayo Clinic's Health Disparities
Research Annual Retreat. Rochester,
MN, October 5, 2016



Dr. Eliseo J. Pérez-Stable in discussion with Dr. Eddie
Greene, Assoc. Professor of Medicine, Mayo Clinic
College of Medicine

Keynote, Meharry Medical College
141st Convocation. Nashville, TN,
October 10, 2016.



Engaging With Our Stakeholders

University of Texas Southwestern Medical Center 2017 Dr. Martin Luther King, Jr. Commemoration. January 17. Dr. Pérez-Stable's Keynote explored whether or not "the arc of the moral universe bends toward justice."



Community Service winner Hillary Evans (second from right) and (from left) Dr. Drew Alexander, Dr. Eliseo J. Pérez-Stable, Dr. Marc Nivet, and Dr. Daniel K. Podolsky



Engaging With Our Stakeholders

In January, Dr. Pérez-Stable presented NIMHD's vision at Advisory Council meetings for the National Institute of Nursing Research and the National Institute of Arthritis, Musculoskeletal and Skin Diseases



Dr. Stephen I. Katz, NIAMS director and Dr. Pérez-Stable

Boston University School of Public Health
Symposia, *Reducing Health Inequities:
Advancing Meaningful Change*.
February 1, 2017



"The legacy of inequality in health care is one that we need to own as health care scientists" – Dr. Eliseo Pérez-Stable



Use of Race and Ethnicity in Genomic and Biomedical Research Workshop

October 24-25, 2016

Hosted by: National Human Genome Research Institute and National Institute on Minority Health and Health Disparities

Purpose: Examine the use of race and ethnicity data in biomedical and clinical research and its application to minority health and health disparities research

Objectives:

- ' Develop a framework and generate recommendations for use of race and ethnicity information in biomedical research
- ' Identify research questions to advance understanding of self-identified race and ethnicity (SIRE) and ancestry informative markers (AIMS) in genomics and biomedical research
- ' Generate recommendations for how genomics and biomedical research can describe research participants diverse backgrounds and experiences in ways that are scientifically and socially meaningful



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Use of Race and Ethnicity in Genomic and Biomedical Research Workshop



Recommendations in Broad Themes

- ' Types of data that should be collected in research involving race and ethnicity
- ' Modification and expansion of OMB race and ethnicity categories
- ' Appropriate use of self-report terminology in genomics and biomedical research
- ' Education in the application of race-associated genomics in medicine
- ' Increased robustness in collecting and analyzing race and ethnicity data
- ' Making race and ethnicity data accessible, searchable and comparable



NIMHD Worklife Committee Organizes Volunteer Dinner at the NIH Children's Inn



In November, NIMHD's Worklife Committee gave staff an opportunity to support our community at the NIH Children's Inn for the first time. Dr. Pérez-Stable, NIMHD staff and family members cooked, donated and served a family-style dinner for nearly 50 residents, featuring Fall Harvest Soups and Salads with a variety of side dishes and desserts.

The NIH Children's Inn is a residential "Place Like Home" for families with children enrolled in research protocols at the NIH Clinical Center.



NIMHD Staff News



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Retirement: Donna Brooks

After 42 years of federal service, Ms. Donna Brooks retired from her position as Executive Officer on October 31, 2016.

Her retirement celebration was held on the main campus in FAES terrace in the Clinical Center. NIMHD staff, along with Ms. Brooks' family, friends and colleagues were in attendance.



NIMHD Departing Staff

Ilesha Baskins: *Administrative Officer, departed for a position with the U.S. Secret Service*

Chris Foster: *Program Analyst, departed for a position with the All of Us Research Program, NIH Office of the Director*

Gerda Gallop-Goodman: *Technical Writer/Editor, departed for a position at the National Institute on Aging*

Mildred Qualls: *Grants Management Specialist, departed for a position at the National Center for Complementary and Integrative Health*

Debra Wilson: *Management Analyst, retired*

New NIMHD Appointments



NIMHD Welcomes New Executive Officer

Kimberly Allen has been appointed Executive Officer for NIMHD.

Ms. Allen will serve as the principal advisor to the Director on all administrative and management issues affecting the Institute.

Ms. Allen most recently served as Acting Executive Officer, and from August 7, 2015-October 31, 2016, as Deputy Executive Officer. Prior to joining NIMHD, she served as Deputy Executive Officer at NIGMS.



New NIMHD Appointments

Extramural Research Programs



Dr. Benyam Hailu
Medical Officer
Division of Scientific Programs



Dr. Beda Jean-Francois
Health Scientist Administrator
Division of Scientific Programs



Dr. Andrew Loudon
Program Officer
Division of Scientific Programs



New NIMHD Appointments

Extramural Research Programs

Janet Mfon

Grants Management Specialist
Grants Management Branch



Dr. Priscah Mujuru

Health Scientist Administrator
Division of Scientific Programs



New NIMHD Appointments

Extramural Research Programs

Dr. Richard Palmer

Health Science Administrator

Scientific Review Branch

Office of Extramural Research Administration



Dr. Meryl Sufian

Program Officer

Division of Scientific Programs



New NIMHD Appointments

Intramural Research Programs



Mary Andrews

Post Baccalaureate Fellow with Dr. Kelvin Choi
NIMHD Division of Intramural Research



Dr. Erik J. Rodriguez

Behavioral Epidemiologist
Intramural Lab of Dr. Eliseo J. Perez-Stable,
National Heart, Lung, and Blood Institute

New NIMHD Appointments

Administration

Kyan Chuong

Communication Specialist

Office of Communication and Public Liaison



Aaron Credle

Program Specialist

Legislative Office



Carlene Neil-Allman

Management Analyst

Office of Administrative Management



New NIMHD Appointments Administration

Rebecca Newton

Public Affairs Specialist

Office of Communications and Public Liaison



Brenda Parker

Administrative Officer

Office of Administrative
Management



Shelly Pollard

Outreach Coordinator (Detail)

Office of Communications and Public Liaison



New NIMHD Appointments

Office of Strategic Planning, Legislation and Scientific Policy

Dr. Carole Christian

Health Science Administrator



Dr. Steve Newell

Health Scientist



New NIMHD Appointments

Office of Strategic Planning, Legislation and Scientific Policy

Kester Williams-Parry

Program Analyst (returning from detail)



Barbara Wojciechowski

Statistician



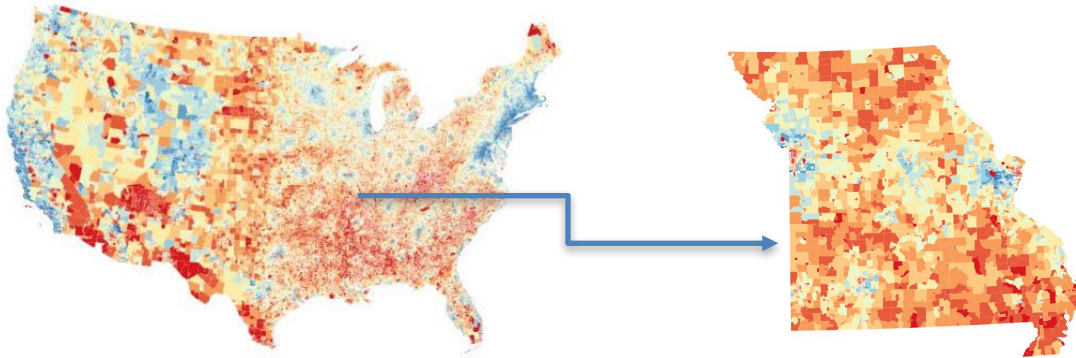
Grantee Noteworthy



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New Tool Helps National Diabetes Program Reach Disadvantaged Seniors



U.S. (l) and Missouri (r) by ADI decile. Red: most disadvantaged, Blue: least disadvantaged

- ' Dr. Amy Kind and colleagues at University of Wisconsin School of Medicine and Public Health have refined the Area Deprivation Index (ADI), a tool that allows neighborhoods to be ranked by socioeconomic disadvantage.
- ' The Centers for Medicare and Medicaid Services is using ADI to identify disadvantaged neighborhoods to deliver their **Everyone with Diabetes Counts** self-management education program for medically underserved seniors.
- ' Next step: Researchers are developing an on-line user interface to make data freely available and accessible to the public. Release anticipated within the next 12 months.



TCC Publishes in American Journal of Preventive Medicine Special Supplement

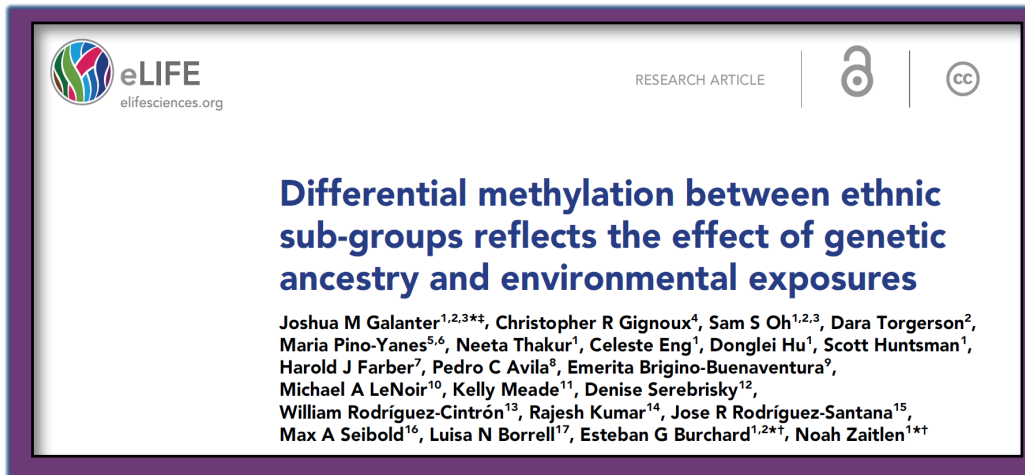


The Mid-South Transdisciplinary Collaborative Center for Health Disparities Research (U54MD008176) goal is to identify pathways and mechanisms through which social, economic, cultural, and environmental factors drive and sustain health disparities in obesity and related chronic diseases across the lifespan.

The Mid-South TCC uses a 'team science' approach, bringing together investigators from numerous scientific backgrounds to facilitate a more thorough and comprehensive understanding of health disparities and the best mechanisms for combating them. – Dr. Mona Fouad, PI



Researchers View the Interplay Between Genes, Social, and Environmental Factors for Medical Application




eLIFE
elifesciences.org

RESEARCH ARTICLE

Differential methylation between ethnic sub-groups reflects the effect of genetic ancestry and environmental exposures

Joshua M Galanter^{1,2,3*†}, Christopher R Gignoux⁴, Sam S Oh^{1,2,3}, Dara Torgerson², Maria Pino-Yanes^{5,6}, Neeta Thakur¹, Celeste Eng¹, Donglei Hu¹, Scott Huntsman¹, Harold J Farber⁷, Pedro C Avila⁸, Emerita Brigino-Buenaventura⁹, Michael A LeNoir¹⁰, Kelly Meade¹¹, Denise Serebrisky¹², William Rodríguez-Cintrón¹³, Rajesh Kumar¹⁴, Jose R Rodríguez-Santana¹⁵, Max A Seibold¹⁶, Luisa N Borrell¹⁷, Esteban G Burchard^{1,2*†}, Noah Zaitlen^{1*†}



CBS NEWS

NEWS SHOWS VIDEO MORE SEARCH

By SHANIKKA GUNARATNA CBS NEWS January 11, 2017, 4:15 PM

Culture etched on our DNA more than previously known, research suggests



Pacific Standard

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Nathan Collins **Follow**
Science journalist, daily contributor to Pacific Standard, former astrophysicist, intellectual dilettante.
Jan 10 · 4 min read

The Curious Co-Mingling of Race, Genes, and Health

A new study shows how understanding the “shopping cart” of race and ethnicity may be crucial to finding the best way to treat patients.

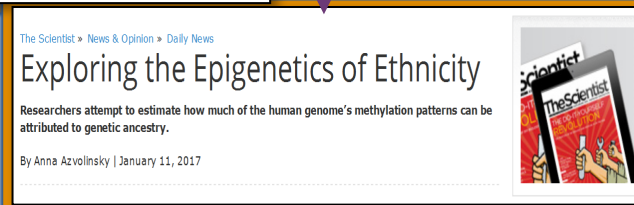


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How ethnicity is ENCODED in your DNA: Researchers say our genetic code contains far more cultural information than thought

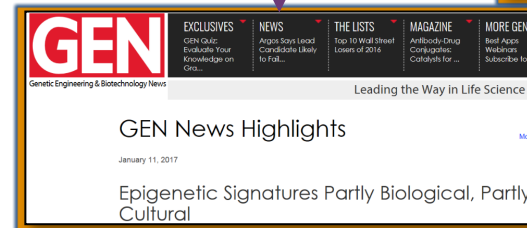


The Scientist | News & Opinion | Daily News

Exploring the Epigenetics of Ethnicity

Researchers attempt to estimate how much of the human genome’s methylation patterns can be attributed to genetic ancestry.

By Anne Azvolinsky | January 11, 2017



GEN
Genetic Engineering & Biotechnology News

EXCLUSIVES GEN Quiz: Evaluate Your Knowledge on G...
NEWS Angus Says Lead Candidate Likely to Fall...
THE LISTS Top 10 Wall Street Losers of 2016
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GEN News Highlights

January 11, 2017

Epigenetic Signatures Partly Biological, Partly Cultural



Grant Announcements and Funding Activity



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Recent Funding Opportunities and Notices

Funding Opportunities	Released
Engaging Youth and Young Adults from Health Disparity Populations in the HIV Treatment Cascade (R01) RFA-MD-16-003	09/07/2016
Addressing Health Disparities Through Effective Interventions Among Immigrant Populations (R01) PA-17-043 and (R21) PA-17-044	11/01/2016
Addressing the Etiology of Health Disparities and Health Advantages Among Immigrant Populations (R01) PA-17-041 and (R21) PA-17-042	11/01/2016
Research Centers in Minority Institutions (RCMI) (U54) RFA-MD-17-003	12/09/2016
Innovations for Healthy Living – Improving Population Health and Eliminating Health Disparities (R43/R44) RFA-MD-17-001	12/12/2016
Technologies for Improving Minority Health and Eliminating Health Disparities (R41/R42) RFA-MD-17-002	12/12/2016
Mechanisms of Disparities in Chronic Liver Diseases and Cancer (R01) PAR -17-151 and (R21) PAR-17-150	02-02-2017



Recent Funding Opportunities and Notices

Funding Opportunities - NOT	Released
Notice of NIMHD Participation in PAR-15-349 Health Disparities and Alzheimer's Disease (R01) NOT-MD-16-011	11/08/2016
Notice of NIMHD Participation in PAR-15-350 Emerging Directions for Addressing Health Disparities in Alzheimer's Disease (R03) NOT-MD-16-012	11/17/2016
Notice of Intent to Publish a Funding Opportunity Announcement for NIMHD Specialized Centers of Excellence for Research on Minority Health and Health Disparities (U54) NOT-MD-17-001	12/21/2016



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Primary Actions – Competitive Awards From September 2016 Council

RFA/PA Title	No. of Awards	Total Funds
P A-13-302, Research Project Grant (Parent R01)	9	\$6,064,964
PA-13-118, Mechanisms, Models, Measurement, & Management in Pain Research (R01)	1	\$494,844
PA-13-130, Understanding and Promoting Health Literacy (R01)	2	\$1,352,454
P AR-14-260, Interventions for Health Promotion and Disease Prevention in Native American Populations (R01)	1	\$700,681
P A-13-303, <u>NIH</u> Exploratory/Developmental Research Grant Program (Parent R21)	1	\$239,114



Primary Actions – Competitive Awards From September 2016 Council

RFA/PA Title	No. of Awards	Total Funds
RFA-MD-15-010, Advancing Health Disparities Interventions through Community-Based Participatory Research (U01)	3	\$1,553,627 OBSSR Co-Fund
PA-15-269, PHS 2015-02 Omnibus Solicitation of the NIH, CDC, FDA and ACF for Small Business Innovation Research Grant Applications (Parent SBIR)(R43/R44)	2	\$724,997
P A-16-077, NIH Pathway to Independence Award (Parent K99/ROO)	1	\$128,736
PA-13-347, NIH Support for Conferences and Scientific Meetings (Parent R13/U13)	3	\$149,552
PA-14-147, Ruth L. Kirschstein National Research Service Award (NRSA) Individual Predoctoral Fellowship (Parent F31)	1	\$35,974



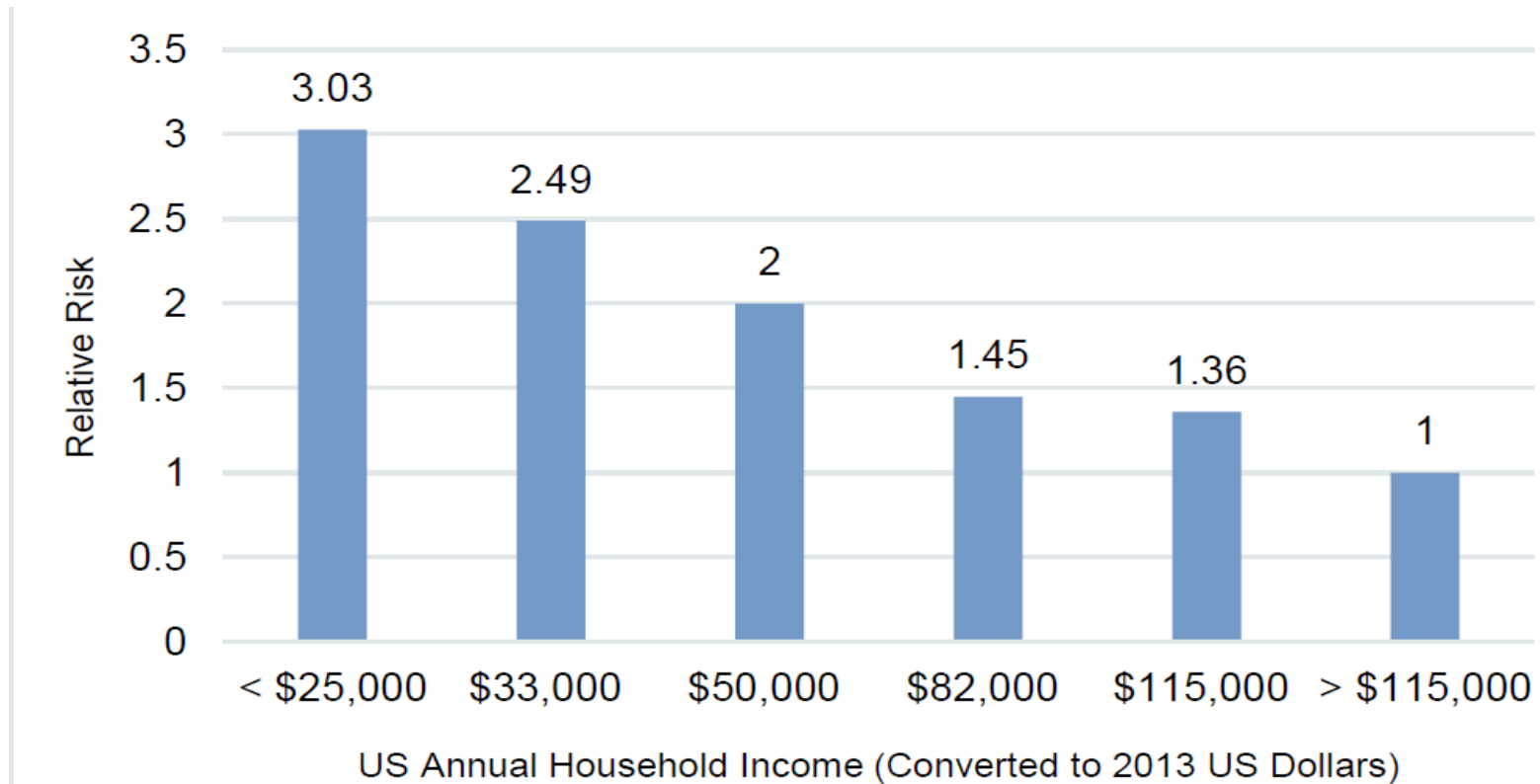
NIMHD-Funded Science Advances



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Relative Risk of All-Cause Mortality by US Annual Household Income Level



Life Expectancy in the U.S., 2014

	Men	Women
White	76.5	81.1
Black	72.0	78.1 =
Latinos	79.2	84.0
AI/AN and NH (2007-09)	68.0	74.3 =

Arias E, NCHS, CDC, 2016 '



Place, Income and Life Expectancy

- ' Tax records for pretax household income and death registry in SSA
- ' Richest vs. poorest 1% live on average: 10.1 y (women) and 14.6 y (men) longer
- ' Inequality in 5% increased by 2 y for men and 3 y women over time
- ' Bottom quintile in some local areas live an average 4.5 years longer than others

Chetty R, et. al., JAMA 2016, Apr 26; 315(16): 1750-66



Neurocognitive Function in Blacks and Whites with HIV

Krueger KR, et al. **Association of cognitive activity and neurocognitive function in blacks and whites with HIV.** [AIDS](#). 2017 Jan 28; 31(3):437-441. **P20MD006886**, Rush Center of Excellence on Disparities in HIV and Aging (PI: Lisa Barnes)

Older persons with HIV are at risk for impaired cognition, yet there is limited information on modifiable factors associated with neurocognitive function in this group. In a cross-sectional observational study, investigators examined the relation between frequency of cognitive activity and current neurocognitive performance in 176 older persons with HIV.

In linear regression models adjusted for demographic variables, higher frequency of cognitive activity was associated with better global cognition, semantic memory, and perceptual speed.

Models that examined the role of race demonstrated that **association with global cognition, episodic memory, working memory, and perceptual speed was significant only among Blacks.**

Results indicate that greater frequency of cognitive activity is associated with better neurocognitive function in older persons with HIV, particularly among older Blacks. Longitudinal studies are needed to assess this association over time in older persons with HIV.



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The Role of Stress Management in Diabetes Outcomes for Latinos

Wagner JA, et.al., **A randomized, controlled trial of a stress management intervention for Latinos with type 2 diabetes delivered by community health workers: Outcomes for psychological wellbeing, glycemic control, and cortisol.** Diabetes Res Clin Pract. 2016 Oct;120:162-70. R01MD005879, Stress Management among Latinos with Type 2 Diabetes (PI: Perez-Escamilla, R; Wagner, JA; Yale University)

Examined the efficacy of a community health worker (CHW)-delivered stress management intervention vs. CHW-delivered diabetes education on mental health and diabetes outcomes in Latino adults with Type 2 diabetes.

- **Participants receiving stress management had greater improvements in depression, anxiety, and self-reported health status**
- Diabetes outcomes (HbA1c, diabetes distress, urinary cortisol) were not different in two conditions
- However, greater attendance of stress management sessions was associated with greater improvements in HbA1c and diabetes distress, highlighting the importance of retention in diabetes management interventions



Sleep Disturbance and Inflammation Mediate Link Between Childhood Abuse and Hypertension (HTN)

Petrov, ME, et al. **Linking childhood abuse and hypertension: sleep disturbance and inflammation as mediators.** [*J Behav Med.*](#) 2016 Aug; 39(4):716-26. **P20MD002316**, Cultural Processes in Risk and Resiliency (PI: Flavio Marsiglia)

Childhood abuse is predictive of poor cardiovascular health outcomes in adulthood, including HTN. Investigators examined the potential roles of sleep disturbance, body mass and inflammation in this association. Participants (n=589, 41.3% with HTN) completed the Childhood Trauma Questionnaire and self-reported current sleep disturbance and medical diagnoses including HTN. In addition to measuring blood pressure, blood samples were analyzed for inflammatory markers including C-reactive protein, interleukin-6, and fibrinogen.

In a multiple mediation model, **childhood abuse was significantly related to both body mass index and sleep disturbance**, which, in turn, were significantly associated with inflammation, which was subsequently associated with hypertension status.

Results indicate that sleep disturbance, body mass, and inflammation potentially represent independent mediators between childhood abuse and adult hypertension that may be amenable to biobehavioral interventions.



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Strict Blood Pressure Control Associates with Decreased Mortality Risk by APOL1 Genotype

Ku E, et al. **Strict blood pressure control associates with decreased mortality risk by APOL1 genotype.** [Kidney Int.](#) 2017 Feb; 91(2):443-450. **P20MD000182**, CDU/UCLA Project EXPORT Center (PI: David Martins)

The APOL1 high-risk genotype increases the susceptibility of African descent populations to chronic kidney disease (CKD). To gauge effects on mortality risk, researchers analyzed data from the African American Study of Kidney Disease and Hypertension trial, which randomized black CKD patients to strict vs. usual blood pressure (BP) control, including 682 patients with known APOL1 genotype (157 high-risk).

During a median follow-up of 14.5 years, risk of death did not differ between individuals with high- vs. low-risk APOL1 genotypes. However, in the APOL1 high-risk group, risk of death was 42% lower in the strict BP control arm vs. usual control, whereas in the APOL1 low-risk group mortality risk in the two intervention arms was not significantly different.

Strict BP control during CKD associates with a lower risk of death in blacks with high-risk CKD APOL1 genotype. Knowledge of APOL1 status could inform selection of BP treatment targets in black CKD patients.



Perceived Discrimination in Mental Health/Substance Abuse Treatment Services

Mays VM, et al. **Perceived discrimination in health care and mental health/substance abuse treatment among Blacks, Latinos, and Whites.** [Med Care.](#) 2017 Feb; 55(2):173-181. **P60MD006923**, Bridging Research, Innovation, Training & Education Solutions for Minority Health (PI: Vicky Mays)

To determine whether perceived discrimination in mental health/substance abuse (MH/SA) visits contributes to participants' ratings of treatment helpfulness and stopped treatment, investigators analyzed data from 1,099 adults (age 18-72) who indicated prior year MH/SA visits in the California Quality of Life Survey, a statewide population-based survey assessing mental health and substance use disorders and treatment.

Four percent of adults reported discrimination during MH/SA visits. Uninsured patients were 7 times more likely than others to do so.

The most commonly reported reasons for discrimination were race/ethnicity for blacks (52%) and Latinos (31%), and insurance status for whites (40%).

Experiences of discrimination are associated with negative MH/SA treatment experiences for Latinos and whites and early treatment termination for blacks, potentially influencing mental health outcomes.



Unconscious Bias in Health Care

- **ED Study in South Dakota: 84% clinicians had implicit preference for White children and their caretakers.**
- **The greater the number of American Indian children seen, the more clinicians saw AI children as challenging and caregivers as less compliant**

Puumala, SE, et.al., *Med Care* 2016; 54(6):562-9



Raising the Minimum Wage Can Reduce = Infant Mortality and Morbidity =

Komro KA, Livingston MD, Markowitz S, **Wagenaar AC**. **The effect of an increased minimum wage on infant mortality and birth weight.** Am J Public Health (2016): 106(8), 1514-6. **R01MD010241**, Family Economic Security Policy: Effects on Child Health Disparities (PI: Komro, KA; Wagenaar AC)

Estimated the effects of state minimum wage laws on rates of low birth weight (LBW) and infant mortality from 1980 to 2011.

A \$1 dollar increase above the federal minimum wage was associated with a 1-2% decrease in LBW births and a 4% decrease in infant mortality.

If all states increased minimum wage by \$1 in 2014, there would be an estimated 2790 fewer LBW births and 518 fewer post-neonatal deaths that year.



Using Peers to Support = Adolescent Obesity Interventions =

Giannini CM*, Irby MB, Skelton JA, Gesell SB. **Feasibility of a friendship network-based pediatric obesity intervention.** Child Obes 2017 Feb;13(1):18-24. **P60MD006917**, The Maya Angelou Center for Health Equity (PI: Bertoni, Alain Gerald)

Pilot study to examine the feasibility and acceptability of incorporating peers into existing obesity interventions for diverse adolescents

Participants (N=42) were willing to identify friends to involve in obesity treatment and friends were willing to participate in group treatment sessions.

Results indicate that a social network approach to obesity interventions is feasible and desired by adolescents.

*Post-baccalaureate scholar supported by NIMHD Diversity Supplement



Dr. Eliseo J. Pérez-Stable Laboratory

National Heart, Lung, and Blood Institute

- **' Erik Rodriquez, PhD staff scientist**
- **' NHIS 2009-2012: associations between sex, acculturation, education, and cigarette smoking by Latino national background**
- **' Greater acculturation and education reduced odds of smoking among Latino men overall**
- **' Challenge the assumption that as acculturation increases Latinos will engage in unhealthy behaviors**



Upcoming NIMHD Scientific Workshops

- ' **Use of IT Technologies and Strategies in Minority Health and Health Disparities** (National Science Foundation, collaborator), May 11-12, 2017
- ' **Structural Racism and Cultural Competence: Impact on Minority Health and Health Disparities** (HHS Office of Minority Health, collaborator), May 22-23, 2017
- ' **Inclusion Across the Lifespan** (National Institute on Child Health and Human Development/National Institute on Aging, collaborators), June 1-2, 2017
- ' **Improving Health Research on Small Subpopulations**— National Academy of Medicine, National Cancer Institute, collaborators), Date: TBD



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NIMHD Intramural Program

- **Population science emphasis with possible clinical component**
- **Scientific Director recruitment**
- **Network with Division of Intramural Research programs with minority health and health disparities interests: NCI, NIA, NIDDK, NICHD, NIEHS, NHLBI**



Council Discussion and Questions



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