

**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 Boulevard
Bethesda, MD

February 25, 2014
8:00 a.m. – 4:00 p.m.

Meeting Minutes

Council Members Present

John Ruffin, Ph.D., Director, NIMHD
Jasjit S. Ahluwalia, M.D., MPH, NACMHD Chair
Eddie Greene, M.D.
The Honorable Kweisi Mfume
Valerie Montgomery Rice, M.D.
Lisa A. Newman, M.D., MPH, FACS, FASCO (*by teleconference*)
Jesus Ramirez-Valles, Ph.D.
Michael A. Rashid, MBA
Linda Thompson-Adams, Ph.D., RN, FAAN

Ad Hoc Members

Brian Rivers, Ph.D., MPH
William Robinson, M.D.
Michelle A. Williams, Sc.D.

Ex Officio Member

Robert M. Kaplan, Ph.D.

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 8:33 a.m. Dr. John Ruffin, Director of the National Institute on Minority Health and Health Disparities (NIMHD), welcomed the members of the National Advisory Council on Minority Health and Health Disparities (NACMHD).

Dr. Jasjit Ahluwalia, NACMHD Chair, led the second level review of grant applications submitted to NIMHD programs. The Council considered 58 applications requesting an estimated \$23,132,483 in total costs. Applications from the following programs were considered: Small Business Innovation Research

(SBIR)/Small Business Technology Transfer Research (STTR), including the NIMHD Technologies for Improving Minority Health and Eliminating Health Disparities, the Omnibus Solicitation for SBIR, and the Development and Translation of Medical Technologies to Reduce Health Disparities initiatives; Research Centers in Minority Institutions; Support for Scientific Conferences; Research on the Health of LGBTI Populations; and Understanding and Promoting Health Literacy. All second level review decisions were made through *en bloc* voting.

Ms. Brooks adjourned the Closed Session at 9:29 a.m.

OPEN SESSION

CALL TO ORDER AND WELCOME

Ms. Brooks called to order the Open Session at 9:43 a.m.

OPENING REMARKS AND INTRODUCTIONS

Dr. Ruffin welcomed all participants to the 35th NACMHD meeting and announced that Dr. Ahluwalia will serve as the new Chair designee for the Council. Council members introduced themselves and shared updates on their personal and professional activities.

CONSIDERATION OF SEPTEMBER 2013 MINUTES

With a change to clarify a point in Dr. Kaplan's scientific presentation, the minutes of the September 2013 NACMHD meeting were unanimously approved.

FUTURE MEETING DATES AND ADMINISTRATIVE MATTERS

Upcoming NACMHD meetings are scheduled for June 10 and September 9, 2014.

NIMHD DIRECTOR'S REPORT

Dr. Ruffin presented the 35th Director's Report to inform the Council about recent activities at NIMHD and across the National Institutes of Health (NIH).

New NIMHD Staff:

- Sharon Jackson, M.D., senior clinical investigator, NIMHD Intramural Research Program (IRP), has training in pediatrics and allergy immunology and previously worked as an investigator at the National Institute of Allergy and Infectious Diseases.
- Aibing Wang, Ph.D., biologist in Dr. Jackson's laboratory, studies the development of cardiovascular and metabolic diseases.
- Kelvin Choi, Ph.D., MPH, is an investigator in the IRP, acting chief of the Social Behavioral Group, Cancer Cluster Lab, and an NIH Earl Stadtman Investigator. He studies social, behavioral, and population factors that contribute to health disparities with an interest in young adults' awareness, perceptions, and use of new tobacco products.
- Two DREAM fellows, Debbie Barrington, Ph.D., and Bridgett Rahim-Williams, Ph.D., MPH, MA, have joined the IRP as senior research fellows.

NIMHD Program Funding: Based on second-level review of grant applications at the September 2013 NACMHD meeting, applications for the following NIMHD programs were funded: 18 awards for the Minority Health and Health Disparities International Research Training (MHIRT) program; two scientific conference grants; four SBIR and one STTR awards; one award for the Understanding and Promoting

Health Literacy initiative; and two awards for the Basic Social and Behavioral Research on Culture, Health, and Wellbeing initiative.

2013 NIMHD Budget: In fiscal year 2013, the NIMHD budget was \$260.7 million. The majority of the budget supported new and continuation awards for NIMHD programs, including the Centers of Excellence and the Research Centers in Minority Institutions. Other major programs included: SBIR, the Science Education Initiative, MHIRT, and collaborations with other NIH Institutes and Centers or other agencies. The loan repayment program, which comprised 5 percent of the budget, funded 246 promising health professionals, of whom 57 percent were part of a health disparities population.

Funding Opportunity Announcements: NIMHD is participating in three initiatives led by the NIH Common Fund that are related to enhancing the diversity of the NIH biomedical research workforce: Building Infrastructure Leading to Diversity (BUILD); National Research Mentoring Network (NRMN); and the Coordination and Evaluation Center (CEC). Applications for 5-year awards are due April 2, 2014. In January 2014, NIMHD held a technical assistance webinar for potential applicants, which is posted on the NIH Common Fund website (commonfund.nih.gov/diversity/index). The site also provides links for the “Program Insights” newsletter and a list of FAQs on the workforce diversity program.

Dr. Ruffin encouraged the community to search out and apply to funding opportunities offered across the NIH that are relevant to the NIMHD mission. NIMHD is specifically participating in the following initiatives led by other NIH Institutes:

- Research on the Health Determinants and Consequences of Violence and Its Prevention, Particularly Firearm Violence (National Institute on Alcohol Abuse and Alcoholism);
- Research on the Health of LGBTI Populations (*Eunice Kennedy Shriver* National Institute of Child Health and Human Development);
- Data initiatives led by the National Human Genome Research Institute.

Outreach Activities: NIMHD has launched the *Health Disparities Pulse*, a quarterly newsletter for the health disparities community that covers NIMHD, NIH, and other federal efforts in the field. NIMHD grantees and others who work in this area are invited to share information that could be included in the newsletter. The NIMHD website (www.nimhd.nih.gov) has been redesigned; it provides information on NIMHD programs and awards, as well as the Institute’s organizational structure and staff list.

The NIMHD Translational Health Disparities Course will be offered again. Council members are asked to support the course as faculty, offer curriculum ideas, and promote the course among potential applicants within their institutions. The course is open to anyone interested in health disparities; previous attendees have included representatives of federal agencies, early investigators, and established investigators from community organizations and policy organizations.

NIH Advisory Committee to the Director’s Working Group on Diversity in the Biomedical Research Workforce: Based on the NIH Advisory Committee’s report, the NIH Director has appointed Hannah Valentine, M.D., as the first permanent NIH Chief Officer for Scientific Workforce Diversity. Dr. Valentine was the Senior Associate Dean for Diversity and Leadership at the Stanford School of Medicine and Professor of Cardiovascular Medicine at Stanford University Medical Center. In her new role, Dr. Valentine is responsible for developing a comprehensive vision and strategies to diversify the scientific applicant pool and pipeline, to expand recruitment methods and retention strategies, and to help promote inclusiveness and equity throughout the biomedical research community at large.

The Council discussed another recommendation of the report—the use of anonymity in the grant review process. NIMHD will extend an invitation to Richard Nakamura, Ph.D., Director of the Center for Scientific Review, to address this issue at a future Council meeting.

The NIH Advisory Committee met to talk about the role of mentorship in enhancing diversity. Their discussion is expected to form the basis of an NIH mentorship workshop to be held later in 2014.

SBIR/STTR Program Outreach: Dr. Ruffin encouraged Council members to help spread awareness of the NIMHD SBIR and STTR programs that support research at small businesses. Information on two upcoming conferences can be shared with the community:

- The *National SBIR/STTR Conference* is scheduled for June 16-18, 2014, at the Gaylord Hotel and Conference Center in National Harbor, Maryland. Representatives of 11 federal agencies will explain the SBIR/STTR program and its activities at their agencies. Participants will have opportunities for networking with other attendees.
(nationalinnovationsummit.com/program/National_SBIR_Conference.html)
- The *NIH Annual SBIR/STTR Conference* will be held in October 2014 in Albuquerque, New Mexico. Exact dates for the conference will be announced on the NIH website when they are finalized.

Every state has an SBIR or small business or technology office that provides training and workshops for those interested in applying to the SBIR/STTR program. Some states provide special resources, such as funds for a consultant to write an application or matching funds for successful applications.

For a future NACMHD meeting, NIMHD will arrange a talk from a health disparities SBIR/STTR grantee to provide information on models and best practices that can be disseminated to the community.

Other Discussion: The Council discussed the need for close coordination between NIMHD and new entities with similar interests, such as the NIH LGBT Research Coordinating Committee and the Office for Scientific Workforce Diversity.

The importance of broadly communicating the work of the Institute to the academic community and the general public was discussed. In addition to the NIMHD website and newsletter, other avenues for communication could be explored. Council members suggested gathering success stories that have resulted from NIMHD funding. For example, loan repayment recipients could be surveyed to understand how the program influenced their career paths and their achievement of milestones, such as promotion and tenure. The impact of the P20 Centers of Excellence on the development of institutions that have not received significant NIH or other federal funding could be publicized. It is important for successful grantees tell their stories with credit to NIH and NIMHD support. Evaluation and dissemination of program outcomes could affect the availability and allocation of resources in the future.

The Council discussed its role in the Institute's Congressionally mandated mission to coordinate minority health and health disparities research across NIH, which currently spends approximately \$2.7 billion per year in this area. The use of portfolio analysis tools to identify funding redundancy and improve efficiency and the need for a common definition of health disparities were suggested.

NIH STRATEGIC PLAN FOR HEALTH DISPARITIES UPDATE AND DIALOGUE

The Minority Health and Health Disparities Research and Education Act of 2000 (Public Law 106-525) established the NIMHD predecessor, the NCMHD, and charged it with coordinating the development of a comprehensive NIH Strategic Research Plan and Budget on Health Disparities. This mandate was

transferred to the newly created Institute under the Affordable Care Act in 2010. By law, the Strategic Plan must include information from all 27 Institutes and Centers. The final Plan must be approved by the NIMHD Director, the NACMHD, the NIH Director, and the Secretary of Health and Human Services (HHS).

Dr. Ruffin described challenges NIMHD has faced in developing the NIH-wide strategic plan. The first strategic plan uncovered issues related to budget methodology. Institutes and Centers did not use a standard definition of health disparities and health disparities populations to analyze and report the amount of funding for relevant activities. A committee with representation from across NIH and other HHS agencies developed a common definition and methodology to address this issue. A challenge arose in the second iteration with the use of the word “minority” as a result of the *Adarand* decision. For the second and third strategic plans, Institutes and Centers were asked to provide information related to three overarching concepts: research, capacity building and infrastructure, and dissemination of information to communities affected by health disparities. NIMHD is now coordinating the third iteration of the NIH Strategic Plan for Health Disparities for 2014-2018.

Nathaniel Stinson, M.D., Ph.D., is leading the current strategic planning process. He provided information on the historical development of strategic plans for minority health and health disparities and updated the Council on the status of the third strategic plan. The first HHS report on minority health was released in 1985 by Secretary Margaret Heckler. A decade ago, the Office of Minority Health proposed a framework for a strategic plan to address minority health and health disparities. That plan addressed individual-level factors (e.g., biology, genetics, behaviors), environmental community-level factors (now called social determinants of health), and system-level factors (e.g., facilities, funding, leadership, coordination, dissemination of information). Healthy People 2020 identified five determinants of health: biogenetics, individual behaviors, social determinants, health services, and health policy. Last year, HHS released a department-wide strategic plan for health disparities.

The first NIH strategic plan for health disparities was a compilation of separate plans submitted by each Institute and Center. The plan was not integrated in any way and did not include a budget. The second strategic plan was more organized thematically, but Institutes and Centers submitted vastly different levels of detail about programs, grants, or strategic ideas. The current planning process is designed to facilitate integration of goals and objectives across all NIH components with programmatic activity.

Several work groups have been assembled. The Priority Setting Work Group includes senior leadership from the Institutes and Centers, the NIH Office of the Director, and NIH Advisory Councils. This group examines appropriate priorities and goals for the strategic plan from a big-picture perspective. The Development and Implementation Work Group comprises Institute and Center representatives who are either points of contact for minority health and health disparities programs or involved in planning and evaluation activities, as well as extramural researchers. An NIMHD internal working group includes staff from the Office of Strategic Planning, Legislation, and Science Policy, among other divisions and offices.

Basic terms defined for the planning process include: *priorities*—what are the things that are important to you?; *goals*—what do you want to see happen with your priorities?; *objectives*—measurable steps toward the goals; and *strategies*—Institute- and Center-specific ways to reach the objectives.

The format of the third strategic plan was outlined. The Introduction will establish the importance of the strategic plan; it will discuss how the plan responds to the core values of the Institutes and Centers and helps NIH achieve its mission to ensure that everyone in this country lives a long, healthy life. The NIMHD’s coordination role and the structure of the planning process will be discussed. Next, the plan

will describe the priorities, goals, objectives, strategies, and program initiatives in tabular form. Each aspect will be associated with specific Institutes and Centers, and a professional judgment budget will be developed. Finally, an appendix will report on the intersection of the NIH and HHS strategic plans for health disparities.

Council members were invited to provide input and insights regarding the priorities, goals, objectives, and strategies that have been developed to date. An important consideration is whether the components address the five areas of determinants of health defined by Healthy People 2020. The tabular format of the plan should aid in identifying programmatic gaps.

Discussion:

- The NIH strategic plan will align with any goals and objectives defined in the HHS strategic plan that fall within the NIH sphere of responsibility.
- The importance of tracking and evaluating measurable outcomes and achievement of milestones was discussed. As part of this effort, the NIH biannual report to Congress includes a chapter describing and evaluating progress made in health disparities research. The Council suggested making use of keywords, curriculum mapping tools, and other technologies to capture data and ensure that the strategic plan serves as a living document.
- Council members expressed concerns that some draft goals seemed biased toward medical models. The current definition of health disparities refers to a process of social exclusion, and more could be done to frame the goals and objectives with respect to the role of social conditions. The Council suggested the plan would benefit from the addition of language to address research on understanding and intervening in social processes of exclusion that create disparities.
- Some draft goals do not seem to be associated with a specific Institute or Center, for example, goals related to health services or health policy research. Such goals may fall under the purview of NIMHD; others may reveal a critical gap that could be addressed by other Institutes and Centers. Importantly, the Affordable Care Act mandated the creation of minority health and health disparities offices in all HHS agencies. A department-wide health disparities council has been established, so NIH is not working in isolation on these issues.
- In the future, each Council meeting will include an agenda item to update members and solicit input as the third strategic plan progresses.

PUBLIC COMMENTS

No public comments were received.

CLOSING REMARKS

The Council discussed the often slow pace of change and the potential to transform health disparities from a matter of interest to one of priority. Council members can seek out opportunities to talk with their communities about the importance of the Institute's work, the need to enforce the provisions of Public Law 106-525, and the progress that has been made to address health disparities and improve people's health and lives. Finally, the Council requested that Francis Collins, M.D., Ph.D., NIH Director, be invited to attend a future NACMHD meeting.

Dr. Ruffin thanked the Council members and NIMHD staff for their hard work and dedication.

ADJOURNMENT

Ms. Brooks adjourned the 35th NACMHD meeting at 4:00 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