

**U.S. Department of Health and Human Services  
National Institutes of Health  
National Institute on Minority Health and Health Disparities**

**54<sup>th</sup> Meeting of the  
National Advisory Council on Minority Health and Health Disparities**

Virtual Meeting

May 12, 2020 (Open Session) 1:00 p.m. – 4:00 p.m. EDT

**Meeting Minutes**

**Council Members Present**

Eliseo J. Pérez-Stable, MD, Chairperson; Director, NIMHD  
Lisa L. Barnes, PhD, Rush University Medical Center  
Neil S. Calman, MD, Icahn School of Medicine at Mount Sinai  
Marshall H. Chin, MD, MPH, FACP, University of Chicago  
Giselle M. Corbie-Smith, MD, MS, University of North Carolina at Chapel Hill  
Kimberly S. Johnson, MD, Duke University Medical Center  
Joseph Keawe'aimoku Kaholokula, PhD, University of Hawaii at Manoa  
Matthew Lin, MD, San Marino, CA  
Spero M. Manson, PhD, MA, University of Colorado Denver  
Francisco Sanchez Mendoza, MD, MPH, Stanford University  
Brian Mustanski, PhD, MA, Northwestern University  
Amelie Ramirez, DrPH, MPH, University of Texas Health Science Center  
Joan Y. Reede, MD, MS, MPH, MBA, Harvard Medical School  
Kenneth A. Resnicow, PhD, University of Michigan  
William M. Southerland, PhD, Howard University  
Gregory A. Talavera, MD, MPH, San Diego State University  
Carmen Zorrilla, MD, University of Puerto Rico

**Ex Officio Members Present**

Judith A. Long, MD, VA Center for Health Equity Research and Promotion  
Donald Shell, MD, MA, Office of the Assistant Secretary of Defense for Health Affairs

**Representative**

William Riley, PhD, Office of Behavioral and Social Sciences Research

**Executive Secretary**

Joyce A. Hunter, PhD, NIMHD

## **Presenters**

Bruce J. Tromberg, PhD, Director, National Institute of Biomedical Imaging and Bioengineering, NIH

Nathaniel Stinson, Jr., MD, Director, Community Health and Populations Sciences, NIMHD

Rada Dagher, PhD, MPH, Program Officer, Clinical and Health Services Research, NIMHD

## **CALL TO ORDER AND WELCOME**

Dr. Pérez-Stable, Director of the National Institute on Minority Health and Health Disparities (NIMHD), called to order the Open Session of the 54<sup>th</sup> meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD) at 1:00 p.m.

## **ROLL CALL, MINUTES REVIEW AND VOTE**

Dr. Hunter called the roll. Council members and others present introduced themselves and their affiliations. Dr. Hunter brought the February 2020 meeting minutes before the Council, calling for a motion to approve them. The Council unanimously approved the minutes of the February 2020 Council meeting.

## **DIRECTOR'S REPORT**

Dr. Pérez-Stable provided the report on activities relevant to NIMHD since the February meeting.

### General Updates

- NIH was making progress in filling the Director position at several Institutes and Centers (ICs), including the National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institute of Environmental Health Sciences, National Institute of Nursing Research, National Institute of Dental and Craniofacial Research, and National Eye Institute.
- In the wake of the COVID-19 pandemic, there has been an intense level of mobilization that the agency has undergone around this global crisis. About 80% of the NIH staff are fully teleworking and at NIMHD, the entire staff has been on full telework since March 17.
- A clinical trial was launched in early April on hydroxychloroquine in hospitalized patients, which is still on-going. Observational data published from the VA was not supportive of evidence of benefit. There is also a national trial ongoing for hospitalizations that NHLBI is the lead on. Also, a study of 10,000 randomly

selected adults to look at the level of undetected virus in the population has been launched.

- Dr. Collins has also focused on creating a public-private partnership to speed development of vaccine and treatment options with the acronym ACTIV. NIMHD participated in the update given to the ACTIV advisory group.
- The anti-coronavirus agents currently being discussed are related to immunomodulators and anticoagulant therapy. The antivirals are not ready for trials but should follow soon. The group working on this includes leading researchers from Pharma, FDA, the Bill and Melinda Gates Foundation, and NIH. Remdesivir has had a modest effect on shortening hospital stay in patients.
- There are also efforts to develop an effective vaccine. There are several promising vaccine candidates. Clinical trials will be launched on three to six, depending on the Phase 1 and Phase 2 results. Production is also being stood up for the most promising candidates in anticipation of one having the highest efficacy. A vaccine for the flu takes about a six-month period to get 150 million doses. There is a huge effort to try and accelerate this process.
- On May 7, NIH Director Francis Collins testified before the Senate Committee on Health, Education, Labor and Pensions. He quoted the term “Shark Tank” to describe the effort being led by NIBIB to develop rapid point-of-care testing technology for SARS-CoV2. Current tests to detect viral nucleic acids require a CLIA certified lab. Specimens must be transported, at a distance, from the testing site. Results are back in no less than a day. Point-of-care testing will be ready within an hour or less. These should lead to home test kits. Dr. Tromberg, NIBIB, is leading this effort through six funded centers: Rapid Acceleration of Diagnostic Technology or RADx-Tech.
- The National Institute of Allergy and Infectious Diseases launched the Adaptive COVID-19 Treatment Trial. It was globally deployed with 1000 hospitalized patients with severe Covid-19 and lung involvement. They received remdesivir or placebo. Faster recovery, a difference of four days to full recovery (end point used), was noted in the patients treated with remdesivir. This was statistically significant. The trend to mortality benefit was not statistically significant, but further analysis will be done. Remdesivir is now the de facto standard of therapy. Future clinical trials will require comparisons to remdesivir or in additions to remdesivir.
- Appropriations allocated on April 24 included \$300 million in funding for the National Cancer Institute to work on serological tests for COVID-19. It is unclear what level of immunity, if any, is conferred on person who have recovered from infection. NCI, under Dr. Sharpless’s leadership, had already converted the HPV lab in Frederickburg to become a COVID-19 lab. NCI is sorting through which

serological tests are best: IgM or IgG based. There has been no FDA validation or testing prior to this.

- The Supplemental Appropriations allocated \$1 billion in funding to the NIH Office of the Director. NIH leadership has made the decision to allocate a significant portion of that to community-engaged research interventions to promote testing in underserved and vulnerable communities with a special emphasis on populations with health disparities. NIMHD, in partnership with the National Institute on Aging and the Office of the Director, will lead this coordinated effort from NIH.
- There is also funding to support alternative testing strategies and approaches to diagnosis COVID-19, such as tests that may not require nucleic acid test and/or approaches that aren't based on individual biological samples. There is also potential funding for data science support for all the efforts.
- NIMHD had published a Notice of Interest eliciting research with health disparities populations focusing on: a) how the state and local polices and initiatives mitigate or exacerbate disparities in health services use and health outcomes; b) the role of community level protective and resilience factors and interventions have in mitigating the effects of the sector disruptions that the COVID-19 outbreak causes, and c) how behavioral and/or biological mechanisms may contribute to COVID-19 manifestations.
- NIMHD scientific Leadership published a Viewpoint in the *Journal of the American Medical Association* on May 11 addressing the disproportionate burden of COVID-19 on racial and ethnic minority population. The pandemic has placed a spotlight on the disparities in the country. The article focused on the underlying causes of the burden related to longstanding disparities and disadvantages; higher rates of comorbid conditions and crowding in housing and communities; and the imperative need for implementing prevention and healthcare strategies aligned with the needs of these communities to address effects of pandemic and mitigation efforts as well as underlying inequities.
- A number of resources were available on the NIMHD intranets. NIH also maintains an up-to-date intranet with advice, resources, symptoms management, and testing for NIH staff. There is also a pulse on the NIH cases and what the polices are.

#### NIMHD Updates

- Dr. Monica Webb Hooper was sworn in as the NIMHD Deputy Director on March 16. She joined NIMHD as a leader and a scientist to help with numerous tasks that need overseeing.

- Dr. Deborah Linares had been hired as a Health Scientist Administrator (Program Official) in Integrative Biological and Behavioral Sciences at NIMHD. She was previously at HRSA.
- The Budget Officer, Nathaniel Davis, accepted a position at the National Institute on Drug Abuse (NIDA). Kenneth Sonnenberg will serve as acting Budget Officer while NIMHD searches for a permanent one.
- NIMHD continues to search for a medical officer and HSAs in population science and health services research, as well as a chief of review.
- NIMHD celebrated its 10<sup>th</sup> Anniversary on March 3 with a one-day scientific symposium: “Innovations to Promote Health Equity.” The symposium featured innovative discoveries, prominent researchers, and strategic discussions on minority health and health disparities. Dr. Collins gave an introduction and comments. There were four science panels, 19 speakers and more than 2000 virtual attendees. Council member Spero Manson and Council member Mustanski presented. Special thanks to Council members Greg Talavera and Bill Southerland for attending. In light of the pandemic, other anniversary activities have been suspended.
- Dr. Pérez-Stable participated in a wide variety of virtual activities over the past two months including: interviews by National Geographic and Voice of America, on the impact of COVID-19 on racial and ethnic minorities. He and Deborah Duran taught an Advanced Placement statistics class at an underserved high school in Georgia. The focus on how statistics on COVID inform policy decisions based on data. As part of Dr. Collins’s Home Video Series, Dr. Pérez-Stable recorded a video on the effects of COVID-19 on minority health and health disparities. He also participated in a webinar for the National Health IT Collaborative for the Underserved.
- Prior to the telework order, Dr. Pérez-Stable traveled to San Antonio to participate in Council member Amelie Ramirez’s Latino Cancer Science Conference. Drs. Anna Napoles (NIMHD), Doug Lowy and Bob Croyle from NCI also participated.
- NIMHD’s budget increased by about 20% over the past five years. In fiscal year 2020, extra funding was received for Research Centers in Minority Institutions (RCMI), and NIMHD had an increase in funding proportionally greater than the average NIH Institute increase. Dr. Pérez-Stable showed the growth areas of the NIMHD and the extramural funding trends with large increases in R01s and growth in the Division of Intramural Research. About 50% of the NIH budget increase have been pre-allocated to specific programs, and the remainder is a generalized increase for the agency that is distributed to the IC proportional to their budgets.

## NIMHD Highlights

- Several IC Directors, Congressional members, and Senators attended the Children's Inn Congressional Networking Reception on February 11. Aaron Ramsay, a former Clinical Center patient, gave the keynote address. He received a bone marrow transplant for his sickle cell.
- On March 5, Dr. Pérez-Stable met with Rep. Brian Higgins (D, NY) and his staff to discuss collaborative opportunities in health disparities research. The meeting was organized by Dr. Timothy Murphy who is lead on the CTSA at State University of New York. Also present was the Community engagement leader, Pastor Kinser Pointer, from the Agape Baptist Church in Buffalo.
- Also, on the legislative front, Dr. Pérez-Stable met with Rep Ami Bera (D, CA) during the Children's Inn reception and discussed the expansion of clinical health and maternal mortality research at NIMHD.
- On February 21, he talked with staffers for the Senate Appropriations Subcommittee on Labor, HHS, Education, and Related Agencies Clerks about NIMHD research and programs.
- On March 5, he met with the staff of Rep. Judy Chu's (D, CA) to discuss health disparities.
- On May 1, Dr. Pérez-Stable joined Drs. Collins and Tabak at a briefing for five members of the Congressional Black Caucus. Dr. Pérez-Stable made opening remarks before the briefing and helped answer questions afterwards. Robin Kelly (D, IL), chair of the Health Braintrust, moderated the meeting.
- A Public Broadcasting Station (PBS) special on the rise of diabetes in the United States, "Blood Sugar Rising," premiered on April 15. It featured an NIMHD-funded researcher, Dr. Valerie Blue Bird Jernigan, who pointed to the loss of traditional cultures as a key contributor to today's high rates of diabetes among American Indians and Alaska Natives.
- As part of National Minority Health Month, NIMHD launched a series of virtual platforms in April, including the Active and Healthy Bingo Challenge. There were 3410 visits to the webpage and 1446 bingo cards downloaded, which resulted in 1.7 million potential impressions for social media. The Communication staff was thanked for creatively looking for ways to continue to connect NIMHD with the community.
- The maternal mortality and morbidity case fatality rate in the U.S. is 13 per 100,000, compared to just three per 100,000 in Greece and Finland. Within the U.S., the mortality rate for African American and American Indian/Alaskan Native women is two to four times higher than that for White women. The data show that racial/ethnic minority women, in general, have higher severe morbidity related to giving birth. NIMHD issued a Request for Applications (RFA-MD-20-008) which

aims to support research that tests clinical, social behavioral and health care systems interventions to address racial disparities in maternal mortality and morbidity (MMM) in the U.S. on this topic; applications are due at the end of May.

- NIMHD sought to develop a greater emphasis on rural health and launched a notice for supplements request (NOT-MD-20-010) to understand challenges to conducting rural health disparities research. Rural populations in the U.S. constitute 18% of the total population, and about 6% of Americans live in very rural environments. The Notice focused on supplements to current Centers of Excellence and RCMI awardees to develop multi-sectorial coalitions (i.e. cubs) to enhance capacity to conduct rural health disparities research. If successful, this program can serve as a pilot for a larger initiative involving other NIH ICs and the Federal partners.
- A paper, co-authored by Drs. Chandra Jackson, Nancy Jones and Rina Das, was developed from the Workshop on the Causes and Consequences of Sleep Health Disparities (SHD). The workshop was sponsored by NIMHD, NHLBI, and OBSSR, brought together experts from sleep and health disparities to develop strategies to address (SDH).
- The first phase of the Common Data Elements for Social Determinants of Health toolbox is complete and was launched on May 11. It consists of the adoption of basic measures that focus on standardizing measures of demographic, social, individual, and structural determinants of health. They are organized to promote and facilitate data harmonization; domestic and international cross-study analysis; accelerate translational research; enhance greater understanding of health disparities; and effective interventions to reduce health disparities. The Toolbox will be linked to NIMHD funding opportunity announcements (FOAs) and shared with the NIH to achieve some level of harmonization of self-reported measures that influence minority health and health disparities perspectives.
- NIMHD Transdisciplinary Collaborative Centers for Health Disparities Research focused on Precision Medicine published a special issue of *Ethnicity & Disease* of their initial findings. Dr. Pérez-Stable coauthored the foreword with Drs. Nishadi Rajapakse and Michael Sayre.

#### Science Advances

- A study in health services research focused on emergency department dental visits after Medicaid expansion. States Emergency Database was utilized to compare changes in ED visit rates and payment source for dental conditions before 2012 and after 2014 among patients from 33 states. Medicaid expansion was found to significantly increase Medicaid coverage and decrease the rate of self-pay for ED dental visits. Some employers provide dental insurance, but many do not. Preventive care is critical to dental care and therapeutic

care/replacement care is expensive even if covered, and both are important to the quality of life. The extremes of age are where there is the greatest impact: children with multiple caries and older adults with decrease ability to chew and unable to get adequate nutrition. The results of this study provided more evidence of the increasing benefits for addressing issues in minority health and decreasing health disparities after Medicaid expansion.

- Access to equitable kidney transplantation has been a productive focus area for an NIMHD-funded research group. The issue relates to patients with end stage renal disease (ESRD) and ability to get a transplant. Only 18.5% of the greater than 500,000 ESRD patients in the U.S. are wait-listed for a kidney transplant. African Americans have a higher rate of ESRD. In the U.S. dialysis is mostly administered at centers as opposed to at home which is problematic in a pandemic. Patients must be referred for a transplant by the dialysis physician. African Americans, women, and patients with low SES are less likely to be referred and less likely to receive a kidney. Compared to White patients, African Americans were 37% less likely to be referred and 24% less likely to receive a kidney transplant.
- Gynecological surgery recommended in women with breast cancer, particularly pre-menopausal women is being associated with survival. This has not been well studied in African American women, who have a higher rate of hysterectomies and more aggressive triple negative breast cancer at a younger age. An NIMHD funded study evaluated premenopausal gynecologic surgery and survival among African American women and White women with breast cancer. The Carolina Breast Cancer Study examined women diagnosed with breast cancer between the ages of 20 and 74. In the adjusted analysis, African American women were found to be more likely to have benefitted from having a hysterectomy with ovarian conservation or bilateral oophorectomy compared to their White counterparts.
- A study examining culturally adapted interventions to address diabetes in Native Hawaiian and other Pacific Islander (NHPI) populations was funded by NIMHD. NHPIs face significant health disparities and have a high prevalence of diabetes compared to other racial/ethnic groups in the U.S. This study found that culturally adaptive interventions showed promise in addressing disparities. The interventions included: community-based participatory research approach; addressing specific social determinants of health such as transportation and access to health care; recognizing the collectivist culture of NHPI communities; and utilizing NHPI community members for intervention implementation.
- An NIMHD funded study looking at the 2007 Medical Expenditure Panel Survey to examine the association between self-reported serious psychological distress and race/ethnicity in adults with Alzheimer's disease and related dementias aged



65 and over. African Americans and Latinos were shown to have higher levels of psychological distress compared to Whites. Given the undertreatment of psychiatric disorders in racial/ethnic minorities, this study suggests that psychological distress may be a more valid indicator of the burden of ADRD. Access and treatment (i.e., behavioral treatment or therapy, pharmacotherapy) are worse for all racial/ethnic minority groups. Some of the factors associated with the undertreatment include health insurance and language and culture.

- The Hispanic Community Health Study/Study of Latinos (HCHS/SOL) included a study on Latino dietary patterns and asthma. The study examined whether a proinflammatory diet (assessed by the energy-adjusted Dietary Inflammatory Index [E-DII] or high dietary quality (assessed by Alternative Healthy Eating Index [AHEI-2010] were associated with current asthma, current asthma symptoms, and lung function. The E-DII was significantly higher and AHEI-2010 was significantly lower in subjects with current asthma than those without current asthma. Participants of Puerto Rican descent had significantly higher mean E-DII and lower AHEI-2010. This has also been documented in HCHS/SOL and other studies.
- Another NIMHD funded study examined the association of Vitamin D and Calcium, sun exposure and risk of breast cancer in Black women. Previous patient studies pointing to the attention of antitumorigenic properties have mainly been in White women. This study included a significant sample of Black women in the Women's Circle of Health Study (WCHS) and the WCHS-2. Dietary intake was assessed via Food Frequency Questionnaires during in-person interviews. Supplemental intake of vitamin D, calcium, and sunlight exposure were ascertained through detailed questionnaires. Results of the study showed moderate supplemental vitamin D intake was associated with decreased risk of triple-negative breast cancer (TNBC), and increased sun exposure was associated with reduced risk of estrogen receptor (ER)+, ER-, and TNBC among Black women. This observation needs more rigorous clinical trials given past trial outcomes with vitamin D that were not clinically impactful.
- A recent report in MMWR reported on colorectal cancer screening rates. The standard recommendations are of an annual fecal occult blood test or colonoscopy every ten years is proven to decrease the relative mortality from colorectal cancer from 20 to 30 % based on randomized clinical trials. The goal is to achieve 80% adherence with recommended screening for everyone. The data for Whites and Blacks, ages 50-64 and 65-75, show that the disparity between Blacks and Whites for colorectal cancer had been effectively eliminated. Latinos lagged behind, due in part being poorly insured. The Asians and Pacific Islanders, American Indians, and Alaska Natives also lagged behind. Those without insurance were less likely to get screened.

## Division of Intramural Research Updates

- NIH has a large training program for postbacs and students. Each year there is a Postbac Poster Day held at the Natcher Center. The Poster Day program was moved to a virtual format this year because of the pandemic. A three-day, very structured, meeting was held in April. NIMHD had 10 Postbacs give very polished presentations including one from Dr. Perez-Stable's lab at NHLBI.
- Dr. Kelvin Choi's lab published a study on secondhand smoke exposure and subsequent academic performance in the American Journal of Preventive Medicine. Secondhand smoke (SHS) exposure is especially prevalent among Black and low-income youth and is associated with poor health. Longitudinal data from the Population Assessment of Tobacco and Health Study showed that when measuring academic performance in a 9-point scale, SHS exposure exhibited a dose-response relationship with lower academic performance. Results indicate that youth SHS exposure may influence subsequent educational attainment for Black and low-income youths.
- Dr. Anna Nápoles' lab has been working on strategies to overcome barriers to biospecimen donation in rural Latina breast cancer survivors. Her work is instrumental in tearing down the notion that racial/ethnic minorities do not want to participate in scientific studies. There are issues, but the main reason that minorities are not recruited into studies is that nobody asks. When the research group goes out and appropriately communicates with the community, trust develops and participation increases. Elevated cortisol levels and abnormal reactivity was also examined. This is an area of increasing emphasis for minority health and health disparities – examining the adrenal pituitary axis response or measures of biological reflection of chronic stress, or cumulative chronic stress as it relates to adverse events that occur either early in life or during adulthood. This includes the concept of chronic discrimination or racism.
- Another NIMHD intramural study, initiated by Kevin Gardner when he was the Acting Scientific Director, evaluated regular gene expression levels and breast cancer survival by race. NIMHD embarked on a project of genotyping tumors from primarily Latino or African American cancer patients. The work has continued since not much information is available on minority cancer patients in most databases.
- Work from Dr. Sherine El-Toukhy from the National Youth Tobacco Survey showed that the percentage of youths who had never smoked grew from 50% in 1999 to 80% in 2018. The proportion who experiment increases the chances of becoming current smokers. Fewer Asians are trying smoking, with slightly more

Whites as compared to Latinos or Blacks trying smoking. There were minimal gender differences.

## **PRESENTATIONS**

Bruce J. Tromberg, Director, National Institute of Biomedical Imaging and Bioengineering, NIH

NIBIB has established a wonderful working relationship with NIMHD, which is proving beneficial as the COVID pandemic generates a greater need for enhanced testing and technologies. NIBIB was signed into public law on December 29, 2000 by President Bill Clinton. Imaging, bioengineering, computer science, informatics, and related fields were critical to improving health care but fundamentally different from the research in molecular biology on which NIH was based. To ensure the development of new techniques and technologies for the 21<sup>st</sup> century, these disciplines required an identity and research home, which is what NIBIB sought to provide.

The Research, Condition, and Disease Categorization (RCDC) code revealed a remarkable increase across the NIH in bioengineering activities, which now account for 13% of the Agency's budget. Given that NIBIB only accounts for about 1% of NIH's budget, this means that bioengineering is being adopted and embraced by many different ICs across the Agency.

A lot of NIBIB's work centers on modeling, computation, and machine intelligence, which it uses in order to better engineer biology. Much of the contemporary thinking in bioengineering was built around the idea that cells were not too dissimilar from integrated circuits. By understanding the components of the cell, one could use molecular approaches for reprogramming. NIBIB also developed a variety of wearable and implantable sensors, as well as point of care devices. It supports imaging technologies of varying sizes, and the development of new therapeutic devices. Dr. Tromberg played a video to give NACMHD a sense of the bioengineering technologies currently under development. NIBIB's Design by Biomedical Undergraduate Teams challenge would award \$100,000 in prize money to students around the country in 2020, including a \$15,000 NIMHD prize for technologies having important impact in low-resource settings.

NIH is collaborating with the Bill & Melinda Gates Foundation to develop cures for sickle cell disease and HIV on a global scale. As a companion to this initiative, NIBIB has teamed with other ICs to create a \$1,000,000 Challenge prize for the development of a noninvasive device that could track disease state and response to therapies in malaria, sickle cell disease, and anemia.

NIBIB has focused a lot on the issue of testing for COVID-19. It is unclear why the U.S. has failed to develop a substantial, advanced testing capacity. The current test rate is around 300,000 tests per day, and to date, about nine million tests have been performed. Many publications are calling for as many as 30 million tests per day. A significant component of the U.S. population lacks ready access to tests. This is partly due to the types of technologies currently used for testing, their cost and accessibility. A greater diversity in the type of testing is necessary, including home-based and point of care testing. Hospital and testing laboratory platforms could also stand to be improved.

On April 29, NIBIB launched its Rapid Acceleration of Diagnostics (RADx) program. NIBIB partnered with other ICs on the Point-of-Care Technologies Research Network based at five sites around the country. As of May 11, over 1,200 RADx proposals had been initiated, 133 were complete, and 28 had begun the deep-dive evaluation process colloquially termed the “Shark Tank.” Part of RADx centers on the development of new diagnostic technologies; another part of it focuses on developing new projects in underrepresented populations. NIBIB is working with NIMHD and other ICs on digital health platforms to help keep track of information from testing inputs. NIH envisions multiple apps from a variety of developers, who would be able to collect information, connect to electronic health records, access geographic data to help provide people with insight and information on where they could potentially get tested, and provide de-identified data to the research community.

## **CONCEPTS**

**Resource Centers for the Tribal Epidemiology Centers**, Nathaniel Stinson, Jr., MD, Director, Community Health and Populations Sciences, NIMHD

The objective of this initiative is to support a resource center to enhance the capacity of the Tribal Epidemiology Centers (TECs) to collect or compile data that could be used in health research and/or directly engage in health research focused on American Indian and Alaska Native populations and to develop research capacity among early stage investigators based in the TECs. The initiative would support a single Resource Center for the Tribal Epidemiology Centers (RC-TEC) to provide data-related technical assistance, to develop research capacity among early stage investigators based in the TECs, and sub-awards to the 12 TECs. The RC-TEC is expected to engage in the following activities:

- Provide subawards directly to each TEC to enhance capacity to engage in data collection, compilation, analysis, and reporting. These resources can be used to support personnel, training, and/or information technology infrastructure related to addressing the TEC’s data needs.

- Provide technical assistance to the TECs regarding data collection, curation, and analysis through regularly scheduled and as-needed consultation to individual TECs as well as webinars or workshops available to all TECs.
- Offer a research skills development and sustained mentoring program for early stage investigators based in or closely affiliated with a TEC through a competitive application process.
- Disseminate information about NIH and other Federal research funding, training, and mentorship opportunities, and provide technical assistance to TECs on how to prepare applications for research grant funding.
- Maintain a listing of shareable data resources generated by the TECs, as well as data sharing policies and requirements of the TECs, to foster collaboration across TECs and between TECs and external researchers. Because of issues related to tribal ownership of data and data privacy issues, the TEC will not be responsible for maintaining a data repository.
- Maintain a compendium of publicly available resources generated by the TECs, including publications, reports, and public health campaign materials.
- Serve as a liaison between the TECs and external researchers interested in collaborative research

Eligibility was open to all types of institutions. Applicants were expected to document their experience working with tribal communities or organizations. A cooperative agreement, rather than a grant, was proposed for the initiative because of the anticipated involvement of NIMHD program staff with the RC-TEC.

Dr. Hunter called for a motion to move the concept forward to Funding Opportunity Announcement (FOA) development. The motion was moved and seconded. The Council passed the motion unanimously.

**Health Services Research on Minority Health and Health Disparities**, Rada Dagher, PhD, MPH, Program Officer, Clinical and Health Services Research, NIMHD

The objective of this initiative is to support innovative health services research that could directly and demonstrably contribute to the improvement of minority health and/or the reduction of health disparities at the health care system level as well as within clinical settings. The overarching purpose of this initiative is to promote research to generate new knowledge to improve health care access, delivery, utilization and quality, and health outcomes of populations affected by health disparities. This includes the examination of population-specific clinical presentation and/or manifestation of diseases and their complications within the context of healthcare settings; services within healthcare systems and non-clinical settings linked to healthcare systems (e.g. school-based health centers, the workplace and criminal justice settings); etiologies and

reduction of healthcare disparities; structure and organization of healthcare systems and coordination of healthcare; impact of healthcare and non-healthcare policies on healthcare disparities; and system-wide interventions or multi-level interventions.

Projects may address health services pertaining to health promotion, screening for disease or risk factors, prevention at any level, diagnosis and the treatment of particular health conditions (including chronic diseases, mental disorders, and infectious diseases such as the 2019 novel coronavirus outbreak), specific segments of populations affected by health disparities (e.g., pregnant women, children, persons with disabilities, older adults), or more general indicators (e.g., access to primary care services) that may not be condition-specific. Projects may include observational/descriptive, or intervention studies, and may involve primary data collection and/or secondary data analysis.

Dr. Hunter called for a motion to move the concept forward to FOA development. The motion was moved and seconded. The Council passed the motion unanimously.

### **CLOSING REMARKS**

Dr. Pérez-Stable opened the floor for public comment. There was none. With no further business to attend to, Dr. Perez-Stable adjourned the meeting at 4:00 p.m.

### **REVIEW OF GRANT APPLICATIONS\_ CLOSED SESSION**

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

Dr. Pérez-Stable called the Closed Session to order at 9:00 am on May 12, 2020.

Dr. Hunter led the second level review of grant applications submitted to NIMHD programs. Council Members and Staff were instructed on conflict of interest and confidentiality regulations. Members and Staff absented themselves from the meeting room and discussions for which there was a potential conflict of interest, real or apparent.

The Council considered 412 competing applications requesting an estimated \$206,883,394 in requested total costs for year 1. Funding recommendations for all applications submitted in response to funding opportunity announcements were reviewed. Applications submitted in response to program announcements and special program review announcements were considered by the Council through *En Bloc* voting.