U.S. Department of Health and Human Services
National Institutes of Health
National Institute on Minority Health and Health Disparities
53rd Meeting of the
National Advisory Council on Minority Health and Health Disparities

6700B Rockledge Drive, Conference Rooms A, B, and C
Bethesda, MD 20892

February 4, 2020
8:00 a.m. – 2:00 p.m.

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, Retired, former Director, Office of Minority Health, HHS
Francisco S. Mendoza, MD, MPH, Stanford University
Brian Mustanski, PhD, MA, Northwestern University
Amelie Ramirez, DrPH, MPH, BS, University of Texas Health Science Center
Joan Y. Reede, MD, 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

Council Members Absent
Spero M. Manson, PhD, MA, University of Colorado Denver

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

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

Designated Federal Official
Joyce A. Hunter, PhD

Presenters
Amelie Ramirez, DrPH, MPH, BS, Director University of Texas Health Science Center
Richard J. Hodes, MD, Director, National Institute of Aging, NIH
John Z. Ayanian, MD, MPP, Alice Hamilton Professor of Medicine and Director, Institute of Healthcare and Innovation, University of Michigan
Larissa Aviles-Santa, MD, MPH, Director, Clinical and Health Services Research, NIMHD
Jennifer Alvidrez, PhD, Program Official, Community Health and Population Science Research, NIMHD
Gina Roussos, PhD, American Association for the Advancement of Science (AAAS) Fellow

CALL TO ORDER
Dr. Pérez-Stable, Director of the National Institute on Minority Health and Health Disparities (NIMHD), called to order the Open Session of the 53rd meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD) at 8:05 a.m.

INTRODUCTION OF MEMBERS
Council members and others present introduced themselves.
Dr. Helene Clayton-Jeter reported that the Friends of NIMHD held its first virtual meeting in 2019, as well as a congressional briefing. For 2020, it has established a steering committee, and had planned another congressional briefing and a reception.

COUNCIL MINUTES APPROVAL – September 2019
Dr. Hunter brought the minutes before the Council, calling for a motion to approve them. The Council unanimously approved the minutes of the September 2019 Council meeting.

NIMHD DIRECTOR'S REPORT AND DISCUSSION
Dr. Pérez-Stable provided the report on activities relevant to NIMHD since the September meeting.

- Dr. Pérez-Stable invited everyone to attend the NIMHD 10th Anniversary Scientific Symposium on March 3 at the Natcher Conference Center. He noted that the although NIMHD is the youngest NIH institute, the history goes back to 2000 with the legislative creation of the Center. Prior to that it was an Office of Minority Research in the Director's Office. Dr. Louis Sullivan will present, and Dr. Francis Collins will have opening comments. The symposium will be organized according to the functional divisions and will include presentations by the NIMHD Intramural investigators.
- Dr. Monica Webb Hooper had been selected as the NIMHD Deputy Director. Dr. Pérez-Stable thanked the Search Committee which was chaired by Marie Bernard from National Institute on Aging. Several other NIH members served on the committee including Bill Riley along with two Extramural Investigators, David Williams from Harvard and Consuelo Wilkins from Vanderbilt. Dr. Webb Hooper has been professor and NIH-funded investigator at Case Western University. She has served as Associate Director for Cancer Disparities Research and Director of the Office of Cancer Disparities

Research at the Comprehensive Cancer Center. She received her PhD in clinical psychology from the University of South Florida. She will start on March 16.

- Dr. Joshua Denny was selected as Chief Executive Officer of the All of Us Research Program. He will oversee NIH's efforts to continue to build the large cohort study of *ALL of Us* which has over 300,000 people who have completed the initial enrollment surveys. He comes to NIH from Vanderbilt University where he was a general internist and a specialist in Informatics. He succeeds Eric Dishman, who has transitioned to the role of Chief Innovation Officer.
- Dr. Susan Gregurick had been selected as the Associate Director for Data Science at NIH. She has served as the senior advisor to the Office of Data Science Strategy since November 2018. Dr. Gregurick will help lead NIH efforts in coordinating and collaborating with government agencies, international funders, private organizations, and stakeholders engaged in scientific data generation, management and analysis. She has substantial experience in computational biology, high performance computing, and bioinformatics.
- Dr. Ned Sharpless, who had served as the Acting Commissioner of the Food and Drug Administration for April to November in 2019, has returned to NIH to resume his leadership role as the Director of the National Cancer Institute (NCI). Dr. Doug Lowy, NCI's Acting Director, will return to his role as the NCI Principal Deputy Director.
- NIH continued to conduct national searches for Directors of 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, the National Institute of Dental and Craniofacial Research, and the National Eye Institute. Dr. Péerez-Stable mentioned that he was in his fifth year as the NIMHD Director. Given the rate of turnover in the last 5 years this puts him in the top 10 of longest standing NIH institute directors.
- NIH remains committed to increased transparency and accountability in the reporting of professional misconduct and ending sexual harassment. A climate survey was completed last year in which NIMHD had the highest participation in terms of response rate of all of the NIH units. Although the emphasis has been on sexual harassment and gender harassment, the focus is more on creating a civil work environment (no bullying or incivility tolerated). Mechanisms for Restorative Justice have been established. The objective is to ensure safe, diverse, and inclusive research and training environments. System-wide change has been created.
- Last year, NIH went through an internal committee process to review the definition of "disadvantaged background". Dr. Jon Lorsch (Director, NIGMS) chaired the committee. As a result of this process the definition has been updated. Individuals from disadvantage background are defined as those who meet two or more of the following criteria: a) previously or currently homeless, as defined by the McKinney-Vento Homeless Assistance Act; b) previously or currently in the foster care system, as defined by the Administration for Children and Families; c) eligible for the Federal Free and Reduced School Lunch Program for two or more years; d) no parents or guardians who completed a bachelor's degree, or currently eligible for Federal Pell Grants; e) and grew up in a U.S. rural area as designated by the Health Resources and Services

Administration (HRSA) Rural Health Grants Eligibility Analyzer or in the Centers for Medicare and Medicaid Services-designated Low-income zip code. This update was published in NOT-OD-20-031.

NIMHD Staff Updates

- Dr. Thomas Vollberg had been selected as the Director of the NIMHD Office of Extramural Research Administration (OERA). Dr. Vollberg served as Acting Director of OERA for 12 months and has more than 17 years of experience leading peer review. Prior to 2015, he was Chief of the Research Technology and Contract Review Branch at NCI. His background is in cell and molecular biology. Dr. Vollberg received doctoral training in human experimental pathology from Thomas Jefferson University.
- Megan A. Hoffman is a new Program Analyst in the Office of Science Policy, Strategic Planning, Analysis, Reporting, and Data.
- Dr. Rose Ramos is a new Staff Scientist in the Division of Intramural Research.
- Dr. Gina Roussos is an AAAS Fellow in the Office of the Director.
- Dr. Mohor Sengupta is a new Senior Science Writer in the Office of Communications and Public Liaison.
- Dr. Nadra Tyus is a new Health Scientist Administrator for Integrative Biological and Behavioral Sciences.
- Several departures and retirements have occurred since the last Council. Drs. Andrew Louden, Adelaida M. Rosario, and Meryl Sufian, Program Officers have departed. Retirements include Drs. Nancy Breen (Health Economist), Deloris Hunter (Program Officer), and Mr. Vincent A. Thomas Program Manager.

Legislative Update

- On September 25, the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a hearing on Investments in Medical Research at Five Institutes and Centers of the National Institutes of Health. This was well-orchestrated formal hearing. NIH Director Francis Collins testified and was accompanied by IC Directors: Drs. Christopher Austin (NCATS), Helene Langevin (NCCIH), Bruce Tromberg (NIBIB) Patricia Brennan (NLM) and Eliseo J. Pérez-Stable. Each director was allowed 3 minutes for opening statements followed by general and specific questions from the Congressional Subcommittee representatives.
- On December 11, Dr. Collins participated in an informal hearing by the Black Maternal Health Caucus (BMHC) which was organized by organized by Representatives Alma Adams (D-NC) and Lauren Underwood (D-IL). He was accompanied by Dr. Diana W. Bianchi (NICHD), Gary H. Gibbons (NHLBI) and Eliseo J. Perez-Stable. The briefing focused on maternal severe morbidity and mortality issues including social determinants of health, cardiovascular risks, and delivery complications.
- NIMHD Reorganization, after a three-year incubation period, was finally authorized through congressional approval.. The reorganization was included in the final FY 2020 Appropriations bill. A tremendous amount of administrative effort on the part of the NIMHD executive officers, Kimberly Allen, and the administrative staff to get this done.

Also, the legislative group worked with the Congressional staffers to ensure that it was included in the appropriation bill. Actions can now be taken to clear the reorganization plan with NIH leadership and HHS to be official. The main driver behind this was to organize into three thematic divisions: Community and Population Sciences; Integrative Biology and Behavioral Mechanisms; and Clinical and Health Services Research.

Budget

- The FY 2020 budget was approved and passed by Congress and signed by the President in December. NIH received a healthy increase in the budget. About half the increase was for pre-allocations to specific programs such as All of Us, the BRAIN initiative, and Alzheimer's and other related dementias.
- NIMHD was similarly favored with an increase, the FY2020 appropriations totaled $335.8 million, increase from $314.7 million in FY2019. This included a specific increase for the RCMI program as well as general increase.
- In FY2019, NIMHD allocated 45 percent of its funding to Research Project Grants, 20 percent to Research Centers in Minority Institutions (RCMIs), 10 percent to non-RCMI Centers, seven percent to Research Management and Support, seven percent to Other Programs and Training, five percent to Research and Development Contracts (i.e. NHLBI's cohort studies, Jackson Heart and the Hispanic Community Health Study/Study of Latinos), three percent to Small Business Innovation Research and Small Business Technology Transfer, and two percent to the Intramural Program.
- For the FY19 NIMHD Competing Awards: the R01 grant applications had an overall success rate of 10.6 percent. NIMHD received 395 R01 applications and made 42 new awards. The success rate for R21s was much lower at 4.5 percent.
- For the NIMHD Career awards, a relatively new program, 34 Career or K applications were received with 9 awards made (26.5% success rate). NIMHD received more applications in FY19 as compared to FY18, but a similar number of awards were made. Moving forward, balancing the number of K grants to fund compared to the research grants will be important to budget discussions.
- Other FY2019 Competing awards included: 93 Loan Repayment Awards, nine competing RCMI awards (will have up to three new awards in FY20 given the increase in the budget allocation), and over $3 million towards a new Youth Violence Research (NIMHD RFA). NIMHD continued support to the Multi-Center AIDS Cohort Study/ Women's Interagency HIV Study Cohort and CFARS and Adelante program (has been incorporated in NIMHD). Support also continued for the Indian Health Service Tribal Epidemiology Centers with the intent of looking at ways to leverage the support to develop more research in Indian Country that will be of relevance to the community. Support also continued for the NHLBI cohort studies Jackson Heart Study and Hispanic Community Health Study.

NIMHD Highlights

- Sir Michael Marmot and Dr. Michael Rodriguez of the Health Equity Network of the Americas visited NIMHD on October 2. They released a report on health equity at the Pan-American Health Organization meeting that same week. Sir Michael Marmot spoke from the heart about his views on health equity and health disparities. Dr. Rodrigues, a former UCLA mentee of Dr. Peres-Stable arranged the visit.
- During a trip to the University of New Mexico in September, Dr. Perez-Stable also met with the Zuni Tribal Governor Val R. Panteah, Sr., the Zuni Tribal Council, and NIH-funded researchers in Pueblo, New Mexico. The UNM Principal Investigators have had an ongoing relationship in the community for about 20 years.
- NIMHD is now accepting applications for its Health Disparities Research Institute (HDRI),to be held on the NIH main campus from August 3-7. The HDRI continues to support the development of the next generations of researchers in minority health and health disparities. Post-doctoral fellows and assistant professors who are thinking about writing a grant or planning to write a grant in the next year are encouraged to apply. The 5-day program includes lectures from prominent researchers, mock grant reviews (most popular), networking activities with program staff from NIMHD and other institutes, and more. The AAMC continues to be supportive of the program. The first four years of HDRI from 2016-2019 consisted of 204 participants. Over 50 percent of the participants are racial/ethnic minorities [Black/24%, Latino/22%, Asian/12%, AI/AN/2%, more than one race/4%, NH/PI/1%]. This is a good mechanism to continue to promote diversity in the biomedical workforce.
- A Notice of Special Interest was issued soliciting administrative supplements to increase inclusion or enrollment of Native Hawaiian and Other Pacific Islander populations in existing NIMHD studies. A JAMA Network report showed that NIH funding for research focused on Asian American and Native Hawaiian and Other Pacific Islander populations has remained lower than it should be. NIMHD used the administrative supplement mechanism to support additional studies. Eight supplements were funded in FY2019 and FY2020 on a range of topics: HIV, cancer, cardiovascular disease, and diabetes.
- Dr. Bruce Tromberg approached Dr. Perez-Stable about a partnership with NIBIB, VentureWell, and NIMHD known as the Design by Biomedical Undergraduate Teams (DEBUT) Challenge. DEBUT is a biomedical engineering design competition open to teams of undergraduate students working on projects that develop innovative solutions to unmet health and clinical problems. This would be an opportunity to motivate the engineering community to start thinking about how to help underserved communities in the United States and Latin America. NIMHD joined the DEBUT challenge to sponsor a prize focused on development of accessible healthcare technologies for underrepresented populations and /or low-resource settings in the US. The submission deadline is June 1, 2020.g.
- Achieving Health Equity in Preventive Sciences was a P2P Scientific workshop held on June 19-20, 2019 that NIMHD supported scientifically. The workshop was led by Dr. David Murray of NIH Office of Disease Prevention. The focus was on heart disease, cancer, and diabetes which account for 70 percent of deaths and cost in health care. Three publications were the product of the workshop: Position paper by Tim Carey and colleagues, a Systematic Review by Heidi Nelson and colleagues, and an Editorial.

published in the Annals of Internal Medicine (January 2020). Twenty-six recommendations highlighted the research gaps in achieving equity to improve implementation of proven services to reduce disparities in preventive care. The workshop was prompted by frustration in the community that recommendations on prevention are often generic and ten not to address issues that are disproportionately affecting minority populations.

- Statin drugs, the cholesterol lowering drugs, are widely disseminated and used for primary prevention. The evidence to go on a satin following a coronary event or vascular event is compelling and independent of cholesterol levels. The effect on outcomes is robust in both men and women and especially in secondary prevention. A recent study by Ngo-Metzer et al. published in the Journal of the American Board of Family Medicine suggested statin use in secondary prevention was suboptimal. The investigators looked at the Medical Expenditure Panel Survey (funded by AHRQ) which focused on what happened from 2008-2016. They found that there was no change in statin use over this time and with 40 percent of patients with known disease not using them. Older adults with known elevated lipids had more use, and women and Latinos had less use.
- Dr. Carmen M. Velez-Vega, a Professor of Social Sciences at the University of Puerto Rico, and Director of an RCMI Community Engagement Core, received the prestigious American Public Health Association's Helen Rodriguez-Trias Social Justice Award. Dr. Velez-Vega was honored for her work focusing on how environmental factors are associated with preterm births in Puerto Rico. She is a faculty member of the first doctoral program on social determinants of health in the commonwealth.
- Nine recipients received the 2020 William G. Coleman, Jr. PhD Minority Health and Health Disparities Research Innovation Award: Drs. Julia Chen-Sankey and Kristyn Kamke (NIMHD); Brittny Davis, Sarah Jackson, Emily Rossi, and Joe Shearer (NCI); Nicole Farmer (NIH CC); Anup Kumar (NIDDK); and Marion Ouidir (NICHD). This award promotes the science supported by NIMHD and cultivates intramural research in these across the agency.

Science Advances

- NIMHD funded a study that looks at using visually enhanced materials or infographics to convey health status information to Latino caregivers with low health literacy and limited English proficiency. Infographics designs of scores on valid assessment tools for topics about caregiving burden, overall health, and psychological distress were evaluated with family caregivers of persons with dementia. The tailored infographics supported caregivers" understanding of treats to their health status and served as cues for engaging in self-care and management. As the population ages, caregiving will have increasing relevance to healthcare and healthcare research as the. The vast majority of caregivers are women. Often women in midlife, in good health and able to the physical work involved, independent of the psychological stress that comes with caring for people who are sick. Family members make up about half of the caregivers.
- NIMHD supported a study that looked at strengthening research capacity in American Samoa. The study describes how the Indigenous Samoan Partnership to initiate Research Excellence (INSPIRE) engaged in a process of "weaving" Western research

principles with indigenous values and practices. This is a conceptual model that serves as a foundation to train local community members to conduct research.

- A study published in Pediatric Pulmonology examined CFTR variants in patients with cystic fibrosis from the Dominican Republic and Puerto Rico to improve genetic panels and newborn screening programs. Screening programs are generally developed based on variant frequencies observed in white only populations. The panels have a higher false negative rate when applied o a Latino population. The study concludes that to minimize false negatives, genetic and newborn screenings need to be sensitive to the target population and to include the prevalent CFTR variants for all racial and ethnic groups.
- Another NIMHD funded study examined a survey completed by high school students, self-identified as sexual gender minorities (SGM), who participated in Gender Sexuality Alliances (GSAs) across Massachusetts. The study by Poteat, et al. published in Child Development found that greater involvement in GSAs predicted higher peer validation, self-efficacy to promote social justice, and hope. Greater hope predicted reduced depressive and anxiety symptoms at the end of the year for both SGM and non-SGM students. Students participating in a GSA that met more frequently or had more mental health discussions also predicted lower depressive and anxiety symptoms. The authors concluded that GSAs can serve as a vehicle to promote social connectedness and mental health of all participating students.
- A study by Kaufman et al. published in the Journal of Epidemiologic and Community Health looked the association of increasing the minimum wages with suicide rates in the 50 states and DC. They showed that a $1 increase in the minimum wage was associated with a 3.4 percent to a 5.9 percent decrease in suicide rate among adults aged 18-64 with a high school education or less. This is a creative research study that shows a link to that what happens in the economy and policies on a national or state level to health outcomes.
- A study by Kim et al. published in Journal of the American Medical Association (JAMA) Network Open examined the association of mandatory Medicare bundled payment with joint replacement outcomes in hospitals with disadvantaged patients. The Comprehensive Care for Joint Replacement (CJR) model is the Center for Medicare and Medicaid Services (CMS) reimbursement model that holds participating hospitals accountable for the spending and quality of care for patients with hip or knee joint replacement, including hospitalization and 90 days after discharge. The study examined changes associated with CJR among high-dual hospitals CMS eligible hospitals and low-dual who underwent joint replacements in 2016-2017. They found that high-dual hospitals had to reduce spending much more than their counterparts to obtain a financial incentive. An implication from this study is that if policy changes and payment models are created without paying attention to how the safety net hospitals are able to adapt, in the end safety hospitals may be hurt.
- Another NIMHD funded study by Rosenquist et al., published in the Journal of Epidemiologic and Community Health, examined the relationship between income inequality and infant mortality among Wwhite and Black mothers. Data from the US 2010 Cohort Linked Birth and Infant Death records and the 2010 US Bureau of Labor

Statistics were used. A high minimum wage was associated with reduced odds of infant mortality but not statistically significant. It was significantly associated with reduced infant mortality among Black infants. A conclusion is that an increase of the minimum wage might be beneficial to infant health and decrease the racial disparity in infant mortality, especially among Black infants.

- A study published in Drug and Alcohol Dependence and Child Abuse and Neglect by Morris et al. found that higher opioid prescribing rates and distinct demographic, socioeconomic, and crime factors were associated with greater risk for substantiated child abuse and neglect in Tennessee. The risk for substantiated child abuse and neglect was negatively associated with vacant housing, child poverty, teen birth rates, and both drug and non-drug criminal incidents. Annual county-level data for Tennessee from the KID COUNT Data Center was used. Through the HEAL initiative, the NIH has made significant investment in research on different perspectives of the opioid crisis. This was through direct allocation from Congress in FY19. A meeting of the HEAL investigators was held in Bethesda. Although all of NIH is involved, Drs. Nora Volkow (NIDA) and Walter Koroshetz (NINDS) are leads.
- A retrospective cross-sectional population-based study by Ko et al. published in JAMA Oncology Now examined women aged 40-64 with stage I, II, or III breast cancer (BC) from 2010-2016 for insurance status rated in breast cancer detection. Screening is important because Stage I and Stage II breast cancer is curable. Stage III is founder at later diagnosis and the therapy is more complicated and the cure rates are lower. Stage IV is advanced and should be a very small proportion of breast cancer diagnosis. The main outcome was to see how many were found in stages I or II as opposed to stage III. The risk of stage III was 20 percent for Medicaid and uninsured patients, as opposed to 11 percent for their insured counterparts. Black, Latina, and American Indian and Alaska Native (AIAN) women were more likely to be diagnosed with stage III BC; half of the disparity was mediated by insurance. Data also shows that even with Stage II and II, the risk of dying of breast cancer is higher for both Black and Latina women. It is implied from the data that surveillance after diagnosis is part of the explanation for the disparity.
- The overall maternal mortality rate in the U.S. was 17 per 100,000, or 700 deaths per year, according to the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR). Compared to White women (13 per 100,000), AIAN (30 per 100,000), Black women (41 per 100,000) had a higher maternal mortality from 2007-2016 in 13 states. The cause-specific proportion of pregnancy-related deaths varied. Latinas and Asians mortality rates were lower than for Whites. Understanding resilience is important. Although severe morbidity is higher in all minority groups including Latinas compared to Whites, mortality was statistically significantly lower in Latinas compared to White women. Implementing prevention strategies is a priority.
- A cross-sectional study by Howell et al. published in Obstetrics and Gynecology examined disparities in severe maternal morbidity by race and ethnicity and medical insurance in the same hospital. Linked 2010-2014 New York City discharge and birth certificate data was used. Women insured by Medicaid ran a similar risk for severe maternal morbidity within the same hospital as those with commercial insurance. Black

women and Latinas had significantly higher risks for severe maternal morbidity than White women within the same hospital.

PRESENTATIONS

Using Patient Navigation to Improve Latino Health across the Cancer Continuum, Amelie Ramirez, DrPH, MPH, Director, Institute for Health Promotion Research, and Chair, Department of Epidemiology, University of Texas Health Science Center at San Antonio NACMHD Member

Cancer was the leading cause of death among Latinos. Latino cancer cases were expected to rise 142 percent by 2030. While incidence of breast cancer (BC) was 29 percent lower among Latinas than White women, BC was still the most common cancer among Latinas. Latinas were less likely to be screened for it than Blacks or Whites. This was the result of several factors, including socioeconomic status, lack of insurance, cultural myths, fatalism, low perceived risk, discomfort, and mistrust of doctors.

Developed by Dr. Harold Freeman, Patient Navigation (PN) was a care management model designed to facilitate access to screening, diagnosis, treatment, and quality of life in underserved populations.

The first step was to assess needs. Next, Community Advisory Boards were launched with local leaders, nonprofits, and cancer groups and survivors. Members met annually to provide input on study methods and assessments, recruitment efforts, and print documents.

Redes En Accion, The National Latino Cancer Research Network, conducted a six-city study to test the impact of PNs on how quickly Latinas received BC diagnosis and treatment. A team of PNs was hired. Their main responsibility was to serve as a liaison between providers and patients. They assisted the patient with insurance paperwork, appointment reminders, financial aid, and provided helpful information in the patient's preferred language.

The PN study had a quasi-experimental design, with 425 participants, 208 with PN access and 217 in the control group. Outcomes of interest were the proportions of women treated within 30-60 days of the initial definitive cancer diagnosis. Applying the Kaplan-Meier time to diagnosis comparison, it was clear that PNs were effective; treatment initiation occurred faster in navigated versus non-navigated Latinas.

Redes en Accion designed a study measuring the effects of PN versus enhanced PN in 300 Latino breast, colon, and prostate cancer survivors in Chicago and San Antonio. The study was intended to determine if the enhanced PN group showed greater general and disease-specific quality of life (QoL) and treatment follow-up compliance, and to what extent the enhanced PN effects on QoL and compliance were mediated by targets. The study showed a higher QoL among male colorectal cancer survivors with enhanced PN after three months, but a lower QoL among breast cancer survivors after nine months. Female colorectal cancer survivors with enhanced PN showed a higher QoL at three, nine, and 15 months than those with PN only.

Endocrine hormonal therapy (EHT) promoted 50 percent reduction in BC recurrence, but 33 percent of patients prescribed EHT did not take it as directed, so a bilingual, culturally relevant phone app and PN were being developed to help BC patients stick with their prescribed EHT. Four EHT focus groups with breast cancer patients had been completed, as well as interviews with oncologists, nurses, and PNs.

Latinos accounted for 18 percent of the U.S. population, but only 10 percent of those enrolling in graduate or professional school, and six percent of those matriculating in medical school. NCI's Exito! Latino Cancer Research Leadership Training program aimed to increase the number of Latino participants who applied or were accepted into a doctoral program. Each year, 25 master's level Latinos participated in an intensive five-day Summer Institute. The 2nd Advancing the Science of Cancer in Latinos conference on February 26-28 would unite over 300 researchers, oncologists, doctors, leaders, and students to tackle Latino cancer on many fronts.

National Institute on Aging (NIA) Health Disparities Research, Richard J. Hodes, MD, Director, National Institute on Aging (NIA), NIH

NIA appropriations had grown from $1.199 billion in FY2015 to $3.544 billion in FY2020. Much of the increased funding was targeted toward Alzheimer's disease (AD) and related dementias (ADRD). For the past two years, NIA had provided administrative supplements to awards supported by 22 NIH ICs, including NIMHD. In FY2019, NIMHD received $4,761,766 in NIA AD/ADRD funding.

Progression of Alzheimer's began long before the manifestation of clinical symptoms. It was now relatively easy and inexpensive to screen for the preclinical aspects of dementia.

NIA supported approximately 230 active AD/ADRD and related intervention and prevention trials, including 67 care and caregiver interventions, 37 early stage clinical drug development trials, nine late stage trials, 108 non-pharmacological interventions, and eight clinical therapy developments for neuropsychiatric symptoms.

In October 2018, NIA released a national strategy focused on increasing diversity and participation in clinical studies. In 2019, NIA launched Alzheimer's and Dementia Outreach, Recruitment, and Engagement.

A study by the Agency for Healthcare Research and Quality and National Academies assessed interventions to prevent AD/ADRD and found insufficient evidence to justify a public health campaign. There was encouraging but inconclusive evidence with respect to cognitive training, blood pressure management in hypertensives, and increased physical activity.

The Systolic Blood Pressure Intervention Trial Memory and Cognition in Decreased Hypertension study asked whether intensive blood pressure control reduced the occurrence of dementia compared with standard control. The intensive treatment group experienced a

statistically significant reduction in the rate of developing mild cognitive impairment as compared to the standard treatment group.

ATP Binding Cassette Subfamily A Member 7 had been identified as a genetic risk factor for AD among African Americans. Greater educational attainment had a more substantial impact on Blacks than Whites in reducing later life dementia. Interactions of Apolipoprotein E4 with tau in African American individuals could be different from its interactions with tau in White individuals. Younger African American cohorts with higher educational attainment had an increased probability of being dementia-free. There had long been an association between good sleep and higher neighborhood socioeconomic status (SES), but it was unclear which was the cause and which the effect.

The gap in life expectancy was narrowing between Black and White women at age 65. It was not as clear whether the same thing was happening for men.

Drug, alcohol, and suicide mortality was increasing rapidly for Whites with less than a bachelor's degree. There was virtually no increase for their counterparts with a bachelor's degree or more.

A study by Trivedi et al. published in the New England Journal of Medicine found eliminating cost-sharing increased biennial mammography screening in Medicare Advantage. The changes in rates of mammography were greater among Blacks and Whites than Latinos, and among the lowest quartile of poverty and the highest quartile of educational attainment.

Resource Centers for Minority Aging Research (RCMARs) were designed to enhance the diversity of the aging research workforce and develop infrastructure to promote advances in areas of social, behavioral, and economic research on aging. In 2018 NIA expanded the RCMAR network to include eight new centers focused on priority areas of social and behavioral science related to Alzheimer's disease.

Since January 25, 2019, applications or proposals to NIH were required to have a plan for including individuals across the lifespan or provide a rationale and justification for having a specific age range. Progress reports had to report age at enrollment.

NIA would host The Butler-Williams Scholar Program for faculty early in their career from July 6-10. NIH's 2nd Inclusion across the Lifespan Workshop was scheduled for September 2-3. The Dementia Care, Caregiving, & Services Summit would take place March 24-25.

Advancing Health Equity Through Medicaid Expansion, John Z. Ayanian, MD, MPP, Alice Hamilton Professor of Medicine; Director, Institute for Healthcare and Innovation, University of Michigan

Prior to the Affordable Care Act (ACA) in March 2010, being uninsured was a diagnosis of social exclusion for about 50 million Americans. The expansion and reform of health insurance under

the ACA was based on Medicaid expansion for low income adults, subsidized insurance for middle income adults, and the individual mandate, as well as health insurance market reforms.

There were 20 million fewer uninsured Americans in 2020 than in 2010, and 26 million more on Medicaid. Un-insurance had declined most for poor and near-poor adults. It had been reduced by nearly half for all racial and ethnic groups. Black and Hispanic adults had had the largest reduction in avoiding care due to cost. Post-ACA uninsured rates remained the highest in the South and Southwest. Fourteen states had not yet expanded Medicaid.

Dr. Ayanian highlighted Michigan's approach to Medicaid expansion and reform: The Healthy Michigan Plan, signed into law in September 2013. Emphasizing primary care, the plan offered market-oriented reforms, such as cost sharing, financial incentives, and MI Health accounts.

University of Michigan researchers had rigorously evaluated the Healthy Michigan Plan, and found that coverage and access to care had improved for approximately 670,000 low income adults. Financial outcomes had improved substantially for enrollees and hospitals with costs offset in the state budget. Many enrollees reported improved physical, mental, and dental health and a better ability to work, especially those with chronic conditions. Black enrollees had had the largest employment gains with Michigan Medicaid expansion.

Since the Healthy Michigan Plan had been enacted, unpaid credit cards and loans had decreased by an average of $233 per enrollee, and unpaid medical bills had gone down an average of $515. Fewer bills were being sent to collection, and the rate of home evictions and bankruptcies had declined.

A study by Graves et al. published in Health Affairs found that Medicaid expansion slowed rates of health decline for low income adults in Southern states. For every 1,000 people who gained coverage, 257 fewer people experienced a health status decline. Those findings suggested that access to safety net providers in Southern states was an inadequate substitute for insurance.

In December 2018, a federal judge ruled in Texas v. Azar that the whole ACA was unconstitutional since Congress had eliminated the tax penalty for the individual mandate. The decision was under appeal, and likely to reach the U.S. Supreme Court in 2021.

RETIRING MEMBERS APPRECIATION

Dr. Perez-Stable recognized Dr. Talavera and Dr. Mendoza for their service to the Council, presenting each with a plaque. Although their terms were expiring, they had each been extended to allow them to participate in the Council's May meeting.

CONCEPTS CLEARANCE

Multi-Level HIV Prevention Interventions for Individuals at the Highest Risk of HIV Infection: Jennifer Alvidrez, PhD, Program Official, Community Health and Population Sciences, NIMHD

The objective of this initiative is to support R01 projects that test the effectiveness of multi-level interventions to prevent HIV in high risk health disparity populations or subgroups in one or more geographic areas with a high rate of new infections.

The initiative would test the effectiveness of multi-level interventions to prevent HIV infection and transmission in high risk health disparity populations in one or more geographic hotspots, primarily men who had sex with men (MSM) and transgender women or subgroups. Target high risk populations should be justified by local data demonstrating a high incidence of new HIV infections and/or low rates of pre-exposure prophylaxis (PrEP) use, condom use, or HIV testing within the hotspot; and evidence that existing local, state, or federal HIV prevention and treatment initiatives were not reaching or not effective for those populations. Target populations were likely to vary depending on the availability of existing resources within hotspots.

Interventions were expected to promote PrEP and condom use and HIV testing in HIV-negative individuals; encompass multiple domains and multiple levels to address social determinants of health; use existing evidence-based HIV prevention interventions or practices, including adaptations; use the reduction of new HIV infections in the target population as a primary outcome, if possible, in addition to relevant behavioral outcomes; include pragmatic trials led by or conducted in partnership with service providers responsible for delivering HIV prevention services or programs at the local, state, or regional level; and emphasize intervention effectiveness, comparative effectiveness, hybrid effectiveness implementation trials, and optimization of multi-component interventions.

Areas of special interest included but were not limited to the testing of interventions in multiple geographic hotspots; the use of cluster randomized trials; interventions that included clinician or healthcare setting level intervention components; collaboration with diverse local stakeholders in addition to HIV prevention service providers; engagement of members of the target high risk health disparity populations or subgroups as investigators, advisors, or peer interventionists; and projects that examined cost of intervention, implementation, and delivery.

Dr. Hunter called for a motion to move the concept forward to Funding Opportunity Announcement (FOA) development. The motion was made and seconded. The Council passed the motion by majority vote. Dr. Zorrilla voted in opposition.

Promoting Viral Suppression among Individuals from Health Disparity Populations Engaged in HIV Care, Jennifer Alvidrez, PhD, **Program Official, Community Health and Population Sciences, NIMHD**

The objective of this initiative was to support R01 intervention projects to promote antiretroviral therapy (ART) initiation, ART adherence, and suppressed viral load for people living with HIV (PLWH) from health disparity populations engaged in HIV care.

The initiative would support intervention projects to promote ART initiation and adherence and suppressed viral load for PLWH engaged in HIV care for one or more geographic hotspots. Its population focus was expected to include MSM and transgender women. The justification of the

geographic hotspots should be based on local data indicating that rates of viral suppression within the hotspots as a whole or for the target population were lower than the national average.

Interventions were expected to be pragmatic trials based in one or more HIV care settings and delivered by personnel from the HIV care setting or collaborating service providers rather than research personnel; focus on one or more NIH-designated health disparity populations, including but not limited to MSM and transgender women; simultaneously promote ART initiation and adherence and reduce high risk sexual and drug use behaviors during periods of non-suppression to prevent HIV transmission to sexual partners; address relevant multi-domain, multi-level determinants of poor ART adherence, viral non-suppression, and high risk HIV behaviors; and emphasize intervention effectiveness, comparative effectiveness, hybrid effectiveness implementation trials, and optimization of multi-component interventions.

Areas of special interest included but were not limited to testing of interventions in HIV care settings in multiple geographic hotspots; use of cluster randomized trials; interventions that directly engaged partners in ART adherence and HIV risk behavior reduction intervention components; interventions that included clinician or clinic level intervention components; collaboration with diverse local stakeholders in addition to HIV care providers; engagement of members of the target high risk health disparity populations or subgroups as investigators, advisors, or peer interventionists; and projects that examined cost of intervention, implementation, and delivery.

Dr. Hunter called for a motion to move the concept forward to FOA development. The motion was made and seconded. Dr. Zorrilla asked if she could include a recommendation with the vote. Dr. Hunter said she could, but the Council would need to modify its motion. Dr. Zorrilla made a motion to approve the concept with the consideration of women for inclusion as part of the target population. The motion was seconded.

Dr. Talavera asked why staff excluded women from the original proposal. Dr. Mustanski pointed to the Ryan White HIV Care Program and CDC's national data, which showed no differences in viral suppression by gender. Dr. Reede felt it was beneficial to include women for consideration, because it acknowledged the fact that there was a major issue with women. Dr. Calman argued it was important to be inclusive because it was very difficult to engage in a research effort like this that excluded certain people who might have unsuppressed viral loads. Dr. Zorrilla cited two recent studies specifically addressing viral suppression between men and women and among different races and ethnicities.

Dr. Hunter asked the Council to vote on both motions on the table. All Council members present voted in opposition to the first motion, to move the concept forward as submitted for FOA development, and in favor of the second, to move the concept forward for FOA development with consideration of the inclusion of women.

Comprehensive Care for Adults with Type 2 Diabetes Mellitus from Health Disparities Population, Larissa Aviles-Santa, MD, MPH, Director Clinical and Health Services Research, NIMHD
The objective of the initiative was to support multidisciplinary research to develop and test multi-level strategies to effectively implement recommended guidelines of comprehensive care for adults with Type 2 diabetes mellitus from health disparity populations.

The proposed initiative would consist of innovative multidisciplinary and multi-level research. It would develop and/or test interventions to optimize Type 2 diabetes care for adults from health disparity populations concordant with evidence-based guidelines and be patient-centered. In addition to glycemic control, it would aim at completing other guidelines to prevent complications.

Areas of interest and potential study designs included but were not limited to multi-level interventions that promoted a proactive care delivery; interventions that integrated clinician decision support and adherence to recommended guidelines and patient and family unit decision making and self-management; innovative multi-level strategies to implement guidelines of care within the context of challenging housing and work-related conditions; health care coordination between traditional and alternative health care settings; studies that evaluated effectiveness of individualization of guidelines of care based on patient characteristics, including the state or progression of the disease; studies that identified and addressed implicit and explicit bias and structural racism across different levels in the health care continuum; and analyses and sub-analyses on sustainability, actual and/or projected healthcare costs, and prevention of complications.

Council engaged in substantive discussions. While generally supportive, members had several questions and recommendations for consideration. Program made note of the recommendations for incorporation into the FOA. Dr. Hunter asked for a motion to move the concept forward to FOA development. The motion was made and seconded. The Council passed the motion unanimously.

Addressing Racial Disparities in Maternal Mortality and Morbidity, Gina Roussos, PhD, AAAS Science and Technology Policy Fellow, Office of Director, NIMHD
The purpose of this initiative was to support research that tested clinical, social, behavioral, and health care system interventions to address racial disparities in maternal mortality and morbidity in the U.S.

The initiative would support multidisciplinary research examining the efficacy or effectiveness of multi-level interventions to reduce racial and ethnic disparities in maternal morbidity and/or mortality.

Potential topics could include, but were not limited to, the influence of health equity practices within health care systems on the identification of women at high risk of complications during pregnancy, the effect of Alliance for Innovation on Maternal Health (AIM) patient safety bundles

on hospital-wide rates of maternal morbidity, best practices to prevent and treat within the first year postpartum, and protective factors among Hispanic women and how they could inform interventions for other racial and ethnic minority women.

Council discussed the concept and provided feedback to program. Dr. Hunter asked for a motion to move the concept forward to FOA development. The Council passed the motion unanimously.

PUBLIC COMMENT
Dr. Pérez-Stable opened the floor for public comment. There were none.

CLOSING REMARKS
With no further business to attend to, Dr. Pérez-Stable adjourned the meeting at 1:52 p.m.

REVIEW OF GRANT APPLICATIONS_ CLOSED SESSON

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 1:30 pm on February 3, 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 322 applications requesting an estimated $203,289,248.00 in requested total costs for year 1. Funding recommendations for all applications submitted in response to requests for applications were reviewed and discussed. Applications submitted in response to program announcements and special program review announcements were considered by the Council through E*n Bloc* voting.