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)

9000 Rockville Pike, Bethesda, MD
Building 31, 6th Floor, Conference Room 6
June 5 (Closed Session) 3:00 pm – 6:00 pm
June 6 (Open Session) 8:00 am – 2:40 pm

Meeting Minutes

Council Members Present
Eliseo J. Pérez-Stable, MD, Chairperson; Director, NIMHD
Margarita, Alegria, PhD, Massachusetts General Hospital
Maria R. Araneta, PhD, University of California San Diego
Linda Burhansstipanov, MSPH, DrPH, Native American Cancer Initiatives
Sandro Galea, MD, MPH, DrPH, Boston University
Linda S. Greene, JD, University of Wisconsin
Hilton M. Hudson, II, MD, FACS, FCCP, University of Chicago
Fernando Sanchez Mendoza, MD, MPH, Stanford University
Brian Rivers, PhD, MPH, Morehouse School of Medicine (Phone)
Gregory A. Talavera, MD, MPH, San Diego State University

Council Members Absent
Ross Hammond, PhD, The Brookings Institute

***Ex Officio* Members Present**
Said A. Ibrahim, MD, MPH, University of Medicine
Cara Krulewitch, CNM, PhD, FACNM, Department of Defense
William Riley, PhD, Office of Behavioral and Social Sciences Research, NIH

Ad Hoc Members Present
Marshall Chin, MD, MPH, University of Chicago
Spero Manson, PHD, University of Colorado Denver

Executive Secretary
Joyce A. Hunter, Ph.D.

Presenters
Lisa Cooper, MD, MPH Johns Hopkins university
Joshua Gordon, MD, PhD, National Institute of Mental Health, NIH
Anna Napoles, PhD, MPH, University of California, San Francisco
Lawrence Tabak, DDs, PhD, Office of the Director, NIH

CALL TO ORDER AND INTRODUCTORY REMARKS

The 45th meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD) was held on Monday, June 5, 2017 and Tuesday, June 6, 2017 in Building 31, Conference Room 6. The closed session began at 3:00 pm on June 5th, and adjourned at 5:00 pm. The session was open to the public on June 6th from 8:00 am until adjournment at 3:00 pm.

Dr. Eliseo J. Pérez-Stable, Director of the National Institute on Minority Health and Health Disparities (NIMHD), presided as Chair and called the meeting to order. Dr. Joyce Hunter, Deputy Director, and NACMHD Executive Secretary, reviewed the confidentiality and conflict of interest information with Council members. Dr. Pérez-Stable asked the Council members to introduce themselves, followed by NIMHD staff and invited guests.

COUNCIL MINUTES APPROVAL – February 2017

The Council unanimously approved the minutes of the February 2017 Council meeting.

FUTURE MEETING DATES

2017 Council Dates	2018 Council Dates
	February 26-27, 2018
September 7-8, 2017	May 10-11, 2018
	September 10-11, 2018

NIMHD DIRECTOR'S REPORT AND DISCUSSION

Dr. Pérez-Stable reported on current NIH and NIMHD activities.

NIH News

- Major General (Ret.) James Gilman, M.D., has been appointed NIH Clinical Center CEO. Dr. Gilman is a cardiologist who was recruited through a comprehensive search process. The structure of the Center's leadership now more closely resembles a traditional hospital. Dr. Pérez-Stable pointed out that the Clinical Center is a one-of-a-kind research facility, particularly as most of its research is conducted in the ambulatory setting rather than in acute care.
- Colleen Barros, former NIH Deputy for Management, retired after forty years of government service in March. Most recently she served as Acting Deputy Secretary of Health and Human Services.
- Dr. Alfred Johnson was named as NIH Deputy Director for Management. Dr. Pérez-Stable praised him as a pleasant, effective and reliable director.
- Dr. Christine Hunter was appointed deputy director of the NIH Office of Behavioral and Social Sciences Research.
- Dr. Pérez-Stable prefaced a later presentation by Dr. Lawrence Tabak on the NIH Grant Support Index proposal which aims to optimize stewardship of taxpayer dollars. The proposal would cap the number of grants a PI could hold at any one time. The proposal outlines a point structure through which PIs would be determined to be eligible to receive additional grants.
- NIH announced its Single Institutional Review Board (sIRB) proposal which will have implications for multi-site clinical trials as well as other projects. Dr. Pérez-Stable commented that he doesn't expect this policy to have a significant impact on NIMHD grants, though he also noted that how this might affect funding in tribal communities has not yet been worked out.

NIMHD Legislative and Budget Updates

- In May, NIH received a $2 billion increase to its budget for a total of $34.3 billion. Of that, NIMHD received $289,069,000. Additional funds for all major programs were also included.
- On May 17, Dr. Collins with several other directors from the ICs attended a hearing before the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. There will be further hearings in June on the budget.
- Senator Ben Cardin submitted a letter to the Labor-HHS Appropriations subcommittee recommending funding for NIMHD to the fullest possible extent
- On April 25, Dr. Pérez-Stable participated in a panel held by the Congressional Black Caucus held in conjunction with the National Minority Health Quality Forum
- The FY 2017 enacted budget came in slightly below the $289 million appropriated due to a variety of factors. Funding was transferred from the Office of AIDS Research to the NIMHD and to the Administration for Children and Families.
- Net funding is $6.9 million, or 2.5%, higher than FY 2016, allowing more grants to be funded
- Funding was increased for the Research Centers in Minority Institutions (RCMI) program by $1.7 million or 3%.
- The President's proposed budget for FY18 entails a 25.7% reduction for NIMHD, which signifies a net decrease of $74.3 million.

NIMHD News and Activities

Dr. Pérez-Stable shared with the Council a calendar of recent events.

- On March 2, he presented Medicine Grand Rounds at the University of Washington and had meetings with individuals and groups as a part of the visit.
- On March 23, he visited one of NIMHD's Center Grants in Ann Arbor during their annual investigator symposium with a theme on the intersection of the Precision Medicine Initiative (PMI) with health equity research.
- In April, Dr. Pérez-Stable traveled to Sioux Falls, South Dakota to visit a Collaborative Research Center and meet with Native investigators there.
- On April 7, Dr. Pérez-Stable participated in a Disparities Symposium at Howard University.
- Dr. Pérez-Stable presented the Samuel P. Martin Lecture was held on April 14 at the University of Pennsylvania.
- From April 19 to April 22, Dr. Pérez-Stable joined the Society of General Internal Medicine meeting in Washington, D.C.
- NIDDK held their Annual Workshop for the Network of Minority Health Research Investigators (NMRI) in conjunction with NIMHD. Through this program, NIDDK has funded over 300 minority scientists over the last 15 years.
- In May, Dr. Pérez-Stable presented a lecture on workforce diversity in the Department of Otolaryngology at Johns Hopkins University.
- Also in May was the National Hispanic Medical Association where Dr. Pérez-Stable made a few informal remarks.
- On May 15, Dr. Pérez-Stable gave a talk as a part of Hunter College's 30th Annual Symposium on Stress and Resilience.
- From May 20-21, the American Thoracic Society International Conference occurred, including a workshop on migrant and refugee health and Dr. Perez-Stable presented on tobacco use. Dr. Pérez-Stable gave the keynote at the ATS Diversity Forum.
- On May 31, Dr. Pérez-Stable spoke to the Uniformed Health Services about precision medicine and disparities. He also gave the President's keynote address at the Society of Prevention Research's Annual Meeting in Washington, DC.
- A joint workshop was held with NIA/NICHD entitled Inclusion Across Lifespan on June 1-2.
- NIMHD recently hosted Harvard University Morgan Commonwealth Fellows.
- Dr. Pérez-Stable was happy to report that two scientific workshops got off the ground that had been planned for some time. The first, entitled Addressing Health Disparities through the Utilization of Health Information Technology, exchanged formal presentations for a "fishbowl format" of informal discussions with a lead participant at the center. Summary recommendations from this workshop will be produced shortly.

- The second workshop discussed structural racism and discrimination. This workshop opted for a more traditional presentation format through which a tremendous amount of data regarding the effects of structural racism was presented.
- In terms of upcoming workshops, Dr. Pérez-Stable was asked to present at an NHLBI workshop on eliminating cardiovascular disparities. NIMHD will participate in a workshop on the human microbiome which will focus on some of the emerging themes in that arena. There will be a Levi Watkins and Elijah Saunders Memorial Workshop, also sponsored by NHLBI, at the end of August. NIDDK will host a workshop on Type 2 diabetes and obesity disparities. The National Academy of Medicine is also planning a workshop on improving health research on small subpopulations with NCI.
- NIMHD is continuing its work on the development of the NIH strategic plan. Dr. Deborah Duran has put together a Trans-NIH Committee, which includes representatives across the agency. A general framework has been composed and the group is ready to move to the next step.
- RCMI applications have already been submitted, with reviews occurring in June. Chair Pérez-Stable voiced confidence in the future of the RCMI program based on his recent experience at these institutions.
- U54 Centers of Excellence (COE) applications have been submitted.
- NIMHD has a contract with the American Journal of Public Health Special Supplement on its science visioning work.
- Several Council members have been recruited to coauthor a book on Minority Health and Health Disparities which will serve as a reference marker for future investigators on issues and research methodologies.
- The Health Disparities Research Institute week will occur from August 14th-19th.
- The All of Us Program beta testing will continue through the summer, with its director, Eric Dishman, scheduled to present to the Council in September. The All of Us Program is the cohort study of a million people that NIH wants to achieve.
- Three recipients have been announced for the 2017 NIMHD William G. Coleman Jr. Award. The award honors Dr. Coleman, the first African American scientific director in the history of NIH. Melanie Sabado, Tracy Layne, and Candace Middlebrooks will each receive $15,000 towards their research.
- NIMHD staff volunteered at the NIH Children's Inn on May 7, in service of the families whose children are participating in long term research studies on the campus.
- April was National Minority Health Month. In honor, the NIH held a Science Day attended by 500 local high school students. There was also a Minority Health 5K Walk/Run as well as a Twitter chat.

NIMHD Staff News

- Dr. Joyce Hunter agreed to assume the role of Acting Scientific Director until a new Director is appointed. Dr. Hunter also received a Porter Fellowship from the American Physiological Society.
- Lt. Cmdr. Xinzhi Zhang was awarded the Public Health Service Achievement Medal for his work dedicating time and effort to big data science to address health disparities and promote diversity and inclusion.
- NIMHD has had several new appointments. Launick Saint-Fort has joined the Division of Intramural Research. Stephanie Nisson joined the Office of Administrative Management.

Grant Awards and Funding Opportunities

- Dr. Pérez-Stable enumerated several funding opportunities, primarily in the R01 and the R21 categories, including the research opportunities around sleep disparities, palliative care, and APOL1 long-term kidney transplant outcomes.
- Dr. Pérez-Stable shared NIMHD R01 and R21 results from FYs 2015-2017. FY 2017 marks a dramatic increase, not only in the total number of R01/R21 applications, but in the number scored as well. R21 applications, in particular, went from 16 in FY 2016 to at least 134 in FY 2017.
- NIMHD awarded a total of 33 R01s at just over $20 million. NIMHD saw similar success among its new/early stage investigators compared with established investigators. Dr. Pérez-Stable noted

that some of these new investigators are established members of community who are receiving funding for research for the first time relatively late in their careers.

Noteworthy Publications

- Drs. Nora Volkow and Francis Collins published an article titled "The Role of Science in Addressing the Opioid Crisis" in the New England Journal of Medicine on May 31st. The paper identifies some of the roles that segments of the healthcare delivery system have played in the crisis as well as pointing out some aggravating factors among drug manufacturers and distributors. Dr. Pérez-Stable credited Dr. Volkow with popularizing the fact that drug addiction is not a moral failure but actually a brain disease, which enables a public health approach to replace one of criminal justice.
- Drs. Xinzhi Zhang, Pérez-Stable, Philip Bourne, and Nancy Breen published a paper on big data science in *Ethnicity and Disease* which relates to the work being done in the Health IT Workshop as well as the science visioning proposal.
- From NIMHD's intramural research program, Drs. Anna Bellatore, Sharon Jackson, and Kelvin Choi published an article in *PLOS ONE* on a Type 2 diabetes typology model.
- Dr. Pérez-Stable shared data on all-cause mortality in Whites versus Blacks, which shows the disparity between the two decreasing over the last 18 years. Through this research, it was discovered that older African Americans have a lower mortality rate than Whites in their same age group. This trend has exceeded the 2% expectation, clocking in at around a 4% decrease per year.
- Suicide rates in the U.S. have been trending up in all populations in data from 2008-2015 when compared with data from 1999-2007, with the largest increases occurring in White and American Indian populations. The American Indian population specifically saw a 20% increase in its suicide rate during those periods.
- On another positive note, all minority populations saw a decrease in diabetes-related end-stage renal disease in 2013 as compared with 1996, with American Indians seeing a 54% decrease. Whites, however, experienced a 28% increase over the same period.
- Dr. Pérez-Stable shared information from a paper from the CARDIA Study published in the JAMA Internal Medicine that showed an effect of racial segregation on blood pressure over time.
- A recent study in NEJM studied diabetes outcomes in youth 0 to 19 years old in 5 states. It discovered that rates of Type 1 diabetes are increasing, especially among Latinos. Type 2 diabetes is increasing as well, more so in women than in men.

NIMHD-Funded Science Advances

- Dr. Pérez-Stable highlighted several of the articles nominated by scientific staff. Soulakova et al. published an article on the effectiveness of cessation aids in promoting smoking cessation using intermediate variables. It found that the use of an aid contributed to smoking cessation, but that Whites were more likely to use aids than Blacks or Latinos.
- Another study by Skolarus et al. looked at racial differences in care giving for stroke survivors found that Blacks were more likely to receive a caregiver than Whites after a stroke and that caregivers for Blacks were more positive about their role than their counterparts for White patients.
- Cunningham et al. investigated the impact of health IT exchange on antiretroviral therapy use, viral suppression and HIV disparities. This intervention decreased disparities in antiretroviral therapy between whites and blacks, leading to greater viral suppression. The study also found that Latinos had greater odds than Whites of antiretroviral use, adjusting for covariates.
- Running Bear et al. looked at the transition between alcohol detox and substance abuse treatment among Alaskan Natives. The study examined 3 critical points of substance abuse and identified several effective practices for ensuring success in substance abuse treatment for this population.

- A large randomized-control trial in Georgia developed an effective intervention for referring under-resourced dialysis patients to a transplant program. Transplants require expenses upfront that many cannot afford even if longer term a transplant is less expensive than dialysis. The largest difference was among Black dialysis patients.
- Surveillance, Epidemiology and End Results (SEER) 18 Program data was used in a study of the intersection of cervical cancer among African Americans in the South. Though cervical cancer rates have decreased drastically over recent years, it's been discovered recently that some of this data was uncorrected for the incidence of hysterectomy. Consequently, this suggested underreported rates of cervical cancer because African American women are more likely to get hysterectomies than other segments of the population.
- A cost effectiveness analysis of the Supplemental Nutrition Assistance Program (SNAP) found that an increase in the subsidy would increase savings primarily through the reduction of the incidence of Type 2 diabetes and cardiovascular diseases.
- A study examined alternatives to opioids for the treatment of chronic pain, specifically looking at NSAID use in older African Americans.
- Finally, a study examined the effect differences in gestational age have no neonatal morbidity. It proved that DNA methylation data is an accurate and consistent measure of gestational age.

Invited Speaker: Translating or Transcreating: Developing Stress Management Interventions for Underserved Breast Cancer Survivors

Anna Nápoles, PhD, MPH, UCSF Professor, gave a presentation on ideas for the effective translation of interventions for the populations that need them the most. While researchers have developed a variety of evidence-based interventions, there's a lack of evidence that they reduce disparities. NCI's research innovation database has over 180 evidence-based interventions (EBIs), but these programs aren't being implemented broadly. Dr. Nápoles identified the individual steps of what she termed the "research-to-practice" cycle as the conventional vehicle for delivering interventions to communities. The development pipeline for these interventions tends to stop with large scale clinical trials without examining methods for large-scale implementation and evaluation in the real world. Larry Green et al. published an article in the Annual Review of Public Health that suggested that it takes on average 17 years to translate just 14% of evidence into patient care. This is largely caused by the fact that standard translation models for reducing disparities tend to be very research focused and, therefore, don't account for the variables in the real world.

Dr. Nápoles advocates for a new model she calls "transcreation," which essentially means repackaging original content so that it resonates more effectively for different groups. She used the English and Spanish marketing campaigns for the IUD Mirena in the U.S. as an example. Research indicated that different approaches would be more effective in these two populations. The community-centered transcreation research framework she's created looks to correct that overly research-focused shortfall of the development process for evidence-based interventions. Accordingly, it begins with disparities in communities and includes community members throughout the process. It looks at multiple EBIs as opposed to staying loyal to one and applies study methods that are appropriate to the community context. The published steps for the framework are as follows:

1. Identify community setting & engage partners
2. Specify theory and conceptual framework
3. Identify multiple inputs for new program
4. Design intervention prototype
5. Design study, methods, & measures appropriate to the community setting
6. Implement intervention & monitor outcomes

Invited Speaker: Update from the National Institute of Mental Health (NIMH)

Joshua Gordon, M.D. Ph.D., Director, NIMH, gave a brief overview of the NIMH and its current state. NIMH currently supports more than 3000 research grants on mental health issues and works with about 600 scientists through its intramural program. Being new to NIMH's leadership, Dr. Gordon emphasized

his interest in learning and listening from others within NIH as well as its partners. He highlighted NIMH's March 2017 meeting of the Professional Coalition for Research Progress, which was attended by groups interested in reducing health disparities. He shared that the attendees offered some criticisms of how NIMH currently studies health disparities, which could be more robust. Earlier in May, Dr. Gordon testified before the House Appropriations Subcommittee Oversight hearing on advances in biomedical research.

Since his appointment, Dr. Gordon has been searching for ways to optimize NIMH's research portfolio. This means striking a balance between investments in cutting edge science and investments in implementation, dissemination, and equity. He hoped that he could bring advances in diversity among subject matters, researchers, participants, and time frames to create a portfolio that's as comprehensive as possible. Dr. Gordon shared specific short-term, medium-term, and long-term goals that he's set for NIMH based on his own experience and expertise.

Dr. Gordon's predecessor had recently completed work on a strategic plan, consisting of four strategic objectives, before he left. Dr. Gordon informed members that NIMH works to incorporate mental health disparities into each of these objectives. These objectives are:

1. Define the mechanisms of psychiatric illness. This means not only understanding diverse illnesses but also understanding how they manifest themselves in diverse groups of people.
2. Chart the trajectories of psychiatric illnesses, both untreated and treated. This means tracking the trajectories of illness in those populations that may not be as accessible to researchers as well.
3. Develop techniques for the prevention and cure of psychiatric illness. Interventions should be aimed at reducing disparities, casting as wide a net as possible.
4. Ensure that the research resulting from these objectives has a public health impact. This means building up capacity so that interventions can be delivered.

Invited Speaker: Achieving Equity in Cardiovascular Health through Implementation Science and Community-Based Participatory Research

Lisa Cooper, MD, MPH, Johns Hopkins University, gave the presentation. Cardiovascular disease (CVD) disparities are the largest contributor to mortality rates among minorities. High levels of hypertension drive this incidence among black communities, while Hispanics/Latinos and American Indians suffer from increased rates of diabetes. Even with treatment and education, hypertension rates are higher among Blacks than Whites. Those earning low incomes and rural residents are also more at risk for hypertension, driven in part by decreased access to health care and the generally poorer quality of that care.

Early in her career, Dr. Cooper had identified the patient-physician relationship as being a major contributor to disparities. Accordingly, she conducted a randomized clinical trial in community-based primary care settings that compared outcomes from two programs: one, a computer-based training course for physicians; the other, where patients were coached by community health workers. The sample for the study largely consisted of lower-income African Americans. The findings demonstrated that the patients who had been coached and whose physicians had communications training showed the greatest improvements.

Dr. Cooper shared a video detailing the story of Michelle Simmons, a resident of West Baltimore. Ms. Simmons struggled through periods of her life to pay for medicine and to deal with the unhealthy lifestyle she had inherited through her context. Through the help of local physicians as well as community health organizations, she triumphed in the face of those disadvantages.

Stories like Ms. Simmons' inspired Dr. Cooper to develop an ecological model for addressing health disparities. Researchers must include stakeholders' input at each level of the model, because translating interventions into the real world requires a deep understanding of stakeholders and their communities. Community-based participatory research (CBPR) provides one model for gathering this input and building relationships with community members. The most successful partnerships in this realm consider what Dr. Cooper calls "fit for purpose;" that is, choosing the right populations for the right interventions and vice

versa. Moreover, it also means tailoring the intervention to that population. In Baltimore, Dr. Cooper has been able to build on a tradition of community engagement to found a transdisciplinary research center to study methods for reducing CVD disparities, with funding from the NIH. Three studies were completed under that grant: Project ReDCHiP, Five Plus Nuts & Beans, and the ACT Study.

Dr. Cooper's current project is called the Reducing Inequities in Care of Hypertension Lifestyle Improvement for Everyone, also known as the RICH LIFE Project. It's a cluster randomized trial among 1890 patients, 1/3 of whom will be Hispanic/Latino, African American, and White. Through two interventions the study aims to look at blood pressure control as well as patient reported outcomes. Specifically, researchers hope to determine whether a patient-centered collaborative care model with a stepped approach will be more effective than improving the standards of care for reducing hypertension risks. Researchers will also be examining the scalability and sustainability of both options throughout.

Invited Speaker: Next Generation Initiative

Lawrence Tabak, DDS, PhD, Principal Deputy Director, NIH, gave the presentation, entitled "Enhancing Stewardship: New Efforts to Promote a Stronger and More Stable Biomedical Research Workforce." The enhancement of grant stewardship is one of the key tenets of the NIH's strategic plan. Dr. Tabak argued that the perception of biomedical research as hypercompetitive and demanding has dissuaded promising students from taking up the discipline. Over the period from 2003 to 2015, the number of applicants soared while the number of grant awards made stayed almost precisely constant. The 21st Century Cures Act attempts to address this by instructing the NIH Director to promote policies that will foster earlier independence and increased funding among new investigators, though it doesn't say how.

Dr. Tabak shared data on the stratification of funded investigators at NIH in three age groups, younger than 45 years, 45 to 60 years, and older than 60 years. Investigators 60 years and older are the only cohort which has grown steadily over the period from 1990 to 2015. Early career investigators, those younger than 45, showed a steep decline in the early 2000s from comprising almost 50% of the total in 1990. Meanwhile, mid-career investigators, those ages 46 to 60, peaked around 2005, but have been declining since then. Dr. Tabak argued that the triumph of the older cohort is not due solely to the aging Baby Boomer population in the biomedical workforce, but rather due to their ability to out-compete younger investigators. Established investigators can rely on other resources, whether they be in the form of institutions or other grants, with which they can weather the turbulence of the grant approval process. Younger investigators, on the other, have no such safety net and therefore rely more heavily on initial grant approval. Dr. Tabak expressed concern that declining mid-career investigator numbers reflect those researchers being unable to sustain their careers.

The question for the NIH then becomes: how does it sustain the biomedical workforce? So far, a two-pronged approach has been developed. The NIH must prioritize younger investigators, to some extent, while also providing new support systems to continue to nurture them along as researchers. Currently, NIH policy has boosted success rates for early stage investigators, which has mitigated the decline, but has not grown their numbers significantly. To do that, Dr. Tabak believes that their pay lines must be extended. For the second prong, NIH needs to identify those early and middle stage investigators who narrowly lose out on NIH funding to provide them with intermediary support so that they don't have to turn away from the biomedical workforce.

Dr. Tabak presented the current iteration of the NIH-wide plan to address these issues. All ICs have committed to supporting meritorious early and mid-stage investigators. Accordingly, the NIH Office of the Director will create and maintain a database of those investigators. While this won't guarantee that all those who make the list will receive funding, it will allow the NIH to ascertain patterns in funding decisions across the ICs pertaining to these early and mid-stage investigators. It would take about $1.25 billion to fund all grant applications to the 25th percentile. The money for this goal will come from the reprioritization of IC funds, as decided by the IC Directors.

While there are several ideal metrics for measuring the value of NIH's total grant portfolio, many of them require extensive time commitments. Dr. Tabak believes that responsible stewardship requires more immediate action and the development of viable short-term assessments. This requires a metric that is not based on dollars but on some other metric that quantifies commitment. There also needs to be a corresponding metric for output or productivity. For this latter metric, Dr. Tabak advocated for the relative citation ratio (RCR) which provides a bibliometric measure that is field-normalized. RCR data has been validated through analyses which have demonstrated strong correlation between its measures the opinions of experts about the impact of papers in their fields. The iCite tool, available on the NIH OD website, allows users to perform detailed searches of this RCR data with ease.

While the metrics necessary for adequate short-term assessments are being developed, there are immediate actions the NIH plans to take. Beginning immediately, the NIH is committed to providing that $1.25 billion figure over the next five years to supporting meritorious early and mid-stage investigators. NIH will also solicit independent analyses of metrics that can be used for that short-term assessment process. Throughout all of this, the NIH will continue to develop this program with the input of NIH stakeholders as well as the NIH Advisory Committee to the NIH Director (ACD).

CONCEPT CLEARANCES

Dr. Nathaniel Stinson, Director of the NIMHD Division of Extramural Scientific Programs led the discussion of three new initiatives presented by NIMHD program officials. Council engaged in detailed discussions. While generally supportive, members had several questions and recommendations for consideration prior to their approval. The NIMHD will consider the recommendations as well as other budgetary and programmatic issues in determining which of the proposed initiatives, if any, to implement.

Title: Research on Pre-Exposure Prophylaxis (PrEP) to Prevent HIV in Health Disparity Populations – Dr. Jennifer Alvidrez. This initiative will support observational, health services, or intervention projects that examine PrEP attitudes, use and adherence among health disparity populations in the US. The OAR has approved this initiative for FY 2018. It addresses OAR high priority areas of reducing incidence of HIV/AIDS, developing the next generation of HIV therapies, and conducting research to reduce health disparities in the incidence of new HIV infections.

Title: Mechanisms of HIV Associated Co-morbidities in Health Disparities Populations – Dr. Rina Das. This initiative will support multidisciplinary research projects to examine the underlying mechanisms in which multiple HIV-associated co-morbidities may influence HIV disease progression and treatment outcomes among health disparity populations. The OAR has approved this initiative for FY 2018. It addresses OAR high priority areas of reducing incidence of HIV/AIDS new infections or in treatment outcomes of those living with HIV/AIDS.

Title: Prevention and Treatment Research to Address HIV/AIDS Disparities in Women – Dr. Jennifer Alvidrez. The initiative will support health services and intervention research projects to understand and reduce racial/ethnic, socioeconomic, and geographic disparities of HIV in women in the US. The OAR has approved this initiative for FY 2018. It addresses OAR high priority areas of reducing incidence of HIV/AIDS, developing the next generation of HIV therapies with better safety and ease of use, research to reduce health disparities in the incidence of new HIV infections of those living with HIV/AIDS.

Dr. Hunter requested motion to approve the three concepts, which were, seconded, and passed unanimously.

Public Comment

Dr. Pérez-Stable opened the floor to public comments and questions. Dr. Uche Akobundu, registered dietitian, spoke on behalf of the National Academy of Nutrition Dietetics. She discussed the costs and ill

effects of malnutrition in the United States, which is estimated to be around $50 billion a year. Malnutrition complicates treatment for other disorders and exacerbates existing health disparities. Malnutrition occurs more frequently among racial/ethnic minorities in the U.S. than it does among whites. The National Academy of Nutrition and Dietetics is concerned with the lack of research into malnutrition and its effects by the biomedical research community. Seeing as it contributes to health disparities, the Academy asks NIMHD to consider conducting research in this area.

Closing Remarks and Adjournment
Dr. Pérez-Stable adjourned the meeting at 2:40 p.m.

CLOSED SESSION

A 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

Dr. Pérez-Stable called the Closed Session to order at 3:00PM. Dr. Hunter led the second level review of grant applications submitted to NIMHD programs. The Council considered 289 applications requesting an estimated $166,571,252 in total costs. Funding recommendations for all applications submitted in response to program announcements and special program review announcements were made by the Council through *en bloc* voting.