

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
February 8, 2016 (Closed Session) 3:00PM – 5:00PM
February 9, 2016 (Open Session) 8:00AM – 1:00PM

Meeting Summary

Council Members

Eliseo J. Pérez-Stable, M.D., Chairperson, Director, NIMHD
Linda T. Adams, Ph.D., RN, FAAN
Margarita Alegría, MA, Ph.D.
Maria R. Araneta, Ph.D.
Judith B. Bradford, Ph.D.
Linda Burhansstipanov, MSPH, DRPH
Sandro Galea, M.D., MPH, DrPH
Eddie L. Greene, M.D.
Linda S. Greene, J.D.
Ross Hammond, Ph.D.
Valerie Montgomery Rice, M.D.
Lisa A. Newman, M.D., MPH, FACS, FASCO
Brian Rivers, Ph.D., MPH

***Ad Hoc* Members**

Fernando Sanchez Mendoza, M.D., MPH
Gregory Talavera, M.D., MPH

***Ex Officio* Members**

Said A. Ibrahim, M.D., MPH
Cara Krulewitch, CNM, Ph.D., FACNM

Executive Secretary

Joyce A. Hunter, Ph.D.

Presenters

Gary Gibbons, M.D.
Ernest Moy, M.D., MPH

CALL TO ORDER AND INTRODUCTORY REMARKS

The 41st meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD) was held on Monday, February 8, 2016 and Tuesday, February 9, 2016 in Building 31, Conference Room 6. The closed session began at 3:00 pm on February 8th and adjourned at 5:00 pm. The session was open to the public on February 9th from 8:00am until adjournment at 1:39 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 welcomed two ad hoc members, Dr. Fernando Mendoza and Dr. Gregory Talavera. He then asked Council members to introduce themselves, followed by NIMHD staff and invited guests.

NACMHD Meeting Minutes

The Council unanimously approved the minutes of the September 9th, 2015 meeting.

Future Meeting Dates

The next NACMHD meeting is scheduled for June 6th and 7th 2016. Future meeting dates are listed below:

2016	2017
Tuesday, June 6-7, 2016	Tuesday, February 27-28, 2017
Tuesday, September 12-13, 2016	Tuesday, June 5-6, 2017
	Thursday, September 7-8, 2017

Dr. Hunter emphasized the importance of attending Council meetings to achieve a quorum, and reminded members that they are allowed one absence per calendar year. Members were asked to provide advanced notice if they are not able to attend a meeting or have a scheduling conflict. Members cannot serve on NIH scientific review panels during their tenure on the Council.

NIMHD DIRECTOR'S REPORT AND DISCUSSION

NIH News

NIH Strategic Plan:

Dr. Pérez-Stable informed council members that the first fully completed and published NIH wide Strategic Plan has been published with far reaching goals, including 5-10 year goals. Areas of research include women's health and health disparities.

Adolescent Brain Cognitive Development (ABCD) Study

Dr. Pérez-Stable informed council members about the Adolescent Brain and Cognitive Development (ABCD) Study, a major effort led by NIDA in which NIMHD has invested funds to conduct a longitudinal cohort study of the brain development, specifically in teens, enrolling more than 10,000 healthy children and following the cohort from age 9-10 into early adulthood. NIMHD provides funds to ensure diverse cohort recruitment and address research question sin minority health and health disparities.

Precision Medicine Initiative

The Precision Medicine Initiative (PMI) Cohort Program has been working towards enrolling one million or more volunteers into a cohort that broadly reflects the diversity of the US population in order to follow their health and clinical outcomes over time. The initial launch will involve the Direct Volunteer Pilot Program and Communication Support, which is designed to explore the needs and wants of prospective and enrolled participants. The hope is to develop an understanding of how to create and implement specialized data technologies while building a research infrastructure for managing biological samples.

Dr. Pérez-Stable discussed the funding opportunities and roles within the PMI Cohort Program Coordinating Center and the engaged HPOs, Biobank, participant technology centers. For the Biobank—in the Pilot Phase, the plan is to collect and receive saliva samples from at least 10,000 direct volunteers; Phase 2 (full implementation phase) a full set of bio-specimens of blood/urine from up to 1 million individuals will be collected at more than 1,000 clinic sites including sites at HPOs. Phase 2 of the Biobank will transition to automated storage and retrieval of bio-samples. There is a gap in knowledge and awareness in the community about PMI—in the leadership community as well as in public. NIMHD will be activating advocacy groups to inform them. Leadership is interested in collecting social, behavioral and demographic variables that are important to informing health outcomes.

Moonshot to Cure Cancer

The Moonshot to Cure Cancer is a new initiative launched by President Obama under the leadership of Vice President Biden. Dr. Collins and Dr. Lowey (acting Director of NCI) are members of the federal steering committee that is chaired by Vice President Biden.

NIMHD News

NIH Medical Research Scholars Program (MRSP)

NIMHD provides significant support to the MRSP program with the secondary goal of increasing the diversity of the classes. The program pays all expenses for medical students that will be placed in NIH labs within the intramural research program during a year away from their professional education. Interviews for candidates will begin in March of 2016.

Legislative and Budget Updates

Legislation News

In December 2015, President Obama signed the Consolidated Appropriations Act of 2016 into law, providing a 6.5% increase for NIH with a 3.2% (\$8.7 million) increase for NIMHD. NIH's total FY2016 budget will be \$32 billion and NIMHD's will be \$279.7 million. A line item in Act states that the agreement expects Research Centers in Minority Institutions (RCMIs) to receive no less than \$56,758,601.

Engaging with Stakeholders:

Dr. Pérez-Stable informed council members about several meetings with congressional members. He met with Senator Cardin and Friends of NIMHD. He also briefed a number of Congressional representatives and met with the leaders of the Congressional Black Caucus and the Congressional Hispanic Caucus as well as the National Hispanic Medical Association.

Budget Update

The director presented the budget breakdown for the last fiscal year that included Transdisciplinary Coordinating Centers (TCCs) \$21.3 M; RCMI \$54.6 M; COE \$47.5 M; RPG \$41.8 M; LRP \$7.7 M;

CBPR \$21 M. For FY2016 the NIMHD budget will be \$280,680,000; with congressionally appropriation at \$279,718,000 and funds from Office of AIDS Research at \$962,000.

NIMHD Workshops

NIMHD plans to host a number of workshops this year on various topics such as structural racism, phenotype vs. genotype in racial ethnic minorities, workshops based on the Science Visioning pillars (Methods, Etiology and Interventions) and a workshop on health information technology and health disparities research in the clinical setting.

The table below show the awards made based on the second level review conducted at the September 2015 NACMHD meeting:

Grant Awards

RFA/PA Title	No. of Awards	Total Award \$
PA-13-302, Research Project Grant (Parent R01)	4	\$2,536,154
RFA-MD-15-005, NIH Big Data to Knowledge (BD2K) Enhancing Diversity in Biomedical Data Science (R25)	4	\$768,732
RFA-MD-15-001, System-Level Health Services and Policy Research on Health Disparities (R01)	1	\$531,525
PA-12-111, Research on the Health of LGBTI Populations(R01)	2	\$1,065,346
PAR-13-130, Understanding and Promoting Health Literacy(R01)	1	\$566,519
PA-13-347, NIH Support for Conferences and Scientific Meetings (Parent R13/U13)	6	\$284,379

RFA/PA Title	No. of Awards	Total Award \$
RFA-MD-15-006, NIMHD Pathway to Independence Award (K99/R00)	2	\$223,194
RFA-RM-13-007, NIH Director's New Innovator Award Program (DP2)	1	\$2,370,000
RFA-EB-15-001, Development and Translation of Medical Technologies to Reduce Health Disparities (SBIR) (R43/ R44)	4	\$949,397

NIMHD Funded Science Advances

- Dr. Pérez-Stable reviewed several scientific papers from NIMHD-funded studies released since September 2015, including Gene Expression Linked to Onset: Progression of Prostate Cancer in African American Men (PI: Holmes, J.); HIV Transmission Varies Among Latino Subgroups: Tailored Prevention, Testing Recommended (PI: Trepka, M.); Men More Likely to Experience Depression: Anxiety Upon Disclosure of Sexual Orientation (PI: Mays, V.); Connection Between Filial Piety and Mental Health Among Chinese Older Adults (PI: Dong, X.); and Hospital Quality Linked to Severe Maternal Morbidity Among Black Women (PI: Howell, E.).
- The paper “Diversity in Clinical and Biomedical Research” created a lot of discussion at NIMHD, driving home the fact that inclusion of diverse populations in clinical trials and diversity in the biomedical workforce is lacking. NIH leadership is aware of this and is interested in addressing the problem.

NIH Strategic Plan

NIMHD will coordinate and lead the NIH Minority Health and Health Disparities Research Strategic Plan in 2016. There is some confusion regarding terminology for minority health and health disparities. The NIMHD Science Visioning process will assist with elucidating minority health and health disparity research definitions. In addition, NIMHD will review NIH’s minority health (MH) and health disparities (HD) research portfolio and develop standardized coding systems for population inclusion definitions.

NIMHD Staff News

Departing staff

- Susan Ensley retired as IT Specialist after 36 years of federal services.
- Shaunte Williams has left the Office of Communications and Public Liaison.

New Appointments

- Dr. Regina Smith James as the Branch Chief, Health Services and Clinical Research within the Division of Extramural Scientific Programs
- Ms. Kelli Carrington as the new Communications Director
- Mr. Bryan A. Maynard as the NIMHD Budget Officer
- Dr. Richard C. Palmer as a Health Scientist-AAAS Fellow
- Dr. Joan Wasserman as the Director of the Office of Extramural Research Administration
- Ms. Ajunae Wells as a Program Analyst (contractor), Intramural Research Program

Director’s Award for NIMHD staff

Four NIMHD staff members received the 2015 NIH Director’s Award: Dr. Nathaniel Stinson, Dr. Irene Dankwa-Mullan, Dr. Francisco Sy, and Dr. Rick Berzon. The director also highlighted recent publications by NIMHD staff from Dr. Tilda Farhat, Dr. Kelvin Choi.

NIMHD Priorities:

The Director indicated a few areas as priority areas to define the science of Minority Health and Health Disparities and to promote innovation from extramural scientists in population science. Additional priority areas include health services research and research in clinical settings and population health. For the intramural program emphasis will be on population science with a clinical component. In addition, there are plans to recruit a scientific director and senior scientist in the area of epidemiology, clinical, social/behavioral research.

Discussion:

- A December paper made several suggestions on what could be done to address the fact that 50% of NIH funding goes to 20% of investigators. Dr. Araneta asked how the peer review process might change and how the NACMHD might be able to provide input on how scientific impact could be measured. Dr. Pérez-Stable responded that NIH has produced a publicly available method on how to measure impact. Further, IC Directors are currently exploring ideas about structural changes to improve success rates for young scientists to become PI's
- Dr. Ibrahim mentioned the VA's Million Veteran Program that is creating a genomic database from a diverse population. Dr. Pérez-Stable confirmed that NIH is aware of this program.
- Dr. Montgomery-Rice commented that she hopes that there is a partnership between NIMHD and PCORI perhaps in the areas of study outcomes particularly with admissions, readmissions and surgical outcomes.

TOWARDS A SYSTEM APPROACH TO ELIMINATING HEALTH DISPARITIES

Gary Gibbons, M.D., Director, National Heart, Lung and Blood Institute (NHLBI)

Dr. Gibbon's scientific presentation highlighted three examples of health inequities in the U.S. from NHLBI's portfolio: asthma-related ER visits, chronic kidney failure, and stroke in children with sickle cell disease. As part of a systems approach that recognizes the interconnectedness of the surrounding environment, NIH may have to tap into non-traditional organizations such as schools, community organizations, churches, etc., to improve health outcomes and reduce disparities. Within the NHLBI, the Center for Translational Research and Implementation Science (CTRIS) has as part of its focus health inequities research, global health research, and T4 translational research and implementation science. One of the major interests of this group has been Africa and the African Diaspora as a minority health research frame for non-communicable diseases that includes a domestic element along with a global health perspective.

Dr. Gibbons provided an outline of an emerging systems approach that takes into consideration discovery, prevention, and perhaps even preemption as ways of addressing health disparities at the level of the molecule and molecular networks to addressing culture, behavior, built and natural environment, and other determinants of health. NHLBI's tradition of efficacy in clinical trials have transformed clinical medicine, the latest being the Systolic Blood Pressure Intervention Trial (SPRINT), which showed that more aggressive blood pressure targets led to a reduction in cardiovascular events and mortality in patients without diabetes. One challenge of research is disseminating and implementing efficacy information in a way that improves health outcomes for all populations across the nation and around the world.

Discussion:

- Council members had several comments regarding new investigators and ways to decrease the time it takes to transition to senior investigator status and receipt of R01 funding. One suggestion was to require new investigators or K awardees be included as co-PI's on R01 grants for PI's that have already received multiple rounds of funding.

- A discussion ensued about heterogeneity in medical education and what strategies NHLBI is taking to disseminate its research goals to people early enough that they might consider minority health and health disparities research. Dr. Gibbons suggested that having high school students at all stages of education attend research meetings is a great way to expose younger students to minority health and health disparities research. Dr. Gibbons acknowledged that the R25 can be used to provide additional educational experiences in minority health and health disparities science.
- Diversity supplements were suggested as another way to increase diversity in health disparities research. Dr. Gibbons mentioned that NHLBI spent about \$6 million last year on diversity supplements. Dr. Pérez-Stable added diversity supplements are underutilized by the investigator community, however, it is a mechanism NIMHD can promote.
- Dr. Burhansstipanov expressed her appreciation for the Strong Heart Study and said it has been very important to the American Indian community. Out of 40,000 unique investigators funded by NIH, 41 have been American Indian.

UPDATE ON THE ANNUAL NATIONAL HEALTHCARE QUALITY AND DISPARITIES REPORT – Dr. Ernest Moy, M.D., MPH, Medical Officer, Center for Quality Improvement and Patient Safety, Agency for Health Research and Quality (AHRQ)

Dr. Moy provided an overview of the 14 annual AHRQ disparity reports that have been produced. There have been improvements in patient safety and quality but disparities rarely change. Improvements often occur for everyone equally so that the gap remains. The greatest improvements have been shown in facilities, where clinicians have more control over outcomes. Measures outside of the control of clinicians, like adherence or screening behavior, show less improvement. There are fewer good measures of community factors.

The 2014 report is organized around six priorities from the National Quality Strategy (patient safety, person/family centered care, effective communication and care coordination, prevention and treatment, health and well-being, affordable care). Key findings for 2014 indicate that access to care and quality of care improved, but few disparities were eliminated. Quality of care improved in over the half of domains, with the most pronounced improvements in person-centered care. There was geographic variation where Southern states have lower quality of care but fewer disparities, while the Northeast had higher quality of care but greater disparities. Priority populations in 2014 included rural populations, women, and Latinos. AHRQ provides implementation resources, including links to success stories and tracing of IOM vital signs core metrics for healthcare progress.

Discussion:

- Dr. Pérez-Stable commented that one of the quality disparities measures comparing care received by various race/ethnic groups versus Whites showed that Blacks did better than Whites on 20 measures and Latinos did better than Whites on 30 measures. He asked if there was any weighting being applied to the measures and requested more information on what the measures involved. Dr. Moy responded that these cover a broad array of process and outcome measures of care. The diagrams are meant for illustrating the big picture but all of the data is available for people to drill down.
- Dr. Talavera asked if AHRQ has considered measures that would monitor use or outcome for interventions with highly integrated healthcare. Dr. Moy said AHRQ relies on the research community to develop measures, but they would be open to suggestions about new measures that cover this topic.
- Dr. Araneta commented that there have been recent efforts in federal government reporting to disaggregate Asian subpopulations and asked if AHRQ had the ability to do the same. Dr. Moy said HHS requires disaggregation of Asian and Latino populations (usually by national origin) and he

looks forward to that process being widely implemented. AHRQ has created special presentations that separate out subpopulations in order to demonstrate what could be shown if more data were disaggregated.

- Dr. Mendoza expressed concern that, without some definite assessment of disparity, perhaps by age group, it would be very difficult to determine whether the situation is improving over time. Dr. Moy agreed that there is a lot of variation across populations. Drilling down as it relates to age would mean losing a lot of measures, because many are age-specific, but it is something that could be done.
- Dr. Burhansstipanov asked about the standard measures of insurance and the way survey questions are asked. Dr. Moy said AHRQ follows the National Health Interview Survey's data collection standards. The reports do not have measures explicitly linked to payment, but patients are asked if their healthcare is affordable.

CONCEPT CLEARANCES

The following initiatives were presented by NIMHD staff and Council engaged in detailed discussions. While generally supportive, members had a number of 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.

RESEARCH CENTERS ON RETAINING YOUTH AND YOUNG ADULTS FROM HEALTH DISPARITY POPULATIONS IN THE HIV TREATMENT CASCADE

Richard Berzon, DrPH, PA, presented a concept designed to support activities related to implementing and evaluating comprehensive approaches to engage and retain HIV-positive youth and young adults between the ages of 12 and 25 years of age from health disparity populations into the HIV Treatment Cascade.

Council members stated that this proposal fills in areas that are critical in understanding how HIV affects young people over time. There was agreement that this concept will add to what is being done to address LGBTQ youth of color, specifically. The concept was approved unanimously.

ADDRESSING HEALTH DISPARITIES AMONG IMMIGRANT POPULATIONS

Rina Das, Ph.D., presented a concept designed to further understanding of the causes of health disparities among immigrant populations and increase the evidence base for effective interventions to address health disparities in immigrant populations.

Council members had several suggestions, including using U.S.-born participants of the same race/ethnicity as a reference group, looking at the reasons for the participant's immigration and factors that may contribute to stressors, the definition of acculturation including life-years spent in the U.S., filial piety, and colonial history. Others recommendations included looking at the external environment, social networks, enclave factors, geographic differences, density of migrants in the area, the importance of the family context, effects of various policies on health outcomes, and the need to study perceptions of healthcare and healthcare utilization in immigrant populations. The concept was approved unanimously.

DISPARITIES IN SURGICAL CARE AND OUTCOMES

Irene Dankwa-Mullan, M.D., MPH, presented a concept to develop a set of funding opportunity announcements to support robust investigative research, comparative effectiveness, and clinical trial intervention research for the purpose of addressing disparities in outcomes for emergency and surgical care.

Council members suggested encouraging three types of research strategies: studies looking at availability and access to surgical clinical trials, studies of perioperative support services, and surgical oncology

RSAs looking at how multidisciplinary care is handled. Another suggestion was to partner with networks like PCORI that have an interest in health outcomes research. Other comments included looking at patient concerns about the quality of surgery and the issue of non-proficient English speakers signing consent forms for high risk procedures and provider characteristics. The concept was approved unanimously.

SOCIAL EPIGENOMICS FOR MINORITY HEALTH AND HEALTH DISPARITIES

Rina Das, Ph.D., presented a concept that is designed to support epigenomic investigations particularly relevant to identifying the biological pathways and mechanisms by which social disadvantages affect genes and in turn influence health or modify disease risk that may contribute to minority health and health disparities.

A recommendation was made to promote research applications which explore how educational systems relate to the epigenomic environment. The application of GIS to epigenomics is another powerful and important area in which to encourage research. Council members commented that this concept provides the mechanism to link genetics to population health in a way that is very impressive and persuasive. This initiative integrates all of the pillars and influences that NACMHD has been trying to coalesce in the last three months of scientific visioning. The concept was approved unanimously.

SCIENCE VISIONING WORKING GROUP AND DISCUSSION

Dr. Irene Dankwa-Mullan gave an overview of the Science Visioning process, which was established to inform a transformational research agenda to advance the science of minority health and health disparities. The Science Visioning process began in the spring of 2015 under the leadership of Acting NIMHD Director, Dr. Yvonne Maddox. The process included gathering external stakeholder input with a Request for Information in the summer of 2015, and forming three NIMHD-led foundational area workgroups, 1) Etiology, 2) Methods, and 3) Interventions. Under the leadership of the new NIMHD Director, Dr. Pérez-Stable, an NACMHD Advisory Council Visioning Workgroup was constituted, composed of five council members: Drs. Margarita Alegría and Brian Rivers (advising the Interventions workgroup), Dr. Maria (Happy) Araneta and Sandro Galea (advising the Etiology workgroup), and Dr. Ross Hammond (advising the Methods and Measurement workgroup). The five Council members summarized the discussions that took place during a pre-council half day session on February 8, 2016, aimed at reviewing and informing the visioning process. The working group hopes to wrap up by June 2016 with a presentation of a draft document to the NACMHD.

Proposed Research Framework - Dr. Maria Happy Araneta and Etiology- Dr. Sandro Galea

Dr. Araneta discussed the purpose of the proposed research framework, which is intended to reflect an array of factors relevant for understanding and addressing minority health and health disparities, refining the definitions of minority health and health disparities, encourage multi-disciplinary approaches, address health outcomes at the individual, family, community, and population levels, and to define classification schemes for progress, gaps, and opportunities. The working session resulted in the following findings: the framework is simple and well-organized; it can serve as a guide for minority health and health disparities research; it provides a framework for multifaceted research; and it is useful for etiology and intervention research.

The working session concluded that there are large knowledge gaps and NIMHD should invest in mapping these out to help guide research. Existing longitudinal studies and mHealth/EHRs need to be leveraged as resources for identifying life course mechanisms. One comment was that the framework needs to more explicitly highlight the important impact social policy has on social determinants.

Methods and Measurement - Dr. Ross Hammond

To date, the methods that are used to study health disparities include descriptive, adjustments and inference and systems analyses. There is a lack of agreement on the specific measures, methods, and especially indicators. Without agreement, it is challenging to assess when a disparity has been eliminated, reduced or changed. Further, the field does not use consistent definitions and standards for key concepts such as disparity versus difference, or which groups should serve as a reference which challenges the ability to make comparisons between studies. There is also confusion between etiology factors versus outcome factors. Because of complex etiological factors, it will be important to leverage complex analytical methods.

Interventions - Dr. Margarita Alegria and Dr. Brian Rivers

Dr. Alegria discussed the Interventions Pillar. Four intervention domains were considered: intervention guiding principles, intervention approaches, intervention, evaluation, and intervention scalability. Successful interventions have been multi-level, multifactorial, and multi-sectorial. There is currently a lack of evidence that the impact of interventions on health determinants translates into reductions in health disparities. There is also a lack of understanding of factors that facilitate successful implementation and sustainability of interventions. The working group discussed using computational models in intervention research, particularly with small samples, and the importance of triangulating methodologies to examine intervention effects. This is an opportunity for new intervention research, integrating with on-going cohort studies and collaborating to address common risk factors. New opportunities for intervention research include integrating interventions with on-going cohort studies, using electronic records for intervention research; addressing common risk factors, ensuring sustainability and considering a life course perspective and the developmental origins of health and disease.

CLOSING REMARKS AND ADJOURNMENT

Dr. Pérez-Stable thanked everyone for their participation and adjourned the 41st NACMHD meeting at 1:39 p.m.

CLOSED SESSION

A portion of the meeting is 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. Dr. Hunter led the second level review of grant applications submitted to NIMHD programs. The Council considered and approved approximately 305 applications requesting an estimated \$211,975,767 in total costs. Applications from the following Request for Applications (RFAs) were considered: NIMHD Limited Competition-NIMHD Endowment: Technologies for Improving Population Health; Innovations for Healthy Living; Advancing Health Disparities through CBPR; NIMHD-Transdisciplinary Coordinating Centers for Health Disparities Research Focused on Precision Medicine: Development and Translation of Medical Technologies to Reduce Health Disparities; and a Center for AIDS Research-CFAR (co-fund). For review of applications submitted in response to each initiative, Council members with conflicts of interest left the meeting room and did not participate in discussion or vote. All funding recommendations for each initiative were made by a vote of eligible Council members. Funding recommendations for all remaining applications submitted in response to program announcements and special program review announcements were made by the Council through *en bloc* voting.

