

**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)**

45 Center Dr.  
Bethesda, MD

September 7, 2018 (Open Session) 8:00 a.m. – 12:00 p.m.

**Meeting Minutes**

**Council Members Present**

Eliseo J. Pérez-Stable, MD, Chairperson; Director, NIMHD  
Marshall H. Chin, MD, MPH, FACP, University of Chicago  
Giselle M. Corbie-Smith, MD, MS, University of North Carolina at Chapel Hill  
Sandro Galea, MD, MPH, DrPH, Boston University\*  
Kaholokula, Joseph Keawe'aimoku, PhD, University of Hawaii at Manoa  
Fernando Sanchez Mendoza, MD, MPH, Stanford University  
Brian Mustanski, PhD, Northwestern University  
Brian M. Rivers, PhD, MPH, Morehouse School of Medicine  
Gregory A. Talavera, MD, MPH, San Diego State University  
Carmen Zorrilla, MD, University of Puerto Rico

**Council Members Absent**

Maria R. Araneta, PhD, University of California San Diego\*\*  
Linda S. Greene, BA, JD, University of Wisconsin  
Ross Hammond, PhD, The Brookings Institute  
Spero M. Manson, PhD, MA, University of Colorado Denver  
Amelie G. Ramirez, DrPH, MPH, BS, University of Texas Health Science Center\*\*\*

**Ex Officio Members Present**

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

**Ex Officio Members Absent**

Cara Krulewitch, CNM, PhD, FACNM, Office of the Assistant Secretary of Defense for Health Affairs

**Ad Hoc Member Present**

Joan Y. Reede, MD, Harvard Medical School

**Executive Secretary**

Joyce A. Hunter, PhD

\*Present by teleconference

\*\* Present for Closed Session on September 6, 2018. NIMHD representative at NIH Council of Councils on September 7, 2018.

\*\*\*Present for Closed Session on September 6, 2018

## **Presenters**

Jon R. Lorsch, PhD, Director, National Institute of General Medical Sciences (NIGMS)

Brian Rivers, PhD, MPH, Director, Cancer Program, Associate Professor, Morehouse School of Medicine, NACMHD Member

Priscilla Grant, JD, Chief Grants Management Officer, NIMHD

## **CALL TO ORDER**

Dr. Eliseo Pérez-Stable, Director of the National Institute on Minority Health and Health Disparities (NIMHD), called to order the Open Session of the 49<sup>th</sup> meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD) at 8:04 a.m.

## **INTRODUCTION OF MEMBERS**

Council members and others present introduced themselves and their affiliations.

## **COUNCIL MINUTES APPROVAL – May 2018**

Dr. Joyce Hunter brought the minutes before the Council and called for a motion to approve the minutes. The Council unanimously approved the minutes of the May 2018 Council meeting. Dr. Hunter informed the Council that its next meeting was scheduled for February 4-5, 2019, with the exact location to be determined.

## **NIMHD DIRECTOR'S REPORT AND DISCUSSION**

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

### *NIH News*

- Helene M. Langevin, MD, CM, will serve as the director of the National Center for Complementary and Integrative Health. She is coming from the Osher Center for Integrative Medicine, jointly based between the Brigham and Women's Hospital and Harvard School of Medicine. She worked in integrative health studying the role of non-pharmacological treatment for pain. She is expected to join NIH in November 2018.
- Bruce J. Tromberg, PhD, will serve as the director of the National Institute of Biomedical Imaging and Bioengineering. He is a physicist and was Director of the Biophotonics Program, laser treatments, at the University of California Irvine. He was a professor in the department of biomedical engineering and surgery. He is expected to join NIH in January 2019.
- Patricia A. Grady, PhD, RN, FAAN, has departed NIH after serving as director of the National Institute of Nursing Research (NINR) for more than 23 years. She was the second director of NINR after its elevation from a Center. NINR funded many projects on symptom science and palliative care. During her tenure, NINR supported discoveries to improve quality of life. NINR Scientific Director and Acting Deputy Director Ann Cashion, PhD, RN, FAAN, will serve as acting director during the national search.
- NIH continues to conduct national searches for the following institute and center directors: Center for Scientific Review, National Institute on Deafness and Other Communication Disorders, and National Institute of Nursing Research.

### *NIMHD News*

- NIMHD remembers the Honorable Margaret M. Heckler, a former Congresswoman, Secretary of Health and Human Services, and U.S. Ambassador, who passed away on August 6, 2018 at the age of 87. She oversaw the department during the early phase of the HIV epidemic. In 1985,

she commissioned and authorized the development of a report that documented, in a systematic way, differences by race and ethnicity in terms of outcomes. This report was in response to a request by several African American Leaders to look at the status of black and minority health. The report became known as the Heckler Report and was one of the first federal documents exposing the existence of health disparities by race in the U.S.

- Nathaniel (Natty) Davis, MBA, has been hired as NIMHD's budget officer, in the Office of Administrative Management. He comes from NHLBI where he had experience working with the institute's \$2.5 billion budget.
- Other new NIMHD hires include Assen Assenov, PhD, a statistician in the Office of Strategic Planning, Legislation, and Scientific Policy; Janki Patel, MBA, a project manager in the Office of Communications and Public Liaison; and María Isabel Roldós, a scientific policy writer in the Office of Strategic Planning, Legislation, and Scientific Policy.
- NIMHD's Division of Intramural Research has hired two new Stadtman tenure-track investigators: Sherine El-Toukhy, PhD, MA, and Faustine Williams, PhD, MPH, MS. Stadtman is a mechanism by which NIH recruits promising postdoctoral fellows or junior faculty into the tenure track pathway. Dr. El-Toukhy focuses on health communications, mHealth, health IT and behavioral interventions. Dr. Williams focuses on community-based participatory research, systems modeling and geographic information science. She is also interested in storytelling and qualitative work focusing on health disparities.
- New post-baccalaureate fellows in the Division of Intramural Research include Aaron Broun, Danielle Duarte, and Cristian Escalera.

#### *Legislative and Budget Update*

- On May 17, the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a hearing on the NIH budget. On July 25, the House Energy and Commerce Subcommittee on Health held a hearing on the implementation of the 21<sup>st</sup> Century Cures Act. On August 23, the Senate Health, Education, Labor, and Pensions (HELP) Committee held a hearing entitled "Prioritizing Cures: Science and Stewardship at the National Institutes of Health."
- The projected funding distribution for fiscal year 2018 (FY2018) is 34 percent R01 grants, 20 percent Research Centers in Minority Institutions (RCMIs), and 11 percent for other Research Project Grants, mostly R21s and R03s. The other non-RCMI centers, the Centers of Excellence and the, trans-collaborative Centers (TCCs) are about 11 percent. Research management and support (RMS) is about 7 percent. Other programs and training (including Loan Repayment Program), 5 percent research and development (R&D) contracts, 3 percent Small Business Innovation Research (SBIR)/Small Business Technology Transfer (STTR), and 2 percent intramural.
- Appropriations for NIMHD totaled \$303.20 million in FY2018. For FY2019, NIMHD would receive \$280.55 million per the President's budget, \$306.82 million per the House Appropriations Committee report, and \$314.85 million per the Senate Appropriations Committee report.

#### *Health Disparities Research Institute (HDRI)*

- Dr. Joan Wasserman and her team organized the 2018 HDRI. The idea is to expose the scholars to NIH processes, have them network with each other and NIMHD staff, listen to lectures on selected cutting-edge topics by leading scientists, go through a mock review, and afternoon meetings with NIMHD program staff and with program staff from other ICs. Dr. Francis Collins attended the reception for the scholars.

- This year, 284 applications were submitted for the HDRI. Fifty early-stage career scientists (senior postdoctoral fellows, early assistant professors, and up to mid-assistant professors) have been selected to participate, 84 percent of whom are women. They come from across the country including DC and Puerto Rico.
- The racial-ethnic makeup of the 154 HDRI participants from 2016-2018 was 28 percent Black/African American, 27 percent White, 20 percent Latino, 12 percent Asian, 3 percent American Indian or Pacific islander, 3 percent more than one race, and 7 percent no response to either/unknown. Sixty-six percent possessed a PhD, DSc, or DrPH degree, 25 percent an MD, and 9 percent a PhD + PA or RN.
- Potential plans for HDRI scholars include creating supplemental webinar/workshop series to increase grant writing skills and promote scientific career development; developing scholar mentoring network activities to facilitate progress through the entire grant cycle, encouraging resubmission; developing a scholar web portal for resource sharing; and tracking progress of grant submissions. Evaluation of HDRI will be done after a couple of more years.

#### *Director's Recent Presentations*

- Dr. Pérez-Stable has represented NIMHD at a consultation with the Tribal Health Board with NIH, Indian Health Service, and Substance Abuse and Mental Health Services Administration that was a tribal consultation and listening session on the opioid crisis in Indian country in Prior Lake, Minnesota on May 21. Dr. Nora Volkow (NIDA) also presented. After the presentations, the Tribal Leaders gave their perspectives of the opioid issues in Indian Country.
- On June 18, Dr. Pérez-Stable presented at the Memorial Sloan Kettering Cancer Center in New York and visited with general internal medicine colleagues and social behavioral scientists who have works on language access and communication.
- On July 16, Dr. Pérez-Stable participated in the 2018 Healthy Aging Summit coordinated by DHHS with participation of leaders from the National Institute on Aging. Dr. Pérez-Stable was a member of the President's Leadership Panel. The Assistant Secretary of Health opened the meeting with a talk.
- At NIH, Dr. Pérez-Stable presented at the National Advisory Council on Drug Abuse on May 15, the National Advisory Council on Mental Health on May 17, the NHLBI Saunders-Watkins leadership workshop in health disparities and implementation research for early stage investigators on May 22, and the 13<sup>th</sup> Annual NIH Pain Consortium Panel on Disparities on June 1, sponsored by NINDS. Dr. Bill Riley (OBSSR) also held a forum on social and behavioral issues in chronic pain and opioid use disorders.

#### *NIMHD-Supported Grants and Programs*

- NIMHD held a scientific workshop on the role of sleep in health disparities on June 20-21 with the National Heart, Lung, and Blood Institute (NHLBI) and the Office of Behavioral and Social Science Research. The workshop was organized by Drs. Rina Das and Nancy Jones and others. It was an opportunity for sleep researchers and disparities researchers to talk and give their perspectives on sleep as a risk factor, a protective factor for health.
- The Gulf States Health Policy Center (GSHPC), an NIMHD trans-disciplinary collaborative center, produced a special issue in Progress in Community Health Partnerships. Dr. Regina Benjamin had an event in Washington to talk about results from the GSHPC on evaluation of policies that impact community health, some original research, and lessons learned. Dr. Natasha Williams (NIMHD) attended.

- NMHD is supporting the first randomized controlled trial (RCT) that will evaluate the effectiveness of a habit-based obesity intervention, HABITS, delivered as part of ongoing home visitation services. The RCT will evaluate the effectiveness on weight outcomes in preschoolers that receive home visitation services with obesity-related content versus home visitation without obesity-related content. This intervention potentially can improve maternal behaviors and outcomes while also addressing the intergenerational transmission of obesity by testing whether maternal factors and home environment mediate children's weight outcomes.
- The NEI African American Eye Disease Study (AFEDS), the largest epidemiologic eye study among African Americans in the United States, will provide information about the prevalence and risk factors of ocular disease. More than 6000 participants are enrolled in the study. This is an area that has not received as much attention as should be given with regards to minority health and health disparities. NIMHD contributes approximately \$100,000 per year.
- NIMHD is collaborating with NHBLI on its Sickle Cell Disease Implementation Consortium (SCDIC), which is developing an SCD registry in collaboration with other clinical centers. There is renewed interest in SCD and the possibility of curing the disease. It is well known to most clinicians by the severity of the pain syndrome that accompany it. Although some patients may have moderate, more manageable, pain with only occasional crisis. In addition to the pain crisis there are severe complications with the heart, pulmonary, kidney and skin. The spectrum of the disease is quite broad. NIMHD will contribute approximately \$100,000 per year.
- The NHLBI Jackson Heart Study (JHS) was renewed for FY2018-2024. JHS is a longitudinal, community-based study investigating the reasons for the greater prevalence of cardiovascular disease among African Americans and to uncover new approaches for reducing this health disparity. It targets a three county in Jackson MS. There are four study centers and subcontracts. NIMHD will continue to collaborate on the study and will provide one million dollars per year for general support of research, education, and community outreach centers. Data from the study is cleaned and curated and made available to a pre-selected number of centers for evaluation.
- The Adolescent Brain Cognitive Development (ABCD) Initiative is a research consortium funded mostly by NIDA and NIAAA, and several other ICs including NIMHD. ABCD is the largest cohort study of brain development and child health in the U.S. Ten thousand (10,000) children, ages 9-10, are being recruited from 20 sites around the country. The children will be followed for 10 years. Half of the children are racial and ethnic minorities. The study is close to completing its recruitment. For FY2018-19, NIMHD will co-fund two administrative supplements to increase sample demographics.
- RESPOND is a new study supported by the National Cancer Institute (NCI), NIMHD, and the Prostate Cancer Foundation to enroll 10,000 African American men with prostate cancer. NIMHD will provide \$1.95 million in co-funds over five years. One of the projects in the study will focus on social environmental factors, neighborhood factors in discrimination, early life adversity and segregation related to prostate cancer.
- An update on the NIMHD Specialized Centers of Excellence Program which was funded last year. The goal of the program is to advance the science of minority health and health disparities by conducting transdisciplinary, multilevel research and by providing research opportunities and support for postdoctoral fellows, junior faculty, and other investigators thereby promoting diversity in the scientific workforce. Institutional awards total up to \$950,000 in direct costs per year. Important changes in FY2017 included a thematic focus and the addition of an investigator development core.
- The RCMI continues its transition under the new format. Applications for one cycle was funded last year, applications for a second cycle will be funded later this month, and to complete the transition there be a third funding opportunity announcement (FOA). The program was moved to

NIMHD in 2012 when the National Center for Research Resources was dissolved. Institutional awards total up to \$3 million in direct costs per year. FY2017 revisions include the addition of scientific research projects of R01 type, and the addition of an investigator development core. The program has funded nine renewals or new RCMIs focused on minority health and health disparities research.

- The NIMHD Research Endowment Program was reviewed by Council. There will not be a FOA this year, but the review recommendations will be implemented with new FOA. The goal of the NIMHD Research Endowment Program is to strengthen the research and training capacity or infrastructure of education institutions by providing grants that create permanent endowment funds. Institutional awards total up to \$2 million per year. There are five current awardees.

### *Science Advances*

- According to the Centers for Disease Control and Prevention, tobacco product use among middle and high school students from 2014-17 (disaggregated data) was 18.0 percent among White men, 12.6 percent among White women, 12.2 percent among Black men, 10.8 percent among Black women, 15.6 percent among Latino men, 13.5 percent among Latino women, 5.8 percent among Asian men, 2.0 percent among Asian women, 21.8 percent among American Indian and Alaska Native (AI/AN) men, 19.1 percent among AI/AN women, 29.6 percent among native Hawaiian and other Pacific Islander (NHOPI) men, and 16.8 percent among NHOPI women. Cigarette use is only about half or less of the problem of global tobacco use. Tobacco used to be cigarettes but now includes vaping and electronic cigarettes. The AI/AN rates are alarming. Native Hawaiians rates for males are also extremely high. Not enough female respondents for estimates. The gender gap is not as marked as it used to be, except for American Indians.
- The synthesis of two recent papers compared states on the decision to expand Medicaid between 2010 up 2014. The period of January 2010 to the implementation of the Affordable Care Act, and one year following the implementation was examined. Insurance rates dropped significantly in expansion states. Uninsured hospitalizations for cardiovascular events significantly decreased in expansion states, but there has been no difference in mortality. Decreases in percent uninsured were greater in expansion states. The percentage of early stage diagnosis of cancer was higher in expansion states. Medicaid has been the most important component of the positive changes.
- An analysis in JAMA Pediatrics of data from a survey of 11<sup>th</sup> and 12<sup>th</sup> graders in Los Angeles looked at societal discrimination and behavioral outcomes. It was a two-year cohort study of 2,572 high school students. Half of the students were Latino, 20% Asian, a small number of African American and Whites, and a small number who self-identified as multiracial. The question asked was “are you concerned, worried, or stressed regarding increased hostility and discrimination because of your race, ethnicity, sexual orientation identity, immigrant status, religion, or disability. Depressive symptoms and ADHD symptoms were also included in the analysis. They found that cigarette use, alcohol use and marijuana use increased in the group that reported greater concerned about societal discrimination. About 40 percent of the youth reported concerns at baseline about societal discrimination. This is an active area of research, particularly in adults, that looks at unhealthy behaviors related to depression and substance use.
- A study published in JAMA Network Open assessed diet quality trends from 2003-2004 to 2013-2014 for Supplemental Nutrition Assistance Program (SNAP) participants, income-eligible nonparticipants, and higher income individuals. Essentially, there was no benefit of

improvement of diet in lower income or higher income and there was no improvement in diet quality.

- A study supported by NIMHD published in PLoS ONE examined the motivation to participate in PrEP clinical trials among adolescent men who have sex with men. They were more likely to participate if they were not outed to their parents. There were some erroneous assumptions about what being enrolled in a clinical trial would mean. The importance of confidentiality concerns, enhancing understanding of random assignment, continued importance of medication adherence and partner condom use during the trials were important. The summer saw a campaign by pharmaceutical companies to promote PrEP use. The uptake has been low, although the efficacy is high.
- An epigenetic study on fetal intolerance of labor and finding a biomarker that indicates the need for an earlier rather than later cesarean section, was supported by NIMHD. Infant mortality and maternal mortality is disproportionately affected in a way that defies clear explanation. It does not appear to have a socioeconomic driver. The researchers found that in African American women, methylation of four sites in the SLC9B1 gene detected in the late second and early third trimesters were predictive of fetal intolerance of labor at delivery.
- A descriptive study of the differences in functional outcomes after intracerebral hemorrhage among Asians and Pacific Islanders was published in Frontiers in Neurology. Long-term outcomes using the Glasgow Coma Scale Score pre-hospital baseline status and location of the hemorrhage found NHOPIs were more likely to achieve favorable functional outcomes after intra-cerebral hemorrhage compared with Asians. The findings show the importance of disaggregating groups that are historically grouped into a single racial/ethnic group.
- Food insecurity and its association with potential adverse health has been debated for years. Food insecurity among AI/ANs is strongly correlated with malnutrition, being underweight, and an increased risk for obesity, according to a study published in the Journal of Hunger and Environmental Nutrition.
- A clinical study looking at racial and ethnic differences in presentation of hepatocellular carcinoma was funded from the NIMHD FOA on liver cancer. NCI collaborated in the FOA. Liver cancer disproportionately affects men over women and all race/ethnic minorities over whites. It is not clear if the etiological factors are the same. Latinos and blacks are less likely to be diagnosed with early stage hepatocellular carcinoma and less likely to receive curative treatment, according to a study published in Clinical Gastroenterological Hepatology.
- A study on trajectories of cigarette smoking behaviors supported by NIMHD Division of Intramural Research is the first U.S. national prospective cohort study to examine the effect of tobacco coupons and progression of smoking behaviors. The study, led by Dr. Kelvin Choi, found that less educated and higher poverty adults and White current smokers were more likely to have received coupons and that the coupons were associated with subsequent progression of smoking behaviors. This is an example of the continuing subtle ways that the tobacco industry continues to permeate through.

#### *Awards*

- Launick Saint-Fort, a NIMHD intramural research fellow funded by the NIH Office of the Director, has received a Fulbright U.S. Student Program Award. Ms. Saint-Fort will conduct research in Luxembourg as part of a project to investigate the impact of immigration on the state of tobacco there.
- 2018 recipients of the William G. Coleman, Jr., PhD, Minority Health and Health Disparities Research Innovation Award include Megan Clarke, PhD, MHS, and Claire L. Meaney, PhD, MPH, cancer prevention fellows at NCI; Natalie Mora, MD, MPH, an endocrinology fellow at

the National Institute of Diabetes and Digestive Kidney Diseases; Nancy Chiles Shaffer, PhD, and Michelle Shardell, PhD, postdoctoral fellows at the National Institute on Aging (NIA); and Salman M. Tajuddin, MD, PhD, MPH, a postdoctoral visiting fellow at NIA. The awards honor William Coleman the founding scientific director of NIMHD'S intramural program.

### *Recent Events*

- NIMHD summer interns participated in the NIH Poster Day on August 9. NIMHD scholars included Abel Amare, Kathleen Dang, Edward Kim, Leah Orozco, Socorro Ortiz, and Alyssa Watson.
- Presentations of the intramural research seminar series from June-August 2018 included Sex, HIV and ART – It's What's in Your Genes and Not Your Jeans by Victoria A. Cargill, MD, MSCE, AAHIVS; Fixing Rwandan Hearts by Jean Damascene Kabakambira, MD; Investigating social and environmental determinants of health among vulnerable populations: Reflections of an MRSP Fellow in NIMHD by Jennifer E. Bayly; Cross-sectional associations of neighborhood perception, physical activity, and sedentary time in community-dwelling, socioeconomically diverse adults by Sophie E. Claudel; Tobacco Use in Minority Populations by Eliseo J. Pérez-Stable, MD; and Investigation of genetic risk modifiers of leg ulcer development in sickle cell patients, using whole exome sequencing and micro-biome characterization by Candace Middlebrooks, PhD.
- Jen Bayly and Sophie Claudel were 2017-2018 scholars of the NIH Medical Research Scholars Program (MRSP). The program provides for a residential year of research that targets medical students after their third year. Consideration may be given to a medical student after the second year or the fourth year if the residency match is delayed. Although it is partly privately funded, ICs contribute to the program without guarantee that a scholar will work at their IC. Out of the 40 scholars selected in 2018-2019, about 6-8 are doing clinical population science or behavioral science research. Drs. Pérez-Stable, Stinson and James were involved in the interview and selection process for the MRSP in 2016-2018.

## **PRESENTATIONS**

**A Community-based Translational Research Framework to Address Prostate Cancer Disparities,** Dr. Brian Rivers, Director, Cancer Program and Associate Professor, Department of Community Health and Preventive Medicine, Morehouse School of Medicine

In 2001 the W.K. Kellogg Foundation defined community-based participatory research (CBPR) as a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. The role of the community in the CBPR process is to direct researchers, health providers, patients, and other communities in conducting assessments and providing proper methodology, often through a community advisory board.

The goal of the single-arm feasibility study was to examine the impact of a multilevel intervention targeting African American men at increased risk for prostate cancer. It employed a multi-level community-based educational approach with community health workers (CHWs); community settings such as barbershops, churches, and health fairs; empirically tested and evaluated enhanced patient decision aids (PtDA); and emerging technology for standardized messaging.

Specific aims of the study included evaluating the effectiveness of the enhanced PtDA, Is the PSA Test Right for You, in the delivery of culturally, linguistically, and literacy-relevant topics on interdependence models (IDM) to African American men in Phase I; evaluating a training program for CHWs to disseminate educational messages on IDM for prostate cancer screening to African American men utilizing methods grounded in CBPR in Phase II; and comparing the effectiveness of a community-based education program guided by CHWs with an enhanced PtDA with usual care in clinical settings in the dissemination of IDMs to African American men in Phase III.

Key themes from the pretesting included sources of health information, trustworthiness, sharing of information in the community, important issues about prostate cancer, current knowledge about prostate cancer, barriers and benefits to prostate cancer screening, cultural issues, and informed decision making.

The CHW model was developed by the federal government in the 1960s with the goal of reaching people in underserved communities and presenting health and screening information. The philosophy of CHW is to train selected community members in specific health topics so that they may then serve as an educational resource to other community members in making the appropriate health decisions.

A common limitation to this community-based participatory strategy is the lack of evaluation assessing the accuracy and comprehensiveness of the information and education provided. Utilization of mobile health technology provides the ability to standardize the message delivered by CHW and received by community members. However, it remains unknown if African American men are receptive to utilizing mobile tablet technology to receive health education and health promotion messaging.

CHWs would identify eligible participants, provide an overview of the study and invite them to participate, conduct informed consent, complete the pre-survey, go to an exam with a doctor, complete the post-survey, provide literature about the screening, give out a \$20 gift card for participation, follow up at two weeks to assess the participant's decision about screening or not screening, and follow up at six months to assess the same.

Overall, the intervention significantly improved respondents' prostate cancer knowledge, significantly improved decisional self-efficacy, and significantly reduced decisional conflict. Specifically, the intervention significantly promoted IDM among men who reported more education, being married, having financial resources, and younger age.

Two-week follow-up interviews were conducted with the intervention arm of 65 African American male participants aged 40 to 70 years. Interviews measured interaction with CHWs, knowledge regarding prostate cancer, and the decision to be screened for prostate cancer.

Almost 70 percent of participants made the decision to be screened for prostate cancer after interaction with the CHW. 95 percent of participants felt that the CHW was knowledgeable and a credible source of information. Over 50 percent of participants spoke with a family member or friend after interaction with the CHW about prostate cancer.

The study team concluded that the increasing complexity of information on the prostate cancer continuum challenges patients in acquiring adequate resources for their information needs. Use of technology will ensure the delivery of a consistent educational content thereby reducing the information variation often associated with community-based education. Multilevel intervention was feasible to implement using a CBPR framework. It is feasible to train CHW to deliver a mobile tablet-delivered intervention. Overall,

participants found PtDA to be easy to use. Neither education level nor income level had any significant effect on participants' evaluation of PtDA.

The community members were actively engaged in the study, which helped build trust with the host institutions, which enabled CHWs with health-related knowledge, communication skills, and leadership experience. CBPR in tandem with CHWs is a valuable approach for engaging African American men.

**NIGMS Workforce Development and Research Capacity Building Programs**, Dr. Jon R. Lorsch, Director, NIGMS

Programs in the NIGMS Division of Research Capacity Building (DRCB) include Support of Competitive Research (SCORE), Native American Research Centers for Health (NARCH), Centers of Biomedical Research Excellence (COBRE), the Science Education Partnership Award (SEPA), and the Institutional Development Award (IDeA) program, which includes IDeA co-funding, IDeA Networks of Biomedical Research Excellence (INBRE), and IDeA Infrastructure for Clinical and Translational Research (IDeA-CTR).

The purpose of SEPA is to increase the numbers of students from urban, rural, and underserved communities considering research and medical careers. Scientists and clinicians partner with educators, community organizations, and science centers. SEPA's goals include increased interest in biomedical research and research careers, teacher professional development, student and teacher laboratory internships, mobile laboratories bringing science to rural communities, and public health literacy.

The IDeA program supports research and research capacity building in 23 states and Puerto Rico. It is intended to enhance the biomedical research enterprise in states that have historically received little NIH funding, improve outcomes for state-specific disease burdens, and increase economic activity in the biotechnology sector in IDeA states.

It also ensures that cutting-edge biomedical research is conducted in every state in the nation. The diversity of past and present experiences enhances the strength of the scientific enterprise. The program taps into the country's entire talent pool, not just the students who happen to live in certain states.

The INBRE program builds a statewide multidisciplinary research network; provides support to undergraduate students, serving as a pipeline to health research; increases research support to faculty, postdoctoral fellows, and students; and enhances science and technology knowledge of the state's workforce.

Ongoing priorities for NIGMS include regional technology transfer accelerator hubs for IDeA states, catalyzing the modernization of graduate biomedical education, and refocusing undergraduate and graduate diversity programs to improve coherence of goals, reduce unintended overlap among the programs, and maximize the potential to catalyze institutional change and expand impact.

NIGMS diversity training programs include Bridges to the Baccalaureate, Bridges to the Doctorate, the Initiative for Maximizing Student Development (IMSD), the MARC Undergraduate Student Training in Academic Research (U-STAR), the Postbaccalaureate Research Education Program (PREP), the Research Initiative for Scientific Enhancement (RISE), and the Institutional Research and Academic Career Development Award (IRACDA).

Under the reorganization MARC and U-RISE will emphasize the development of a diverse pool of undergraduates that complete their baccalaureate degrees in sciences and transition into a research-

focused higher degree program. IMSD and G-RISE will emphasize the development of a diverse pool of scientists earning a PhD who have the skills to successfully transition into productive careers in the biomedical research workforce.

The reorganization will eliminate programmatic overlap and define target institutions for each program; allow the programs, application reviews, and outcomes evaluations to be tailored to the types of institutions each program supports; support more student-centric programs; and improve evaluation of program outcomes.

NIGMS also seeks to bridge the diversity gap between the PhD and faculty ranks. It has been successful in increasing the number of under-represented PhDs, but this has not translated into an increase in faculty diversity. It has issued a Request for Information (RFI) on strategies for enhancing postdoctoral career transitions to promote faculty diversity.

**Statement of Understanding (SOU), Priscilla Grant, Chief Grants Management Officer, NIMHD**

The SOU, which is reviewed each September, summarizes the agreement between NIMHD and the Council concerning the conduct of business. The National Advisory Council on Minority Health and Health Disparities (NACMHD) advises and makes recommendations on NIMHD research activities, priorities, and functions, including secondary review of grant applications and concept clearance of new initiatives.

The NACMHD serves as a national resource in developing, recommending and setting the institute's policy and research priorities. Occasionally, special working groups may be formed to examine and address critical scientific or policy issues of interest to the institute and its constituencies.

There are two council sessions: one open to the public and one closed to the public. Open sessions are intended for concept clearance of special initiatives and discussion of scientific and policy issues. In closed session NACMHD performs secondary review of grant applications. Actions considered individually include plans for funding under Requests for Application (RFA); applications of high or low program priority; applications from foreign institutions within a fundable range; summary statements of special interest or needing discussion or action, for instance if some aspect of the Scientific Review Group's (SRG) recommendation has been questioned; co-funding of applications for which another IC has primary responsibility; and some investigator-initiated applications of PIs receiving over \$1 million in direct costs per year from active NIH research project awards.

NIH RFAs don't allow appeals of initial peer review. If NIMHD receives appeals of the review of unsolicited, investigator-initiated applications, it will inform NACMHD.

Administrative actions not requiring Council recommendations include change of principal investigator of a grant; change of institution, except for transfers to a foreign institution; administrative supplements for additional support if well justified, for increased costs of activities within the scope of the previously peer reviewed research project; and other administrative actions for which authority for resolution rests with NIMHD staff, such as error correction.

When reviewing applications, the Council's options are concurrence with SRG recommendation, non-concurrence based on scientific or technical merit or policy considerations, recommendation of high or low program priority, or deferral to obtain additional information for consideration at another meeting. When reviewing new initiatives or concepts, its options are approval, disapproval, deferral, or approval with recommendations for specific modifications. The council may not change scores assigned by the SRG.

Applications not requiring individual discussion are voted on En Bloc. Any council member may request that an application in the En Bloc category be discussed, in that instance conflict of interest guidance must be followed. Under specific circumstances an expedited council session may be convened before or after and established council date.

### **Public Comments**

Dr. Pérez-Stable opened the floor for public comment.

Dr. Elizabeth Ofili, senior associate dean for clinical and translational research at Morehouse School of Medicine, and principal investigator of the RCMI Translational Research Network. Dr. Ofili expressed concern from the community over some of the changes within the RCMI Program. The community welcomed changing the overall process to the program to have more R01 funding. However, the concern/challenge is the dilution of funds across institutions and the reductions in dollars for awards. Traditionally there has been three major funding mechanisms: basic science, clinical, a training collaboration (CRCD) supported across ICs, and a network for coordination across the RCMI Centers. The most recent FOA has almost a fifty percent reduction for the network and went from 5 years to 3 years. This reduction is a challenge that if not addressed may prevent the Network from being successful in addressing problems. Additionally, the reduction impacts the clinical research in the Network which is important to the CTSA collaborations, the All of US Partnership, and workforce training.

### **Closing Remarks and Adjournment**

With no further business to attend to, Dr. Pérez-Stable adjourned the meeting at 11:54 a.m.