

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
Tuesday, June 9, 2015
8:30 a.m. – 12:30 p.m.

Meeting Minutes

Council Members Present

Lawrence A. Tabak, D.D.S., Ph.D., Chair, Acting
Director, NIMHD
Linda T Adams, Ph.D., RN, FAAN
Margarita Alegría, BA, 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, BA, J.D.
Hilton M. Hudson, II, M.D., FACS, FCCP
Valerie Montgomery Rice, M.D.
Lisa A. Newman, M.D., MPH, FACS, FASCO
Michael A. Rashid, MBA
Brian Rivers, Ph.D., MPH

***Ad Hoc* Members Present**

Ross Hammond, Ph.D.

***Ex Officio* Members Present**

Michael J. Fine, M.D., M.Sc.
Cara Krulewitch, CNM, Ph.D., FACNM
William Riley, Ph.D.

Administration

Donna A. Brooks, Executive Secretary
Courtney Ferrell-Aklin, Chief of Staff Deborah
Henken, Ph.D., Acting Director, OERA

Presenters

Joyce A. Hunter, Ph.D.
Yvonne T. Maddox, Ph.D.
Sheila A. McClure, Ph.D.
Sally J. Rockey, Ph.D.
Nathan Stinson, Jr., Ph.D., M.D., MPH
Joan Wasserman, DrPH

CALL TO ORDER AND INTRODUCTORY REMARKS

The 39th meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD) was called to order at 8:45 AM by Dr. Lawrence A. Tabak, Acting Director of the National Institute on Minority Health and Health Disparities (NIMHD). Dr. Tabak introduced himself to Council members and informed attendees that he will serve as Acting Director until NIMHD's new permanent Director, Dr. Perez-Stable, comes on board in September.

Dr. Joyce Hunter, Deputy Director, NIMHD, reviewed the confidentiality and conflict of interest information with Council members.

NACMHD Meeting Minutes – February 24, 2015

The Council unanimously approved the minutes of the February 24, 2015, meeting.

Future Meeting Dates

The next NACMHD meeting is scheduled for February 24, 2015. Future meeting dates are listed below:

2016	2017
Tuesday, February 23, 2016	Tuesday, January 10, 2017
Tuesday, June 7, 2016	Tuesday, June 6, 2017
Tuesday, September 13, 2016	Thursday, September 14, 2017

Dr. Hunter emphasized the importance of attending Council meetings to achieve a quorum, and reminded members that they cannot serve on NIH scientific review panels during their tenure on NACMHD.

INTRODUCTION OF MEMBERS AND AD HOC MEMBERS

Dr. Tabak asked Council members introduce themselves, followed by NIMHD staff and invited guests. He then introduced special guest Dr. Yvonne Maddox, former Acting Director of NIMHD, to deliver her final NIMHD Director's report. Dr. Tabak thanked Dr. Maddox for her many years of extraordinary service to the NIH.

NIMHD DIRECTOR'S REPORT AND DISCUSSION

Lawrence A. Tabak, D.D.S., Ph.D., Acting Director of NIMHD asked Yvonne T. Maddox, Ph.D., former Acting Director of NIMHD to present the Director's Report with him since he had become Acting Director of NIMHD only eight days earlier. Dr. Maddox provided the report on recent activities at NIMHD and across the NIH. In her new role as Research Director at the Uniformed Services University of the Health Sciences, Dr. Maddox hopes to find more opportunities for collaboration with NIH.

- NIMHD Director Announced

Dr. Maddox informed council members that NIH Director Dr. Francis S. Collins has named Eliseo J. Pérez-Stable, M.D., the new Director of NIMHD. He will join the NIMHD in September 2015. Dr. Pérez-Stable is currently Professor of Medicine, Chief of the Division of General Internal Medicine and Director of the Center for Aging in Diverse Communities at the University of California, San Francisco (UCSF). He also directs the UCSF Medical Effectiveness Research Center for Diverse Populations, which is addressing health issues of African Americans, Asians, and Latinos in the areas of cancer, cardiovascular disease, and reproductive health. He is known for medical effectiveness research and has grants with multiple NIH institutes. In addition he is active in working with the Patient-Centered Outcomes Research Institute (PCORI). He is a previous member of the National Institute on Aging Council (2011-2015). Dr. Pérez-Stable will join NIMHD in September.

- National Cancer Institute Changes
Dr. Maddox informed council members that Harold E. Varmus, M.D., has stepped down as NCI Director. He was the NIH Director from 1993 to 1999. Douglas R. Lowy, M.D., is the Acting Director.
- Other Leadership Changes
Dr. Maddox announced that Robert W. Eisinger, Ph.D., will be Acting Associate Director for AIDS Research and Acting Director, Office of AIDS Research (OAR), upon Dr. Jack Whitescarver's retirement, July 1, 2015. Ms. Adrienne A. Hallett has been appointed Associate Director for Legislative Policy and Analysis and Director of the Office of Legislative Policy and Analysis as of May 4, 2015.
- Precision Medicine Initiative – NIH Working Group
On March 30, NIH announced the formation of the Precision Medicine Initiative Working Group of the Advisory Committee to the NIH Director following the announcement in January of the President's Precision Medicine Initiative (PMI). The Working Group will develop a vision for how to harness the advances in technology, scientific understanding, and participant engagement to develop a platform for precision medicine research and move precision medicine into every day clinical practice.

The working group co-Chairs are Richard Lifton, M.D., Ph.D. from Yale University School of Medicine, and Bray Patrick-Lake, M.F.S., from Duke University and Kathy Hudson, Ph.D., Deputy Director, Science, Outreach, and Policy, NIH. Two NIMHD grantees, Spero M. Manson, Ph.D. from the University of Colorado-Denver and Esteban Gonzalez Burchard, M.D., MPH from the University of California-San Francisco. Regina James, Ph.D., the Acting Associate Director for Clinical Research and Data Management at NIMHD is serving as Dr. Tabak's representative for this group.

A Request for Information (RFI) on *Strategies to Address Community Engagement and Health Disparities* was released on May 29, 2015. The response date is June 19, 2015. For more information, visit www.grants.nih.gov/grants/guide/notice-files/NOT-OD-15-107.html. The NIH Precision Medicine Cohort is designed as a national research cohort of 1 million or more Americans. Specifically, this RFI seeks information as it relates to the development and implementation of effective community engagement strategies for the cohort and to the advancement the cohort's ability to conduct transformative research to address health disparities.

- OBSSR 20th Anniversary Celebration
The NIH Office of Behavioral Health and Social Sciences Research (OBSSR) is celebrating its 20th Anniversary this year. The theme for the OBSSR 20th Anniversary is "Healthier Lives through Behavioral and Social Sciences." NIMHD was invited and participated in the following celebratory events:
 - Tuesday, June 23, 2015: 8th Matilda White Riley Award and Lecture in Behavioral and Social Sciences;
 - Wednesday, June 24, 2015: "Define Your Career in Behavioral and Social Sciences" a workshop on training and career opportunities in behavioral and social sciences research; and
 - Thursday, June 25, 2015: The OBSSR 20th Anniversary Research Symposium

NIMHD Staff Updates

Kimberly Allen joined NIMHD as the Deputy Executive Officer in the Office of Administrative Management. Prior to joining NIMHD, she served as deputy executive officer at NIGMS.

Dr. Nancy Breen has joined NIMHD on detail from NCI to assist in developing the methodologies needed to identify a health disparity. She will be helping with the coding of minority health and health disparities portfolios and the visioning process.

Dr. Courtney Ferrell Aklin is officially joined the NIMHD as the Chief of Staff after serving a detail in NIMHD. Dr. Ferrell-Aklin served as a program director in the Office of Special Programs and Diversity in NINDS.

Aaron Credle is supporting NIMHD's legislative function on detail from the Office of Administrative Management.

Dr. Regina Smith James has joined NIMHD on detail as the Acting Associate Director for Clinical Research and Data Management.

Dr. Tamara James, AAAS Fellow, will join NIMHD this fall to assist with tribal matters.

Dr. Richard Palmer, AAAS Fellow, will join NIMHD this fall to support the Institute's Science Visioning activities.

Departing NIMHD Staff:

Laura Gent has moved to the HHS Office of the Inspector General as the budget officer after three years as the NIMHD budget officer.

Dr. Pamela Thornton has moved to NIGMS to continue serving as the program official of the Building Infrastructure Leading to Diversity (BUILD) initiative. She served as the program official of BUILD, NRMN, and CEC and helped launch the NIH Common Fund program "Enhancing Diversity of the NIH-funded Workforce with trans-NIH colleagues at NIMHD."

NIMHD Updates

- NIH Take Your Child to Work Day April 23, 2015
The purpose of the event is to inspire the next generation of NIH daughters and sons in grades 1-12 to explore career paths in science and public service. NIMHD organized the following three activities with a total of 128 participants: the Cruise to Good Health; DNA, Health Disparities and Me; and Smart Cycling. NIMHD hosted the U.S.S. NIMHD's maiden voyage with ports of call to Greece, Africa, Cuba, Hawaii, and Florida. Participating staff went along with the theme by bringing cultural dishes, dressing up in clothes representing the ports of call and donating items for decoration. Dr. Maddox said NIMHD staff is very active and creative and it was quite exciting to see staff take on that level of energy.
- Expanding Communications Using Social Media
Dr. Maddox reported that NIMHD has greatly expanded its social media presence over the last four months. In addition to gaining a large number of followers (1,000 Twitter followers [NIMHD] and almost 800 Facebook followers [www.facebook.com/NIMHD]) NIMHD has effectively used its new

platforms to disseminate information and highlight events. NIMHD has partnered with other Institutes in some of their Twitter activities and webcasts.

- Minority Health Month**
 2015 marks the 100-year anniversary of the establishment of Negro Health Week by Booker T. Washington in 1915 which has evolved into National Minority Health Month. This year’s theme, “30 Years of Advancing Health Equity; The Heckler Report: A Force for Ending Health Disparities in America,” commemorates the 30th anniversary of the Heckler Report. Dr. Maddox reiterated Margaret Heckler’s message “.. the United States needs to be paying attention to health disparities; it is important for the health of all Americans that health disparities are addressed.” In this anniversary year, panels and workshops have focused on earned lessons and future opportunities to reduce health disparities. NIMHD commemorated National Minority Health Month with several events such as a fireside chat with Valerie Jarrett, Senior White House Advisor, who spoke about her life and the importance of having goals and support systems; An Afro-Caribbean Dance class (Komba for Exercise!); a Health Promotion Exhibit showcasing several NIMHD grantees; and a Health Disparities Science Café, the first ever organized by NIMHD. Former U.S. Congressman Kweisi Mfume talked about the role the community plays in establishing a research agenda.
- American Journal of Public Health (AJPH) highlights Health Disparities Research and Practice**
 NIMHD partnered with the FDA Office on Minority Health to commission a special supplement (July 2015, Vol 105, Issue S3) addressing the science of eliminating health disparities. Guest editors included Irene Dankwa-Mullan (NIMHD), Yvonne T. Maddox (NIMHD), Francisco Sy (NIMHD), and Jonca Bull (FDA). Highlighted papers include:

 1. Precision Medicine and Health Disparities: Advancing the Science of Individualizing Patient Care. I. Dankwa-Mullan, J. Bull, and F. Sy [link](#)
 2. Embarking on a Science Vision for Health Disparities Research. I. Dankwa-Mullan and Y.T. Maddox [link](#)
 3. Small Is Essential: Importance of Subpopulation Research in Cancer Control. S. Srinivasan, R. P. Moser, G. Willis, W. Riley, M. Alexander, D. Berrigan, and S. Kobrin [link](#)

Selected NIMHD Staff Presentations since the February 2015 meeting:

Name	Presentation Info	Date
Yvonne T. Maddox, Ph.D.	2015 Curtis L. Parker Student Research Symposium, Morehouse School of Medicine (Atlanta, GA)	February 11th
Yvonne T. Maddox, Ph.D.	Eighth Health Disparities Conference, Xavier University of Louisiana College of Pharmacy and Morehouse School of Medicine (New Orleans, LA)	March 13th
Francisco Sy, M.D., DrPH	“Community-Based Participatory Research,” Introduction to the Principles and Practice of Clinical Research Course, NIH Campus (Bethesda, MD)	March 10th
Yvonne T. Maddox, Ph.D.	9th Annual Sickle Cell Disease Research and Educational Symposium & 38th National Sickle Cell Disease Scientific Meeting (Hollywood, FL)	April 11th
Joyce Hunter, Ph.D.	Health Disparities Research Colloquium, Duke University Medical Center (Durham NC)	April 17th

Joyce Hunter, Ph.D.	13th Annual Workshop for NIDDK Network of Minority Health Research Investigators (Bethesda, MD)	April 16th-17th
Yvonne T. Maddox, Ph.D.	National Negro Health Week to National Minority Health Month: 100 Years of Moving Public Health Forward” Morehouse School of Medicine (Atlanta, GA)	April 17th

NIMHD Outreach

- Workshop on the Science of Prevention and Health Promotion to Address Health Disparities
NIMHD, in collaboration with experts from other NIH Institutes and Centers, the Centers for Disease Control and Prevention, and the extramural research community, held a scientific workshop, “Preventing Disparities in Chronic Diseases: Community-Based Multilevel Interventions.” The workshop was held on the NIH campus on March 30-31, 2015. The focus of the workshop was on causes of disparities in chronic disease prevention with the goal to identify research gaps and opportunities for targeted initiatives.
- Workshop Addressing Disparities in Surgical Care and Outcomes
As part of a collaborative effort to address disparities in health care, NIMHD and the American College of Surgeons (ACS) convened the first Symposium on Surgical Disparities Research on May 7-8, 2015, on the NIH main campus in Bethesda, MD. Invited thought leaders and prominent members of the surgical community throughout the country attended the meeting to discuss disparities in surgical care, outcomes, and treatment. Dr. Jonathan Woodson, a cardiovascular surgeon and Assistant Secretary of Defense for Health Affairs, Department of Defense, served as the keynote speaker.

Workshops and Conferences

- Training in Interdisciplinary Population Health Science: A Vision for the Future, Institute of Medicine Roundtable, June 2015
NIMHD will join the Office of Behavioral and Social Sciences Research (OBSSR), the IOM Roundtable on Population Health Improvement, and the Robert Wood Johnson Foundation’s Health & Society Scholars Program in sponsoring this meeting that focuses on an interdisciplinary science that develops an integrated understanding of the determinants of health and health disparities.
- 2015 NIMHD Translational Health Disparities Course
NIMHD will hold a two-week intensive course in translational health disparities again this summer from August 3-14, 2015 on the NIH campus. The course provides an introduction to the principles and practice of transdisciplinary and translational health disparities research. Last year, NIMHD provided supplements to several programs to develop their own health disparities courses based on the NIMHD model.

Budget and Legislative Updates

- Appropriations Update
Dr. Maddox reported that there is no FY 2016 budget has not been publically announced. House and Senate Committees are working on their respective appropriations bills. Without action from Congress, sequestration caps will return in FY 2016.
- 21st Century Cures Act

Sponsored by Rep. Diana DeGette (D-CO) and Rep. Fred Upton (R-MI), this bill aims to give NIH more funding and wants NIH to develop a strategic plan for research and strategic foci to expand on knowledge and improve health. The most recent House version includes authorization for an increase in NIH funding: \$31.811 billion (FY 16); \$33.331 billion (FY 17); and \$34.851 billion (FY 18). It also includes a provision that all IC Directors (except NCI) can be appointed by the NIH Director for five-year terms and can be removed earlier or reappointed with no limit as to number of terms. Sec. 1029 of the Act states that NIMHD must find ways to increase representation of underrepresented communities in clinical trials. Appointing Dr. Regina Smith James as the Acting Associate Director for Clinical Research and Data Management is a step in the right direction.

- NIH Caucus on the Hill

A new bipartisan NIH Caucus was announced on May 5, 2015 to educate senators about the importance of NIH. Sens. Lindsey Graham (R-SC) and Dick Durbin (D-IL) co-chair the caucus that will focus on the agency's waning ability to fund research after losing 25 percent of its purchasing power since 2003.

- Senate Letter of Support for NIMHD

On March 27, 2015, Senator Benjamin L. Cardin (D-MD) wrote a letter of support, joined with 10 of his Senate colleagues, to the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, highlighting NIMHD research, the need to address health disparities, and requesting the "strongest possible funding for NIMHD for the upcoming fiscal year."

- NIMHD Outreach and Legislative Activities

On April 22, 2015, the Friends of NIMHD held its organizing meeting to develop a governance structure and discuss activities in support of the institute.

On June 17, 2015, NIMHD will host a virtual meeting with Dr. Richard H. Carmona, the 17th U.S. Surgeon General and President of the Canyon Ranch Institute (CRI) Board of Directors, to discuss areas of collaborations.

On June 24, 2015, at the request of the Coalition for the Advancement of Health through Behavioral and Social Sciences Research, NIMHD, with staff from OBSSR, NIAAA, NIDDK, NCI, NHGRI, NIAMS, NEI, NICHD, and NHLBI, will participate in a Congressional poster session about Healthier Lives through NIH-Supported Behavioral & Social Sciences Research.

NIMHD-Relevant Legislation:

- H.R. 1807 – On April 15, 2015, Representative Danny Davis (D-IL) introduced H.R. 1807, the Sickle Cell Disease Research, Surveillance, Prevention and Treatment Act of 2015. The bill would reauthorize a sickle cell disease prevention and treatment demonstration program and to provide for sickle cell disease research, surveillance, prevention and treatment. NIMHD and NHLBI are participating in this program.
- H.R. 1101 – On February 26, 2015, Representative Brett Guthrie (R-KY) introduced H.R. 1101, the Viral Hepatitis Testing Act of 2015. The bill would amend the PHS Act to revise and extend the program for viral hepatitis surveillance, education, and testing in order to prevent deaths from chronic liver disease and liver cancer. The bill would give the Secretary the discretion to carry out the provisions of the Act directly through whichever of the agencies of the Public Health Service the

Secretary determines to be appropriate, which may include the CDC, HRSA, SAMHSA, NIH (including NIMHD), and other agencies.

NIMHD Program Funding:

Competitive Awards from the February 2015 Council

RFA/PA Title	No. of Awards	Total Award \$
Center for AIDS Research and Developmental Centers for AIDS Research (P30) – <i>Funded by nine NIH ICs</i>	5	\$5,455,998
Development and Translation of Medical Technologies to Reduce Health Disparities (SBIR) (R43/R44)	1	\$195,693
NIH Research Evaluation and Commercialization Hub (REACH) Awards (U01) – <i>Funded by all NIH ICs</i>	1	\$999,194
NIH Support for Conferences and Scientific Meetings (Parent R13/U13)	3	\$151,965
PHS 2014-02 Omnibus Solicitation of the NIH, CDC, FDA and ACF for Small Business Innovation Research Grant Applications (Parent SBIR [R43/R44])	1	\$211,907
Research on the Health of LGBTI Populations (R21)	1	\$198,494

Update on Investigator-Initiated R01 and NIMHD-solicited R15 applications

Mechanism	Number Reviewed	Number Scored
R01s	82 (CSR Review)	23
R15s	48 (NIMHD Review)	28

Funding Opportunity Announcements

Title	Application Due Date
NIMHD Transdisciplinary Collaborative Centers for Health Disparities Research Focused on Precision Medicine (U54)	9-17-2015
Building Population Health Research Capacity in the U.S. Affiliated Pacific Islands (U24)	12-9-2015
Advancing Health Disparities Interventions Through Community-Based Participatory Research (U01)	8-3-2015
Limited Competition: NIMHD Endowment Program for Increasing Research and Institutional Resources	9-4-2015
Behavioral Interventions to Prevent HIV in Diverse Adolescent MSM (U01)	1-15-2016
Innovations for Healthy Living – Improving Population Health and Eliminating Health Disparities (R43/R44)	7-23-2015
Technologies for Improving Population Health and Eliminating Health Disparities (R41/R42)	7-23-2015

NIMHD Science Vision for Health Disparities Research

Dr. Maddox provided updates on the Science Visioning for Health Disparities Research that NIMHD has undertaken. Dr. Irene Dankwa-Mullan is leading this effort. A trans-NIH Science Vision Advisory Group has been established and will develop a plan to advance the field of health disparities research. Working groups are being established to hold discussion forums around the foundational concepts needed for advancing the science of health disparities over the next 6 to 9 months. These forums will seek input from many different stakeholders. A request for information (NOT-MD-15-006) was published to solicit input from the public.

Four Pillars of Health Disparities Research: 1) Etiology of Health Disparities: Pathways, Mechanisms and Models; 2) Measurements and Analytic Approaches; 3) Intervention Science; and 4) Implementation and Dissemination Science.

Proposed Outcomes/Deliverables

1. Creation of a working NIH appropriate definition for discipline of health disparities science;
2. Identification of fundamental principles for advancing our understanding of the complex role of health determinants in health disparities;
3. Establishment of foundational concepts, based on the research questions identified under the 4 pillars; and
4. Identification of scientific areas of opportunity – to build the science with the potential for transformational and translational impact

Visioning Timeline

Date	Event/Activity
June – September 2015	Discussion of Forums and Workgroup Meetings
September - October 2015	Summary White Papers
January 2016	Science Vision Statement and Core Principles
December 2015	Large Meeting
January – March 2016	Publication and Information Dissemination Activities

Discussion:

The primary discussion focused on thanking Dr. Maddox for her hard work during her time as Acting Director and the transformative impact at she had on NIMHD. Members expressed appreciation for Dr. Maddox’s role in shaping many careers, her years of service, and increasing the role that the NACMHD plays in shaping NIMHD. Other members thanked Dr. Maddox for her help in bringing NIMHD’s impact outside of NIH.

A second discussion focused on the importance of the definition of health disparities and the distinction between minority health and health disparities, in order to provide clarity to the field. Dr. Maddox agreed that an agency-wide, officially-recognized definition will be important. Dr. Tabak underscored that the scientific visioning NIMHD is conducting is a very important process which will be used to focus the field as well as definitions. He posited that the Council members were seeing the maturation of a highly important, interdisciplinary field and that the timing is ideal since many stakeholders are ready to engage staff.

ENHANCING REPRODUCIBILITY THROUGH RIGOR AND TRANSPARENCY – Dr. Sally Rockey

Sally J. Rockey, Ph.D., Deputy Director for Extramural Research, NIH, discussed how NIH is responding to the growing challenge of research reproducibility, especially in the preclinical area. Good experimental

design and reporting underlies rigor and reproducibility of findings. NIH plans to implement policies that will require applicants to address inclusion of both sexes in cell and animal studies. Not every study will include both sexes, but researchers will have to present justification for why it is not included. This will raise awareness and begin culture shifts in the scientific community as well as prompt applicants to consider issues that they may have been previously overlooked. In general, the scientific community's response to considering sex as a biological variable has been positive, though there have been some concerns about cost and challenges with experimental design. Over 130 publishing groups worldwide have accepted NIH's principles and guidelines regarding reporting standards and scientific rigor. NIH is exploring addresses new ways to authenticate key resources used in labs - such as cell lines and antibodies - more quickly and less expensively.

On June 9, NIH published two Guide notices (NOT-OD-15-103 and NOT-OD-15-102) to inform the research community about plans for rigor and reproducibility. These updates, pending approval by the White House Office of Management and Budget, will take effect for applications with receipt dates beginning January 25, 2016. The guide notices describe the four elements of the plan for Rigor and Reproducibility, and describe the timeline for implementation. These four areas of clarification include scientific premise, rigorous experimental design, consideration of relevant biological variables, such as sex, and authentication of key biological and/or chemical resources.

In discussion with the Council, Dr. Rockey said that this policy is not limited to the preclinical space but that the reproducibility tenets will apply to all research, even in the clinical and social sciences. Council members stated that as criteria for transparency and rigor are being developed, it is important to support studies that create a diverse data repository. Some Council members were concerned about the accelerated pace of change and how that might create disparities for people that do not have access to this information. The administrative burden of ensuring compliance was also discussed and the impact it might have on low-resource institutions.

Dr. Rockey offered the below links for further information:

Resources: <http://grants.nih.gov/reproducibility>

Mailbox: NIHReproducibilityEfforts@nih.gov

FAQs: <http://grants.nih.gov/reproducibility/faqs.htm>

Precision Medicine and the New Opportunities in Research and Well Defined Patient Care - Eddie L. Greene, MD

Dr. Greene provided an overview of a basic framework for integrating precision medicine and health disparities research: 1) Precision medicine can be synergized with other measures aimed at reducing and eliminating health disparities, 2) Precision medicine may be helpful in highlighting the role of unconscious biases in generating health disparities for minority and underserved populations, and 3) Trans-disciplinary collaborations will be necessary to initiate high quality and high impact research protocols and related research methods and outcomes. Dr. Greene discussed how the use of social determinant (and possibly genetic determinant) based information in patient care and research can assist health care providers and researchers achieve a more contextualized perspective about patients and their needs. As an example, Dr. Greene illustrated how socio-biological concepts of health and disease may be useful in studying health disparities in patients with chronic kidney disease (CKD). Other examples cited by Dr. Greene included the use of fibroblasts or urine cells collected from patients being used to generate stem cells, individualized breast cancer treatment with genomics, and tailored antiplatelet initiation to lessen outcomes due to decreased clopidogrel response after percutaneous coronary intervention. Dr. Greene emphasized that a robust infrastructure which includes a medical genome facility, biorepositories, bioinformatics and information technology cores, and targeted

education programs will be necessary to produce high quality, impactful precision medicine research and patient care.

A few questions from the council members focused on integrating genetic information into population health, inquiring on whether integrating genetic information into population health, using genetic markers of distinct race/ethnicity ancestry to targeting health disparities, and how to address institutional differences in capacity to conduct precision medicine studies. Dr. Greene responded that the focus will be on the cohort of patients across their life span including consideration of social determinants of health in addition to genetic and other biological determinants. He also stated that the PMI is an opportunity to determine genetic differences as well as highlight risk, and distinguish between earlier generations versus newer generations. So the cohort composition needs to be diverse. Council member comments included the impact precision medicine will have on drug interactions as they evolve based on genetic information; looking at diversity within racial groups; investigators focusing on establishing trust with the community to create a “safe space”; and the challenges of recruiting minority groups.

CONCEPT CLEARANCE – Interdisciplinary Training in Health Disparities Science

Dr. Joan Wasserman, Program Official in the Division of Extramural Scientific Programs presented a concept to develop a training program to enhance interdisciplinary training in health disparities science, using the Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Training (T32) grant mechanism. Objectives of the interdisciplinary training program are to provide: training on the conduct research to understand determinants of health, develop innovative interventions and methodologic approaches; training and mentorship on methods relevant to health disparities science (*e.g., genetics, epidemiology, population science, systems science, health services research, etc.*); training on developing collaborations with researchers, clinicians, public health agencies, communities and other stakeholders; and training on the translation of research findings into practice. Several themes emerged during the discussion with Council including the need to ensure training programs proposed are indeed interdisciplinary; providing training opportunities for both pre and post-doctoral fellows; and the need for mechanisms to ensure the recruitment and retention of trainees from underrepresented backgrounds. A request for information (RFI) will be issued to garner additional comments on training in health disparities science. Following the discussion, the Council concurred with the recommendation.

The Council’s discussion focused primarily on the importance of the T32 being interdisciplinary. If the program were to become siloed in any single discipline, it would defeat the purpose of the training. It is also important that the trainees be people actually conduct work that addresses social determinants and health disparities. The role of mentoring in the program was discussed, as well as incentive mechanisms for recruiting underrepresented populations. Council members suggested considering that select disease conditions NIMHD has prioritized be included in the grant.

The Council unanimously approved a motion to accept the proposed concept and move it forward to become an FOA.

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. Maddox called the closed session to order. Dr. Hunter led the second level review of grant applications submitted to NIMHD programs. The Council considered approximately 270 applications

requesting an estimated \$128,123,442 in total costs. Applications from the following Request for Applications (RFAs) were considered: System-Level Health Services and Policy Research on Health Disparities; NIMHD Academic Research Enhancement Award: Enhancing Health Disparities Research at Undergraduate Institutions; Technologies for Improving Minority Health and Eliminating Health Disparities; Innovations for Health –Living Improving Minority Health and Eliminating Health Disparities; Centers of Excellence on Environmental Health Disparities Research; NIH Support for Conferences and Scientific Meetings; NIMHD Research Education Grants; Development of an NIH BD2K Data Discovery Index Coordination Consortium; Limited Competition: Research Training for Career Development of Junior Faculty in Medical Education Partnership Initiative (MEPI) Institutions; and International Research Ethics Education and Curriculum Development. 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.

ADJOURNMENT

Dr. Hunter adjourned the 39th NACMHD meeting at 4:30PM.

/Lawrence A. Tabak/
Lawrence A. Tabak, D.D.S., Ph.D.
Acting Director
National Institute on Minority Health and Health Disparities, NIH

09/29/15
Date

/Donna A. Brooks/
Donna A. Brooks
Executive Secretary
National Institute on Minority Health and Health Disparities, NIH

09/11/15
Date