

National Advisory Council on Minority Health and Health Disparities Director's Report

February 9, 2016

Eliseo J. Pérez-Stable, M.D.
Director, NIMHD



NIH National Institute
on Minority Health
and Health Disparities

NIH News



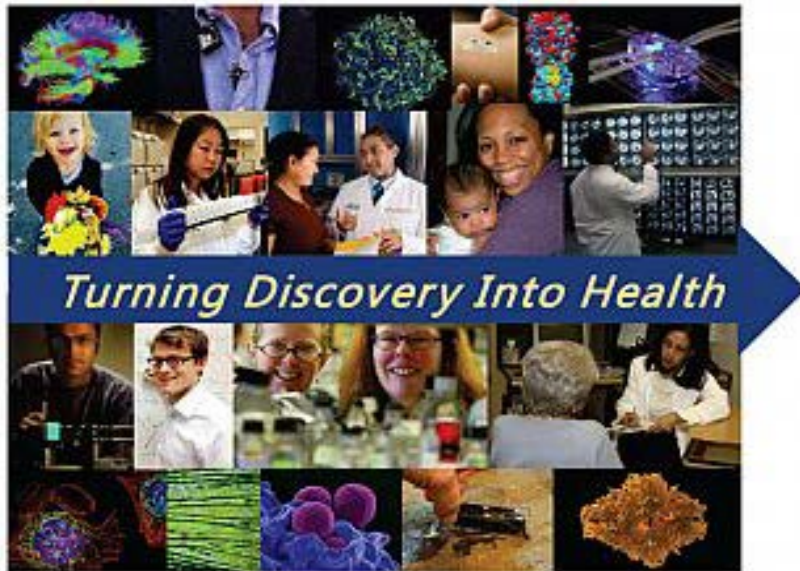
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NIH-Wide Strategic Plan

NIH-Wide Strategic Plan

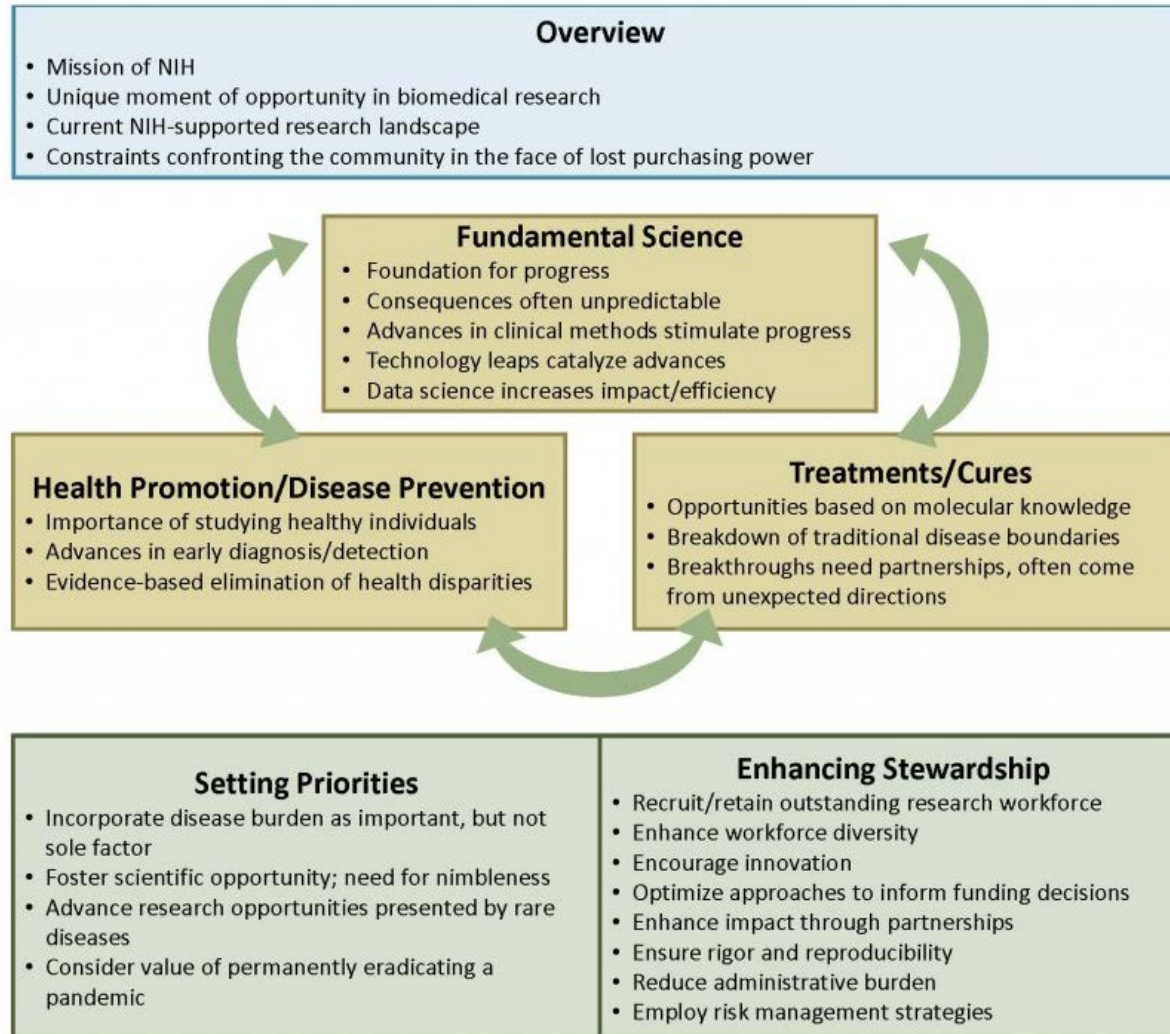
Fiscal Years 2016-2020



- Mandated by Congress in the FY2015 Appropriations Bill (HR 83) for clarity on NIH research priority setting and process to ensure sound stewardship of the public's investment in biomedical and behavioral research
- First NIH-wide strategic plan
- NIH Institutes and Centers have strategic plans addressing their individual missions
- Other strategic plans focused on specific research areas, such as women's health, obesity, and health disparities



NIH-Wide Strategic Plan Framework



NIMHD is partnering with other NIH institutes on the Adolescent Brain Cognitive Development (ABCD) Study



Adolescent Brain Cognitive Development (ABCD) Study

Teen Brains. Today's Science. Brighter Future

NIDA, NIAAA, NCI, NICHD, **NIMHD**, NIMH, NINDS, OBSSR



Why is the ABCD Study Important?

- **Enrolling >10,000 healthy children and following them from age 9-10 through their teens and into early adulthood**
- **Encompasses important developmental and social changes**
- **Focus on brain development, weight, growth, sleep quality, injury, mental health, substance use, and other health outcomes**
- **Life outcomes ascertained such as academic success, sports involvement, physical activities, and driving**
- **ABCD will greatly increase our understanding of environmental, social, and genetic factors relevant to brain and cognitive development, in order to inform mental health and substance abuse prevention and treatment and other public health strategies**
- **Effects of alcohol, marijuana, and caffeine on brain development**



NIMHD Involvement in ABCD

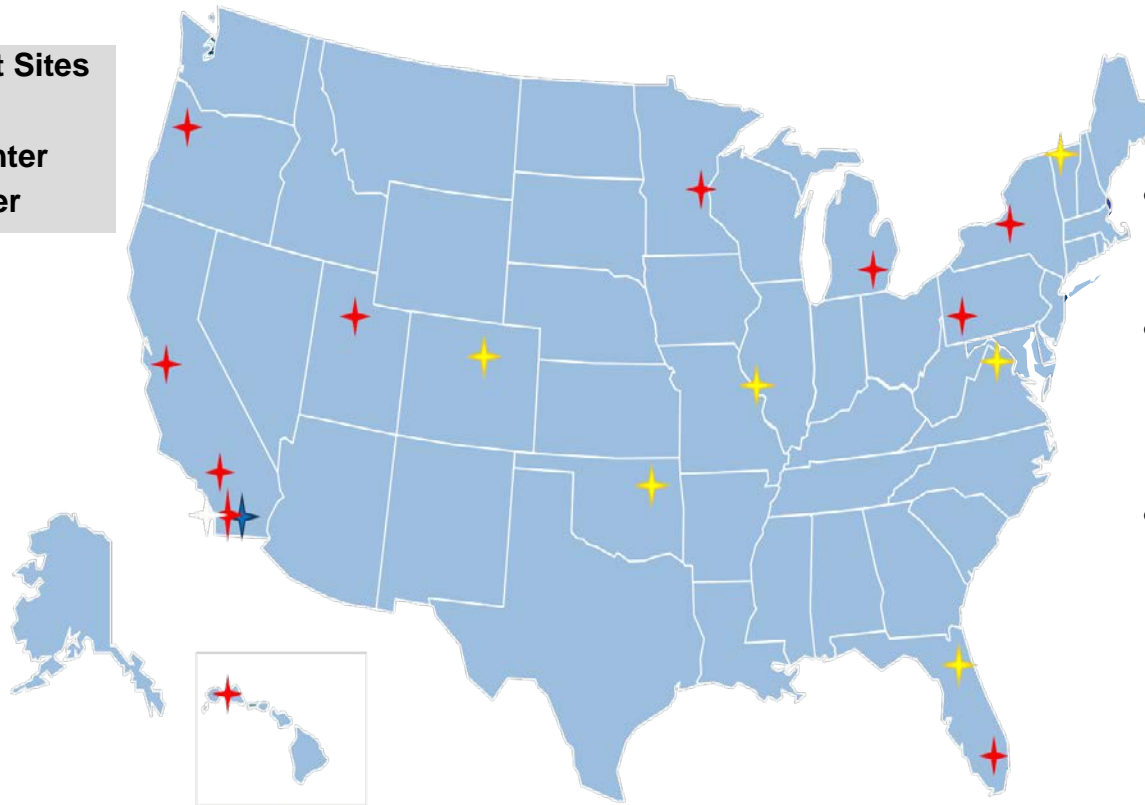
NIMHD is providing both financial and scientific input in the ABCD Study. In particular:

- **Recruitment strategies to ensure a diverse cohort**
- **Culturally appropriate assessment tool**



ABCD Study Sites

- ★ Research Project Sites
- ★ Project sites
- ★ Coordinating center
- ★ Informatics center



- Coordinating Center
- Data Analysis and Informatics Center
- 11 research project sites

Study sites allow children from across the continental United States and Hawaii to be included in the study; the diverse study population will include children from all races, ethnicities, and family education and income levels, as well as children living in rural, urban, and suburban environments.

Update on: THE PRECISION MEDICINE INITIATIVE

THE PRECISION MEDICINE INITIATIVE



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The Precision Medicine Initiative: The PMI Cohort

- **The primary objective of the PMI Cohort Program will be to enroll one million or more volunteers into a cohort that broadly reflects the diversity of the U.S. population, and to follow their health and clinical outcomes over time.**



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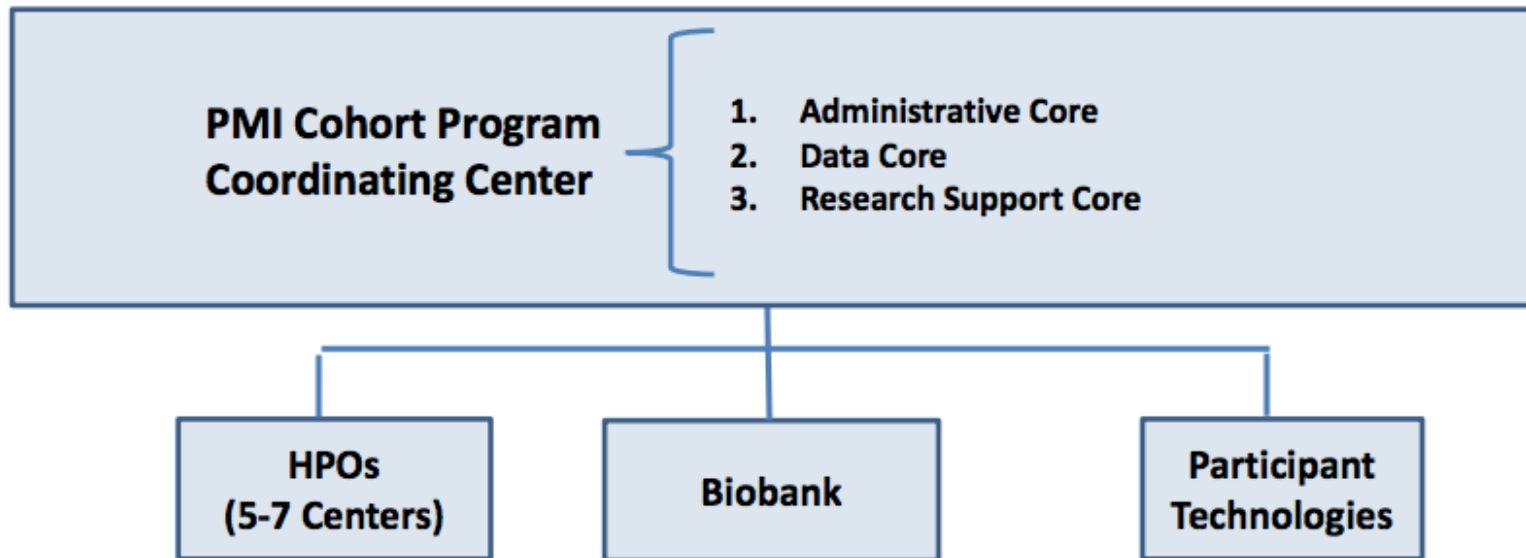


Direct Volunteer Pilot Program and Communication Support

- **Will focus on learning what prospective and enrolled participants like, need, and want.**
- **This will involve understanding how to create and implement specialized data technologies, including website, apps, sensors, and clinical data; building research infrastructure for managing biological samples.**
- **Communications planning, message and visual identity development, and collection and analysis of evaluation metrics**
- **Applications were due December 22, 2015 and one application will be awarded in FY 2016.**
- **NIMHD participation in planning measures and recruitment strategies and activation of constituents through education**



PMI Cohort Funding Opportunities



Coordinating Center

- **Three cores—Administrative, Data, and Research Support.**
- **Manage overall project coordination and communications.**
- **Manage all Direct Volunteer activities.**
- **Acquire, curate, and provide secure access to the scientific data of the PMI Cohort Program.**
- **Provide research support services that enable users to understand how to use the data and analytical tools.**
- **Applications due February 17, 2016: \$21 million year 1**



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Health Provider Organizations (HPO)

- **During the first phase (year 1) The HPO will plan to enroll at least 10,000 participants per site.**
- **Phase II - Continue enrolling and consenting at least 35,000 study participants from diverse populations in each of years 2-5.**
- **Applications due: Feb 17, 2016 with an anticipated start date of July 1, 2016.**
- **Propose to fund up to 7 applications: \$4 million each year 1**



Biobank

- **Pilot Phase - the Biobank will collect and receive saliva samples from at least 10,000 direct volunteers.**
- **Phase 2 (full implementation phase)- they will receive a full set of biological specimens from up to one million individuals collected at more than 1,000 clinic sites, including sites at HPOs.**
- **Phase 2(b) the Biobank will transition to automated storage and retrieval of biological samples.**
- **Applications due February 4, 2016: \$15 million year 1**



Participant Technology Centers

- **Develop, test, maintain, and upgrade mobile applications and associated server systems that will provide enrollment, consent, data collection, and communication and feedback functions in a secure environment.**
- **Provide parallel platforms to deliver these functions to those without a smartphone.**
- **Work with various technology entities to increase smartphone accessibility of participants, and extract meaningful data from technologies that participants currently use.**
- **Applications due February 17, 2016: \$8 million year 1**



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Federally Qualified Health Centers (FQHCs)

- **Health centers that receive grant funding from the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care, under the Health Center Program, as authorized by Section 330 of the Public Health Service Act**
- **Pilot enrollment through FQHCs**
- **Enhances a focus on underserved populations**
- **Will be managed by Inter-agency agreement**
- **Plan to select a model system to test recruitment**



A Moonshot to Cure Cancer



“For the loved ones we’ve all lost, for the families that we can still save; let’s make America the country that cures cancer once and for all. What do you think? Let’s make it happen. And medical research is critical.”

~ President Barack Obama, State of the Union Address, January 12, 2016



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A Moonshot to Cure Cancer



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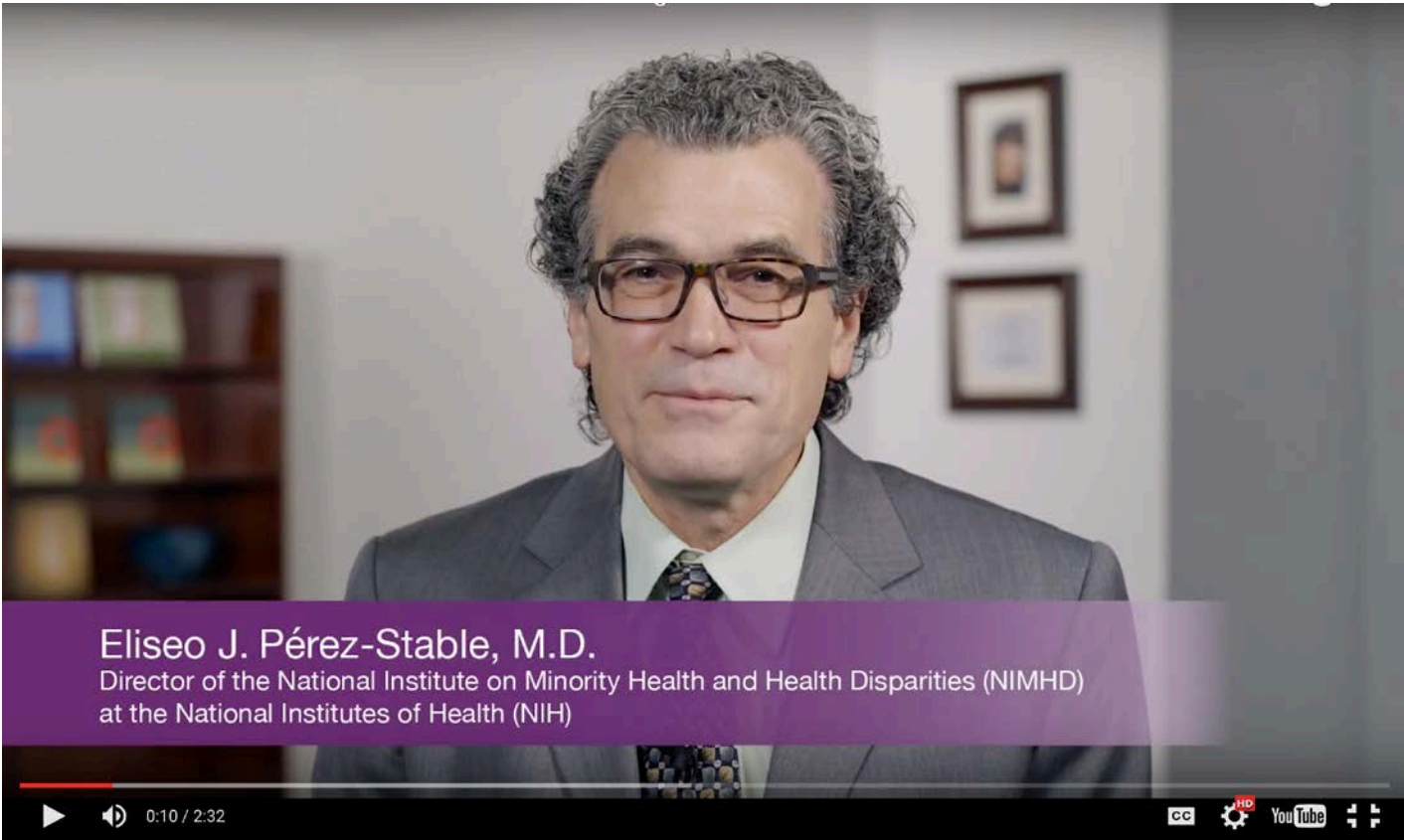
NIMHD News



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NIMHD Promotes the NIH Medical Research Scholars Program



Eliseo J. Pérez-Stable, M.D.

Director of the National Institute on Minority Health and Health Disparities (NIMHD)
at the National Institutes of Health (NIH)



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Presentation Highlights



*Dr. Pérez-Stable joins
Luis Belen, CEO, National
Health IT Collaborative*

- **20th Annual HeLa Women’s Health Conference on Precision Medicine and Health Equity, Morehouse School of Medicine, Sept. 17-18, 2015**
- **National Health IT Collaborative for the Underserved, Oct. 6, 2015**
- **Congressional Hispanic Caucus Institute Health Summit, Oct. 7, 2015**
- **2nd Annual CEASE Conference, Morgan State University, Oct. 10, 2015**
- **Association for Academic Minority Physicians, Oct. 24, 2015**
- **Association of American Medical Colleges, Herbert W. Nickens Award Keynote, Nov. 9, 2015**



Presentation Highlights

- **Keynote presentation at the Annual Meeting of the Tobacco-Related Disease Research Program, Sacramento, Oct. 27, 2015**
- **Pfeiffer Visiting Professor at Stanford University Medical School on Latino Health, Oct. 28, 2015**
- **Participation in the NCI-sponsored Workshop on health disparities research questions in colon, prostate, breast, liver, and multiple myeloma, Atlanta, GA, Nov. 9-10, 2015**
- **White House Briefing on the Precision Medicine Initiative with Francis Collins: Dec. 17, 2015**
- **Presentation at the NIDDK Advisory Council, Jan. 27, 2016**
- **Presentation videotaped for the NIAID website as January Advisory Council replacement: Feb. 1, 2016**



Legislative and Budget Updates



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The Consolidated Appropriations Act, 2016 (Public Law 114-113)

On December 18, 2015, President Barack Obama signed the H.R. 2029, the Consolidated Appropriations Act, 2016 into law.

Major NIH Features include:

- \$32 billion, a \$2 billion increase for NIH (roughly 6.5% increase)
- **NIMHD** – “For carrying out section 301 and title IV of the PHS Act with respect to minority health and health disparities research, \$279,718,000.”
- **NIMHD Research Centers in Minority Institutions (RCMIs)** – “The agreement continues to support RCMIs and expects the RCMIs to receive no less than \$56,758,601, which is the fiscal year 2015 level plus the proportional share of the general increase provided to NIMHD.”



Engaging with our Stakeholders

NIMHD Director has a courtesy meeting with Sen. Ben Cardin (D-MD) on January 21, 2016.

Dr. Pérez-Stable speaking at Friends of NIMHD Welcome Reception on October 20, 2015.



NIMHD Outreach and Legislative Activities

- NIMHD Legislation attended the Congressional Black Caucus Annual Legislative Conference held on September 16-20, 2015.
- NIMHD Legislation attended the Congressional Hispanic Caucus Institute Public Policy Conference held on October 6-8, 2015. Dr. Pérez-Stable was a panelist on the session entitled “Health Disparities in the Latino Community” chaired by Rep. Raul Ruiz (D-CA).
- On October 13, 2015, welcome reception held by the National Hispanic Medical Association; on October 20, 2015, the Friends of NIMHD held a welcome reception for Dr. Pérez-Stable on Capitol Hill.
- In October 2015, NIMHD Legislation launched the Congressional and Legislative Insights into Policy and Science Webinar series focused on the intersection of Administration initiatives, legislative proposals, and science.
- On February 25, 2016, the Friends of NIMHD will hold the inaugural “NIMHD Budget Briefing.”



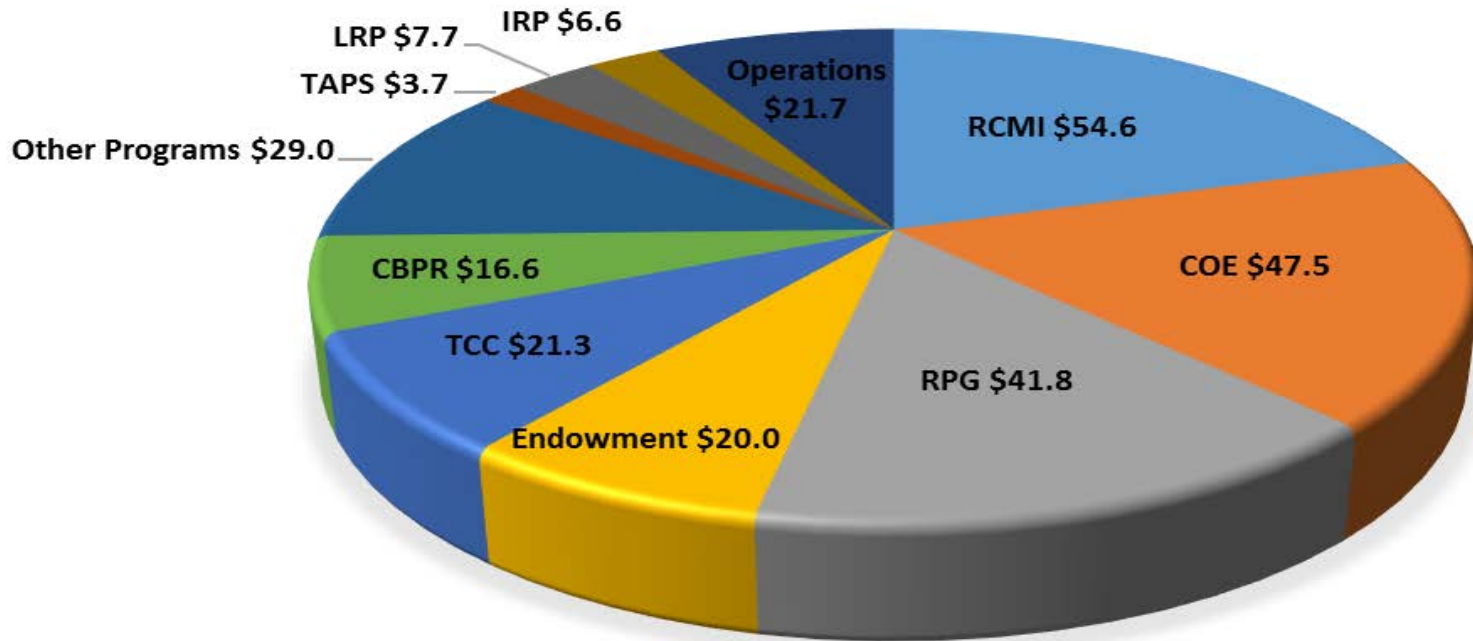
Congressional Visits

- On December 10, 2015, Dr. Joyce Hunter, Deputy Director, NIMHD, and Dr. Meredith Temple-O'Connor, Senior Scientific Advisor, OER, briefed members of Rep. Shelia Jackson Lee's (D-TX) staff about minority participation in clinical trials.
- On January, 12, 2016, Dr. Pérez-Stable had a courtesy visit with Representative Judy Chu (D-CA), Chair, Congressional Asian Pacific American Caucus.
- On January 21, 2016, Dr. Pérez-Stable had a courtesy visit with Senator Benjamin Cardin (D-MD).
- On February 2, 2016, Dr. Pérez-Stable had a courtesy visit with Representative Linda Sánchez (D-CA), Chair, Congressional Hispanic Caucus.
- Upcoming courtesy visit with Representative G.K. Butterfield (D-NC), Chair, Congressional Black Caucus.



BUDGET UPDATE

FY 2015 ACTUAL FUNDING DISTRIBUTION \$270.5M

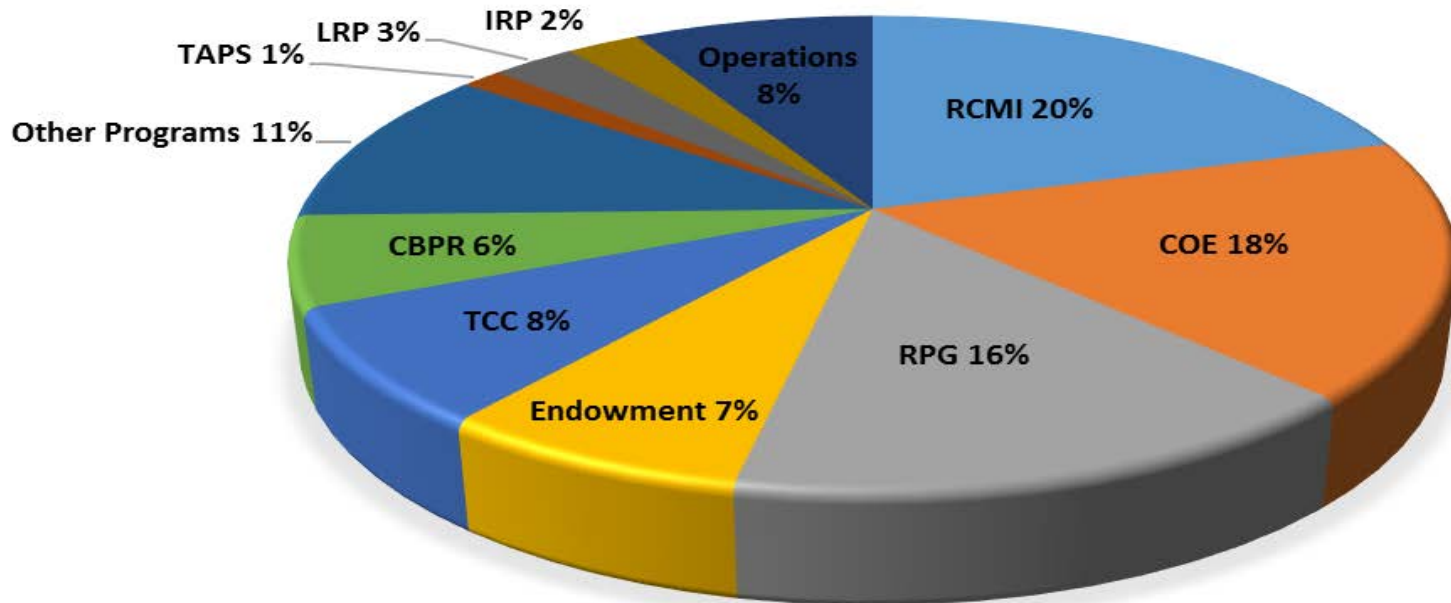


*Other Programs consists of: SBIR/STTR \$8.4M, MEPI \$150K, TRAINING \$76K, DREAM \$900K, MHIRT \$5.1M, CENTERS FOR AIDS R&D AND DEVELOPMENTAL CENTERS FOR AIDS RESEARCH \$1M, SCIENCE EDUCATION \$3.4M, CO-OP AGREEMENTS \$10M. IRP includes TAPS \$1.4M.



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Budget Update: FY 2016 Appropriation

- ❑ Budget signed into law on Friday, December 18, 2015 under Public Law No: 114-113.

FY 2016 NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

For carrying out section 301 and title IV of the PHS Act with respect to minority health and health disparities research, \$279,718,000.

- ❑ **FY 2016 Enacted Level: \$280,680,000.**
 - **Congressionally appropriated: \$279,718,000**
 - **Funding transferred from the Office of AIDS Research to the NIMHD: \$962,000**
 - **Funding level is \$8.7M (or 3.2%) higher than the FY 2015 Enacted amount**
- ❑ **Research Centers in Minority Institutions (RCMI): Total funding increased by 3.9% for FY 2016.**



Grant Awards



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Competitive Awards Since September 2015 Council

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



Competitive Awards Since September 2015 Council

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
PA-14-071, PHS 2015-02 Omnibus Solicitation of the NIH, CDC, FDA and ACF for Small Business Innovation Research Grant Applications (Parent SBIR [R43/R44])	1	\$224,978



Recent Funding Opportunities and Notices

- Development and Translation of Medical Technologies to Reduce Health Disparities (SBIR) (R43/R44). Application Due Date: 07-07-16
- Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN) Coordinating Center (CC) (U24). Application Due Date: 01-20-16
- Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN) Research Program Grants (U19). Application Due Date: 01-20-16
- Notice of Participation of NIMHD in PAR-16-052 Global Noncommunicable Diseases and Injury Across the Lifespan: Exploratory Research (R21). Released: 12-14-15
- Notice of Participation of NIMHD in PA-15-083 NIH Pathway to Independence Award (Parent K99/R00). Released: 11-17-15



NIMHD Funded Science Advances



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Gene Expression Linked to Onset, Progression of Prostate Cancer in African American Men

Yamoah, K; Johnson, MH; et al. *Novel Biomarker Signature That May Predict Aggressive Disease in African American Men With Prostate Cancer*. J Clin Oncol. 2015; 33(25):2789-96. [P60MD006900](#), (PI: Holmes, John)

This project examined ethnicity-specific expression of prostate cancer (PC)-associated biomarkers in 154 African American (AA) and 243 White patients matched according to Cancer of the Prostate Risk Assessment postsurgical score to evaluate whether genetic/biologic factors affect racial/ethnic disparities in PC pathogenesis and disease progression.

- **Among 20 validated biomarkers associated with PC initiation and progression in the general population, six showed statistically significant differential mRNA expression levels in AA compared with White men.**
- **Dysregulation of 3 of those genes predicted clinical outcomes, including 3-year biochemical recurrence and metastasis at 5 years; a greater proportion of AA men than White men had triple-negative (ERG-negative/ETS-negative/SPINK1-negative) disease.**
- **Results identify a subset of PC biomarkers that predict the risk of clinical pathologic outcomes in an ethnicity-dependent manner, and may explain in part the biologic contribution to ethnic disparity in PC outcomes between White and AA men.**



HIV Transmission Varies Among Latino Subgroups, Tailored Prevention, Testing Recommended

Sheehan, DM; Trepka, MJ; Fennie, KP; Maddox, LM. *Rate of new HIV diagnoses among Latinos living in Florida: disparities by country/region of birth.* AIDS Care. 2015; 27(4):507-11.

R01MD004002, Retrospective Cohort Study of Racial Disparities in HIV Survival, Florida (PI: Trepka, M)

This retrospective cohort study examined racial, ethnic, socio-economic, and geographic disparities in HIV-related morbidity and mortality among individuals living with HIV in the state of Florida.

- **Compared to US-born Latinos, Cuban and South American immigrants had greater transmission through sexual contact by men who have sex with men, Dominicans had greater heterosexual transmission, and Puerto Ricans had greater transmission through IV drug use.**
- **Unlike the pattern seen for other health conditions, there was no survival advantage for HIV-positive Latinos living in high Latino density areas.**



Men More Likely to Experience Depression, Anxiety Upon Disclosure of Sexual Orientation

Pachankis, JE; Cochran, SD; et al. *The Mental Health of Sexual Minority Adults In and Out of the Closet: A Population-Based Study.* J Consult Clin Psychol. 2015 Oct; 83(5):890-901.

P60MD006923, Bridging Research, Innovation, Training & Education Solutions for Minority Health (PI: Mays, V)

Examined the psychological toll of sexual orientation concealment versus the stress of navigating a new public identity among 2,083 sexual minority participants in the California Quality of Life Survey.

- **Gay men who were recently “out” experienced higher odds of major depressive disorder and generalized anxiety disorder**
- **By contrast, recently out women experienced lower odds of depression than closeted women.**
- **Gender differences in whether being in or out of the closet is associated with depression and anxiety, which has clinical implications for addressing these stressors by gender.**



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Connections between Filial Piety and Mental Health Among Chinese Older Adults

Simon, MA; Chen, R; Chang, E; **Dong, X**. *The Association Between Filial Piety and Suicidal Ideation: Findings From a Community-Dwelling Chinese Aging Population*. J Gerontol A Biol Sci Med Sci. 2014; 69 Suppl 2, S90-7. [R01MD006173](#), Filial Piety and Psychosocial Well-Being in Chinese Populations (PI: Dong, X)

Examined the relationship between the filial piety (i.e., the virtue of respect, obedience and obligation to provide care and support for one's older parents) of adult children and psychosocial functioning and well-being in a community-based sample of Chinese Americans.

- **Elders with higher expectations regarding filial piety behaviors of their adult children had higher quality of life but lower self-reported health status.**
- **Perceived receipt of filial piety was associated with both better health and quality of life. After controlling for age, medical comorbidities, and depression, lower receipt of filial piety was associated with increased risk of suicidal ideation among elders in the prior two weeks.**



Hospital Quality Linked to Severe Maternal Morbidity Among Black Women

Howell, EA; Egorova, N; Balbierz, A; Zeitlin, J; Hebert, PL. *Black-White Differences in Severe Maternal Morbidity and Site of Care*. Am J Obstet Gynecol. 2016 Jan; 214(1):122.e1-7. [R01MD007651](#), Hospital Quality and Racial/Ethnic Disparities in Severe Maternal Morbidity (PI: Howell, E)

A mixed methods project to examine the impact of hospital quality on racial/ethnic disparities in pregnancy-related mortality in New York City and nationwide.

- **Severe maternal morbidity (life-threatening diagnosis or required life-saving procedure during delivery hospitalization) was more frequent among Black women than White women after controlling for patient characteristics and comorbidities.**
- **Black and White women who delivered in hospitals with medium and high proportions of Black patients had higher rates of severe maternal morbidity.**
- **Black women at high Black-serving hospitals had the highest rates of morbidity.**



Lack of Diversity, Missed Scientific Opportunities

“Adequate representation of diverse populations in scientific research is imperative as a matter of social justice, economics, and science.”



Oh, S. S., Galanter, J., Thakur, N., Pino-Yanes, M., Barcelo, N. E., White, M. J., ... **Burchard, E. G.** (2015). Diversity in Clinical and Biomedical Research: A Promise Yet to Be Fulfilled. *PLoS Medicine*, 12(12), e1001918.



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NIMHD Strategic Plan Role

- Review NIH's minority health and health disparities research portfolio
- Coordinate and lead the NIH Health Disparities Strategic Plan in 2016
- Develop the NIMHD Strategic Plan



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Confusion of Terminology

- **Minority health and health disparities are treated as synonyms and confused with inclusion**
- **All differences are not health disparities**
- **Need to report separately in the NIH coding**
- **Inclusion of minorities in clinical studies especially trials is a separate important domain**



Minority Health Definition

- **Distinctive health characteristics and attributes of the principal minority racial and/or ethnic groups in the U.S.**
- **Social disadvantage and/or subject to discrimination as common theme**
- **Historically underrepresented in biomedical research and usually in the scientific workforce**



Health Disparities Definition

- **A health disparity is defined as a health difference that adversely affects disadvantaged populations, based on one or more health outcomes**
- **Health disparities research is devoted to advancing scientific knowledge about the influence of health determinants and defining mechanisms and how this knowledge is translated into interventions to reduce health disparities**



NIMHD Staff News



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Departing NIMHD Staff



- **Susan Ensley** retired on January 1, 2016 after 36 years of Federal service. She served NIMHD as an IT Specialist.



- **Shaunte Williams** has moved to Dovel Technologies. She served as a communications assistant in the Office of Communications and Public Liaison.



New Appointments



Dr. Regina Smith James has joined NIMHD as a medical officer, and she will serve as the director of clinical and health services research in the Division of Scientific Programs. Dr. James recently held a detailed position with NIMHD as the acting associate director for clinical research and data management. She previously served as director of the Office of Health Equity at the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, and held positions as program director and clinical fellow at the National Institute of Mental Health.



New Appointments



Kelli Carrington has joined NIMHD as the Director of the Office of Communications and Public Liaison. Since July 2014, she has been serving as acting communications director through a detail from the Clinical Center. She served as Lead for Public Affairs and as Acting Communications Director at the NIH Clinical Center.



Zakiya Johnson recently joined NIMHD as the executive assistant to Dr. Eliseo Pérez-Stable. She comes to NIMHD from the Intel Corporation, where she worked as a senior executive administrative assistant.



New Appointments



Bryan A. Maynard has joined NIMHD as the Budget Officer. Previously served as a management and program analyst at the U.S. Department of Homeland Security's U.S. Citizenship and Immigration Services, where he led the effort on managing and monitoring the operational spending levels for 25 offices overseas and where he recently concluded a refugee circuit ride in Ethiopia.



Dr. Richard C. Palmer joined NIMHD in September 2015 as an American Association for the Advancement of Science Policy and Science Fellow and is assisting with the Institute's science visioning activities in the Division of Scientific Programs. Dr. Palmer is an associate professor in the Department of Health Promotion and Disease Prevention at Florida International University's Robert Stempel College of Public Health & Social Work.



New Appointments



Ajunae Wells has joined NIMHD in the Division of Intramural Research as the laboratory operations coordinator. Before joining NIMHD, she was a clinical coordinator and scientific support staffer for the Laboratory of Lymphoid Malignancies in the Division of Intramural Research of the National Heart, Lung, and Blood Institute.



Dr. Joan Wasserman was selected as the Director of the Office of Extramural Research Activities (OERA), effective December 27, 2015. Dr. Wasserman was a program officer in the Division of Scientific Programs at NIMHD, where she was responsible for the management of research capacity building and training initiatives and several research program grants.



NIMHD Staff Receive 2015 NIH Director's Award



- **Dr. Nathaniel Stinson**, as part of the Office of the Director Group Award for the Adolescent Brain Cognitive Development (ABCD) Study Team and as part of the Office of the Director Group Award for the Sexual and Gender Minority (SGM) Research Coordinating Committee
- **Dr. Irene Dankwa-Mullan**, in recognition of sustained and outstanding leadership in advancing the science of health disparities research
- **Dr. Francisco Sy**, as part of the Office of the Director Group Award for the Sexual and Gender Minority (SGM) Research Coordinating Committee
- **Dr. Rick Berzon**, as part of the Office of the Director Group Award for the U.S.–South Africa Biomedical Research Cooperation Team



Recent Meetings and Events

- NIMHD co-hosted the **Tribal Ecological Knowledge Workshop** held December 3-4, 2015 on the NIH campus. Dr. Dorothy Castille represented NIMHD on the planning committee. Cosponsors included NIEHS, IHS, CDC and the Smithsonian Museum of Natural History. NIMHD-funded scientists Drs. Spero Manson, Stacy Rasmus, and James Allen were among the presenters.



-
- **Sickle Cell Disease Summit**, coordinated by Sickle International Family Coalition and Minority Coalition for Precision Medicine, November 5-6, 2015. Dr. Courtney Aklin joined panelists.



Noteworthy

Dr. Eddie Reed, the first clinical director for NIMHD's Division of Intramural Research was inducted into the 2015 Arkansas Black Hall of Fame posthumously on October 17, 2015 at the Statehouse Convention Center in Little Rock, Arkansas.



Shown From left to right: Elaine Gavin, Dr. Eddie Reed's laboratory technician from the Mitchell Cancer Institute (Mobile, AL); Dr. Meenakshi Reed, Dr. Reed's wife; and Dr. Lauren Amable, Dr. Reed's Staff Scientist at NIMHD



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Noteworthy

Dr. Tilda Farhat, NIMHD health scientist administrator, and Dr. William T. Riley, NIMHD Ex-Officio Councilmember and NIH Associate Director, Behavior and Social Sciences Research, publish in *Current Opinion in Psychology* special issue of invited reviewers, October 2015



Current Opinion in Psychology

Volume 5, October 2015, Pages 56–66

Health behavior



Stigma, obesity and adolescent risk behaviors: current research and future directions

Tilda Farhat



Current Opinion in Psychology

Volume 5, October 2015, Pages 67–71

Health behavior



Mobile and wireless technologies in health behavior and the potential for intensively adaptive interventions

William T Riley¹, , Katrina J Serrano¹, Wendy Nilsen², Audie A Atienza¹

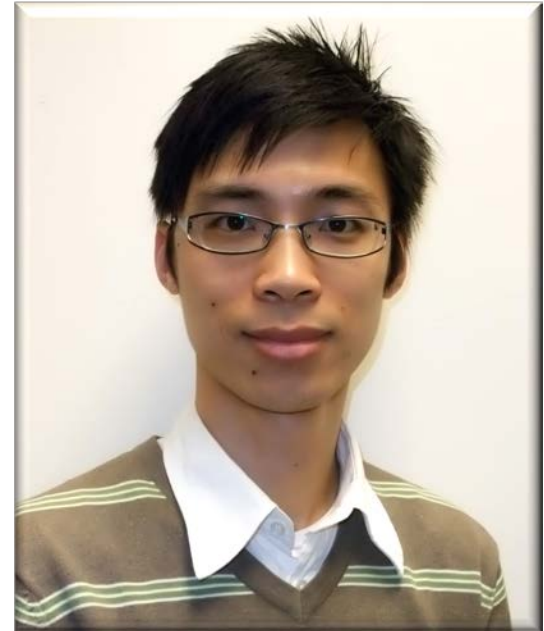


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Noteworthy

**Dr. Kelvin Choi named Earl
Stadtman Investigator and named
one of *Tobacco Control* journal's
Reviewers of the Year**



NIMHD Priorities

- **Define the science of health disparities and minority health**
- **Promote innovation from extramural scientists in population sciences**
- **Establish health services and research in clinical settings program**
- **Fund fewer and outstanding Centers of Excellence – currently there are 50**
- **Promote diversity in the workforce**



NIMHD Intramural Program

- **Population science emphasis with clinical component**
- **Recruit scientific director and senior scientist: epidemiology, clinician, social/behavioral**
- **New cohort study: immigrants?**
- **Network with other ICs' programs with similar interests**



Council Discussion and Questions



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