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Executive Summary

As the health of the average American has improved over the past decade, some populations have continued to suffer a disproportionate burden of disease. This disparity is evident in the more severe health problems as experienced by racial and ethnic populations, rural communities, people of low socioeconomic status, and other medically underserved populations.

The disparity in health status in diverse racial and ethnic populations has been a major focus of the National Institutes of Health (NIH) for over ten years. During this time, the Office of Research on Minority Health (ORMH) led the NIH's effort to address this pressing health challenge. The establishment of the National Center on Minority Health and Health Disparities (NCMHD) is serving to carry out this responsibility on a broader front.

With the signing on November 22, 2000, of the Minority Health and Health Disparities Research and Education Act of 2000 (Public Law 106-525), the NCMHD was created and given responsibility for coordinating, leading, and assessing the health disparities programs of all of the NIH Institutes and Centers (ICs). To achieve these objectives, the NCMHD was also tasked with identifying health disparity populations that are currently unrecognized and creating new programs, such as the Loan Repayment Program, Endowment Program, Centers of Excellence, and other initiatives. While some of the new programs, such as the Loan Repayment Program and the Endowment Program, have already been funded, other activities, such as priority setting for the extramural and intramural research programs, are in the planning stages.

The NCMHD is collaborating with the NIH ICs to produce the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities*. The plan will outline how the NIH will address this urgent health challenge. The NIH efforts will be focused in three major areas: 1) research, 2) research infrastructure, and 3) health education and outreach to affected populations. The purpose and priorities of these three areas will be highlighted in this report. Given the need for a comprehensive document on the progress in addressing health disparities, emphasis will be placed on developing and implementing performance and outcome measures for the Agency's health disparities programs.

The budget data for health disparities activities contained within the table in Volume I used a definition of minority health and health disparities research that the NIH is currently refining in accordance with Public Law 106-525.

Because of concerns about current definitions, we are unable to provide the Congress with valid and reliable data on minority health disparities research in this report. In order to overcome this problem for our next report, and to further improve the quality of data we submit to the Congress, the NIH has established an NIH Committee on Minority Health and Health Disparities Research Definitions and Application Methodology. The Committee is developing new definitions and a revised

application methodology that will be used by the NIH for future reporting purposes. The Committee will develop a uniform NIH Guidance that:

- Provides NIH operational definitions, based on Public Law 106-525, for minority health and health disparities research;
- Provides a consistent methodology for applying the definitions;
- Contains the criteria necessary to identify both minority health and health disparities population groups and diseases; and
- Serves as the foundation for identifying, coding, tracking, and reporting on NIH activities and resources.

The NCMHD looks forward to expanding its existing programs and leading the collective NIH effort to reduce and ultimately eliminate health disparities in the United States (U.S.).

Introduction

Congress has defined health disparity as "a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rate" in a specific group of people as compared to the general population. Despite improvements in the overall health of the nation over the past decade, there continue to be sizeable health disparities among racial and ethnic populations and the urban and rural poor. The diseases that disproportionately affect minority, poor, and underserved populations encompass a broad spectrum and include the leading causes of death among men, women, and children of all age groups. Illustrated below are some relevant examples.

- The prevalence of AIDS in the Hispanic-American population is four times that of the White population. In the African American community it is nine times that of the White population.
- The mortality rates for African Americans and Native Americans with diabetes are more than twice that of White Americans.
- Heart disease carries a 40% higher mortality rate for African Americans than Whites, and stroke carries an 80% higher mortality.
- Native American men are six times more likely to die from cirrhosis than White American men and Native American women are 11 times more likely than White American women.
- The difference in cancer mortality is about 12% higher for Hawaiian men and 20% higher for Hawaiian women than that of White Americans.

The issue of health disparities has been a formal focus of the NIH since 1990, the year marked by the creation of the ORMH. This office, established under the Office of the Director (OD), NIH, was designed as a focal point for coordinating the activities of the NIH ICs related to minority health research and research training. It functioned in this capacity for ten years, promoting and supporting approximately 100 research programs and 30 training programs designed to eliminate the health disparities that affect minorities in America. Since the creation of the ORMH, the health disparities effort has grown in power and scope, raising awareness in the scientific community of the seriousness of the problem and the urgent need for a solution. The past year has seen the ORMH transition from an office in the OD to the NIH's newest independent Center, the NCMHD. Along with this transition have come new resources and a broadened responsibility as outlined by Congress in Public Law 106-525, which established the NCMHD. This law created the statutory framework for a bold health disparities reduction effort, and its implementation is currently underway.

The NCMHD co-funds projects with other NIH Institutes and Centers (ICs), and various Federal Offices and Agencies to improve the quality and efficiency of the NIH health disparities research.

For example, the Center provides support to increase the number of funded meritorious programs through the Centers for Disease Control and Prevention's *Racial and Ethnic Approaches to Community Health (REACH 2010)* and the Agency for Healthcare Research Quality's *Excellence Centers to Eliminate Racial and Ethnic Health Disparities (EXCEED)* programs.

In addition, the Center and the Office of Minority Health, Office of Public Health and Science, co-fund several projects to support other organizations, including:

Interamerican College of Physicians and Surgeons (ICPS) - The National Hispanic Youth Initiative in Health, Biomedical Research and Policy Development includes a rigorous curriculum and comprehensive approach to increasing Hispanic manpower in health care and biomedical research. It comprises a series of lectures and roundtable/group discussions on health care issues and scientific research, academic preparation, and opportunities in the health sciences and research, health legislation and public policy, the health status of Hispanic communities, and clinical and scientific preceptorships. This program contributes to retaining students in the academic pipeline and serves as a pre-college program to increasing the number of Hispanic youth pursuing careers in the health sciences and/or scientific research arenas.

National Medical Association (NMA) - The National African American Youth Initiative in Health and Policy Development Scholar's Program increases the awareness of African American youth on national health issues, scientific research, public policy and the role and impact of the Federal Government in the development of health policy. The Youth Initiative prepares, motivates, and encourages young African Americans to pursue careers in the health and scientific fields.

American Indian Youth Initiative - This project will recruit promising high school students into biomedical careers and further expansion of the Indian Health Network, an on-line electronic service designed to link isolated tribes and urban organizations with physicians and other providers, health facilities, and educational institutions to enhance the health of all Indian communities.

The Asian and Pacific Island American Health Forum - This project will establish and maintain a national on-line Asian and Pacific Islander (A/PI) *Health Information Network* to expand and enhance health promotion and disease prevention, health advocacy, mental health and substance abuse, education, health services research opportunities, and cultural competency. NIH can use this information network to target information about research opportunities and clinical trials to A/PI communities.

The coordination of HHS health disparities research activities will be further enhanced by NIH participation in the HHS Research Coordination Council.

Mission

The mission of the NCMHD is to promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and ultimately eliminate health disparities. In this effort, the NCMHD will conduct and support basic, clinical, social, and behavioral research; promote research infrastructure and training; foster emerging programs; disseminate information; and reach out to minority and other health disparities communities.

The *NIH Fiscal Year (FY) 2001 Annual Report on Health Disparities Research* highlights the development of strategies, structures, processes, and programs necessary to accomplish the mission of the NCMHD.

The Minority Health and Health Disparities Research and Education Act of 2000 (P.L. 106-525)

On November 22, 2000, the President signed the Minority Health and Health Disparities Research and Education Act of 2000 (P.L. 106- 525). The Act requires the NIH and the NCMHD to accomplish the following.

Public Law 106-525

REQUIREMENTS

- Conduct and support minority and health disparities research
 - Determine new target populations
 - Set priorities for funding new intramural research and continuing extramural research
- Coordinate all minority and other health disparities research conducted or supported by the NIH
 - Maintain communications with public health service agencies and the Federal government
- Establish a comprehensive plan and budget for all minority and other health disparities research of the NIH ICs
 - Establish priorities among health disparities research
 - Establish objectives, means, and timelines to accomplish objectives
 - Promote collaboration among the NIH ICs
 - Enforce budget, and plan and ensure they align with the objectives of the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities*.
- Facilitate minority and other health disparities research by funding endowments at Centers of Excellence
- Assist the Director, National Center for Research Resources (NCRR), in committing resources to institutions of emerging excellence
- Establish projects to promote cooperation between Federal Agencies and state, local, tribal, and regional public health agencies and private organizations in health disparities research
- Establish an Advisory Council
- Prepare an Annual Report
- Prepare the Two-Year Report as mandated by Congress
- Support programs of excellence in biomedical and behavioral research training for members of minority or health disparity populations

- Support training and fund expansion of research facilities
- Establish Educational Loan Repayment Program for researchers engaged in health disparities research

Public Law Requirements Broaden the Mission of the NCMHD

Both the mission and the target populations of the NCMHD have been broadened under Public Law 106-525. Whereas the mission of the ORMH was to eliminate health disparities affecting minorities, the NCMHD is charged with identifying and addressing all populations in America who suffer from health disparities. In addition, the NCMHD is responsible for assessing and reporting all efforts to this end undertaken by the NIH ICs, a task that requires immense coordination and detailed communication between the NCMHD and the ICs.

FY2001 Accomplishments

The NCMHD has undertaken a number of activities in FY2001.

Coordination and Assessment of the NIH Health Disparities Effort

The NCMHD plans to develop an information system designed to keep the NCMHD, NIH ICs, and other stakeholders informed of current research results, available funding, and ongoing projects in the field of health disparities. Through this database, information on the NIH programs, timelines, budgets, and the targeted minority or health disparity populations will be available. In the future these data will help fulfill the research and budgetary reporting requirements of the NCMHD under Public Law 106-525. As data continue to be gathered, other uses of the database, such as coordinating combined research efforts between the ICs, are envisioned.

The NCMHD is also developing performance and outcome measures to assure the efficiency of all of the NIH programs directed toward health disparities. By supporting their incorporation into the activities of the NIH ICs, the NCMHD will monitor both the effectiveness of funded programs and the progress of population health status on a local level.

Identification of Underserved Populations

Identifying medically underserved populations is a primary objective of the NCMHD. Preliminary analysis has identified a number of potential health disparity groups, such as rural Appalachians and the urban poor. With the aid of its Advisory Council and the Agency for Healthcare Research and Quality (AHRQ), the NCMHD will identify other medically underserved populations.

Communications Strategy

As an organizational priority, the NCMHD is focused on establishing a “commonness” of thought – or corporate identity – representing the Center’s mission, role, and strategic direction, both within its organization and to its stakeholder community. To this end, the NCMHD is developing and implementing a comprehensive corporate identity, branding, and communication strategy that will facilitate efficient implementation of its mission.

The communication strategy of the NCMHD focuses on two specific objectives:

- a) raising awareness, disseminating information, and promoting a clear understanding of the mission of the Center; and
- b) building strong partnerships with key stakeholder groups. Through on-going dialogue between the Center and its stakeholders, the organization will achieve a mutually agreed upon understanding of the issues of health disparities and the capabilities of the Center in addressing these issues.

A key communication tool that has been developed to disseminate information on the relevant issues and strategies is the NCMHD website, through which current information regarding the Center and its activities is available to the scientific community and the general public (<http://www.ncmhd.nih.gov>).

Strategic Plan

To accomplish the goal of reducing and ultimately eliminating health disparities in America, the NCMHD, in collaboration with the Director at the NIH and the Directors at other NIH ICs, is developing the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities*, which focuses on three major areas: 1) research, 2) research infrastructure development, and 3) outreach to health disparity populations and their health care providers. This plan will set priorities for the initiation and funding of the first wave of broader efforts to reduce health disparities.

Goal Areas

Research

This goal area is designed to focus on gaining an important understanding of the existing health disparities in America and how to correct them. For diseases such as lupus and certain types of cancer, the reasons for the disproportionate minority impact are yet unknown. In other diseases, such as AIDS and asthma, a good deal is known about why minority populations are more heavily affected, but more knowledge is needed on how to reduce their disease burden. Basic and clinical research is key to understanding and eliminating health disparities.

As a newly created Center, the NCMHD will be capable of independent grantmaking. The ORMH did not have this authority. This mandate and the availability of greater research funding will vastly expand the research capacity of the Center. At present, the NCMHD is continuing to co-fund collaborative research with the NIH ICs. Some of these efforts to reduce and eliminate health disparities in FY2001 are described below.

The NCMHD is sponsoring research collaboration among investigators from Howard University and the NIH scientists in the intramural research program of the National Human Genome Research Institute (NHGRI). This collaboration has yielded the following projects and results.

African American Diabetes Mellitus Study (AADM)

Because of the high frequency of environmental risk factors for diabetes in the African-American population, this study investigates genetic risk factors in West Africans. This population is thought by many anthropologists to be the founding population of modern African Americans and has fewer dietary and nutritional confounding variables. Five recruitment sites in Nigeria and Ghana were selected through a peer review process. Based on the successful recruitment of study participants during a one-year pilot project, a full-scale study was implemented in September 1998. By fall 2000, a total of 400 pairs of siblings affected with diabetes mellitus were participating in the study. Thus far, this investigation has:

- Yielded high-quality data. Preliminary data suggests the prominent role of genomic regions other than those previously identified as being associated with diabetes.
- Collected DNA from the samples of 400 pairs of affected siblings from West Africans in Ghana and Nigeria.
- Established a coordinating center at Howard University and recruited highly-qualified scientists to analyze the collected patient samples and other clinical data.

African American Hereditary Prostate Cancer Study Network (AAHPC)

This project is a genetic linkage study of hereditary prostate cancer. The initial aim is to enroll 100 families with prostate cancer in which at least four men, diagnosed at or before 65 years of age, are affected in each family and there are four other (unaffected) relatives available for study. African-American prostate cancer families of this description are almost completely missing from other pedigree collections, despite the higher incidence and higher lethality of prostate cancer in Black men.

- More than 40 families have been identified and genotyping has begun at seven sites throughout the U.S., most of which are directed by an African American investigator.
- A center for DNA extraction has been established, which analyzes the blood samples and clinical data from recruitment sites around the country.

Samples from families have been analyzed to determine linkage to a known hereditary prostate cancer location on Chromosome 1 as well as to determine if other linkages exist.

Asthma and Breast Cancer Pilot Projects

This project is investigating the ethical, legal, and social issues affecting African American participation in genetic research: African Americans have not participated in genetic research at the same level as other ethnic groups. Investigators are studying issues related to participation, such as access to information, informed consent, community attitudes toward genetic research, and methods to optimize informed decision-making regarding participation in genetic research.

The National Human Genome Research Initiative (NHGRI)

The NHGRI's partnership with Howard University exemplifies the benefits that information emerging from the Human Genome Project will have on addressing issues of health disparities. In addition to increasing our understanding of genetic contributions to diabetes and prostate cancer, these studies have had a number of other beneficial impacts on the African American community. Specifically, they have led to the:

- Establishment of a National Human Genome Center at Howard University that has attracted internationally recognized scientists.
- Creation of research training sites for African American scientists at both Howard University and the NHGRI.
- Analysis of ethical, legal, and social issues affecting African American participation in genetic research.

It is important to keep in mind that due to the remarkable level of variation of the human genome among all individuals regardless of race, the discoveries to emerge from the Howard University studies will have broad impact, reaching beyond the African American community. Virtually every disease-associated gene found to date has had medical implications beyond the population subset in which it was identified.

The NCMHD is also collaborating with the National Eye Institute (NEI). In FY2001, the important findings of the study “ Proyecto VER (Vision Evaluation and Research)” were announced.

Proyecto VER (Vision Evaluation and Research)

The NEI and the NCMHD sponsored the study Proyecto VER (Vision Evaluation and Research). This project assessed visual impairment in a population-based sample of 4,500 Mexican Americans age 40 and older living in Tucson and Nogales, Arizona. Proyecto VER was designed to address the prevalence and causes of visual impairment, including diabetic retinopathy, in this population group. In the U.S., the Mexican American population is the second largest minority group, and if current trends continue, will become the largest minority group during this century.

The study of the Mexican American population found that:

- The rate of diabetes in the Mexican American community age 40 years and older was 20%, rising from 10% in those aged 40-49, to 32% in those aged 70-79. This high prevalence of diabetes among Hispanics of Mexican origin -- generally 2-2.5 times higher compared to non-Hispanic Whites -- is similar to that reported by other studies.
- 15% of those with diabetes did not know that they had the disease before their participation in the study.
- The rate of diabetic retinopathy in those with diabetes was 48%, a number similar to that of non-Hispanic Whites. Prior to the survey, there had been conflicting reports about the rate of diabetic retinopathy in Mexican Americans with diabetes. In this survey, it is estimated that one-third of Mexican Americans with diabetic retinopathy could have delayed or prevented eye complications with early detection and control of their diabetes.
- The rate of diabetic retinopathy increased with higher blood sugar levels and longer duration of diabetes.
- The findings suggest that increased efforts to improve diabetes detection in Mexican Americans are warranted. Of the 15% who were newly diagnosed with diabetes, 23% had early to moderate diabetic retinopathy, a potentially blinding eye complication of diabetes, and another 9% had advanced diabetic retinopathy and were in immediate danger of losing some vision.

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is sponsoring an epidemiological study of Type 2 diabetes mellitus in the Pima Indian population in Arizona. Funding from the NCMHD is supporting enhanced care for the community.

Community-based Epidemiology Study of Type 2 Diabetes Mellitus in the Gila River Indian Community

The NIDDK has conducted an epidemiological study of Type 2 diabetes mellitus and obesity in the Gila River Indian community since 1965. Biennial health examinations are offered to each community resident at the HuHuKam Memorial Hospital in Sacaton, Arizona. To strengthen the study and enhance its ability to provide clinical care to the members of the community who have diabetes, a door-to-door survey of all the community residents and an annual examination of all residents with a diagnosis of diabetes mellitus are being conducted.

The NIDDK and the NCMHD are collaborating to conduct a genome-wide scan for obesity susceptibility loci among adult Samoans of Polynesia.

Genome Scan for Obesity Susceptibility Loci in Samoans

The study is designed to: 1) collect obesity phenotypes, including fat mass and percentage body fat, body mass index (BMI), fat distribution from circumferences and skin folds, using anthropometry, and fasting serum leptin data from 1,200 adults in approximately 60 extended pedigrees in American Samoa and six extended pedigrees in Western Samoa; 2) conduct a genome-wide scan using a panel of highly polymorphic genetic markers with average spacing of 10 cm between markers; and 3) determine the location of obesity susceptibility loci by multipoint linkage analysis based on a powerful and flexible variance component approach. Local Investigation Review Boards are being established to facilitate the recruitment of a study population. Data collection will commence when State Department clearance is obtained.

Research Infrastructure

This second goal area focuses on expanding the capabilities of institutions to engage in health disparities research and ensuring a diverse, culturally sensitive cadre of health disparities investigators. These goals will be realized by providing funding to expand the infrastructure of institutions committed to health disparities research and by supporting the education and training of individuals from minority and other populations experiencing health disparities. Three specific programs have been established to meet the requirements of the Public Law 106-525.

1. Loan Repayment Programs

The NCMHD has developed two distinct extramural loan repayment programs to attract health care professionals to the fields of clinical and health disparities research: 1) the Health Disparities Research Loan Repayment Program (HDR-LRP) and 2) the Extramural Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds (ECR-LRP). While the former is designed to broadly recruit researchers to the health disparities field, the latter is designed, specifically, to recruit researchers from disadvantaged backgrounds to clinical research.

Health Disparities Research Loan Repayment Program (HDR-LRP). The NCMHD offers educational loan repayment to qualified applicants through the Health Disparities Research Loan Repayment Program (HDR-LRP). The HDR-LRP provides an incentive for highly qualified health professionals to engage in basic, clinical, or behavioral research focused on the needs of minority and other medically underserved populations. Fifty percent of the awards will be made to individuals from these health disparity populations, thereby promoting a diverse and strong 21st century scientific workforce capable of addressing society's diverse health needs.

Extramural Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds (ECR-LRP). To provide an incentive for health professionals from disadvantaged backgrounds to conduct clinical research, the NCMHD offers educational loan repayment to qualified applicants from disadvantaged backgrounds through the Extramural Clinical Research Loan Repayment Program (ECR-LRP).

The NCMHD awarded 45 LRP contracts in FY2001 with 60% of the awards having been made to individuals from health disparity populations. Twenty-eight HDR-LRP contracts and 17 ECR-LRP contracts were awarded. In FY2002, the NCMHD will continue its commitment to encourage qualified health professionals to engage in minority health and health disparities research and/or clinical research.

2. Centers of Excellence

The NCMHD is developing a network of Centers of Excellence in Partnerships for Community Outreach, Research on Disparities in Health, and Training (*Project EXPORT*) to support minority health and health disparities research and to provide training for members of minority and other health disparity populations. This program will establish a network of Project EXPORT Centers of Excellence at academic institutions with a significant number of students from minority and other populations experiencing disparate health status.

The objective of the Project EXPORT Centers of Excellence is to:

- Promote minority health and/or health disparities research aimed at reducing disparities in health status.
- Promote, through education and training, the participation of members of health disparity groups in biomedical and behavioral research and prevention and intervention activities.
- Build research capacity in minority-serving institutions.

The NCMHD may allow Project EXPORT Centers to expend a portion of their award to establish a research endowment. During FY2002, the NCMHD will release Requests for Applications (RFAs), notifying institutions of the opportunity to compete for program funds.

These RFAs will provide for broad participation of research-intensive institutions, predominately minority-serving institutions, minority-serving organizations, and institutions working with the medically underserved, focusing on institutions with differing levels of research infrastructure:

- Developmental Grant Awards (R24) are targeted to institutions that are beginning to build their health disparity research programs. Funds will support activities designed to develop or enhance the infrastructure for scientifically meritorious research on the determinants of health disparities.
- Exploratory Grant Awards (P20) are targeted to institutions that have research programs but need additional funding to develop a health disparities research program. Funds will provide a mechanism to strengthen the

infrastructure for minority health and other health disparity research and training and provide resources for successful applicants to assist them in the development of innovative partnership models. Exploratory grants will allow these institutions sufficient time and resources to plan and establish synergistic and effective partnership models that capitalize on their respective strengths for carrying out the mission of the NCMHD Project EXPORT Centers of Excellence.

- Center Awards (P60) are targeted for research-institutions pursuing research in health disparities. Funds will be used to establish a health disparity research center.

To assist these institutions with their application efforts, the NCMHD will conduct four technical assistance workshops in February and March 2002 for researchers and business officials from educational institutions that are involved in health disparity research.

In FY2002, the NCMHD will announce an exploratory grant mechanism, a one-time award, to support activities (e.g., planning meetings, travel, institutional and community assessments, staff recruitment activities) aimed at exploring the feasibility of establishing the NCHMD Project EXPORT Centers of Excellence.

The planning strategies for these Centers may focus on a specific research theme (e.g., diagnosis, therapy, or epidemiology of diabetes, cardiovascular disease, cancer, etc.) or integrate a broad spectrum of research to include basic, clinical, and population sciences research.

3. Endowment Program

Congress determined that the establishment of federally supported endowment funds is an appropriate method of building research and training capacity at institutions that make significant investments in the education and training of underrepresented minority and medically underserved individuals.

In FY2001, the NCMHD initiated an Endowment Program specifically targeted to institutions with currently funded Programs of Excellence in Health Professions Education for Underrepresented Minority Individuals as defined by Section 736 of the Public Health Service Act. The institutions eligible for funding include only those institutions with corporate or total institutional endowment assets of less than half the national average for section 736 institutions that conduct similar biomedical research or training of health professionals.

The NCMHD made its first endowment awards to five eligible institutions in FY2001. Additional awards will be made based on the availability of FY2002 appropriated funds. It is anticipated that this program will facilitate a decrease in reliance on governmental financial support and encourage reliance on endowments and private sources.

Outreach

This third area of emphasis is designed to take the knowledge gained from research and translate that information into improved health in racial and ethnic or health disparity populations. This most commonly takes the form of information dissemination, both to community members and to their health care providers. Channeling this information to where it is needed, once it becomes available, is crucial to effectively changing the health status of health disparity populations.

An important aspect of the outreach effort is obtaining community feedback on effectiveness of programs and possible new avenues of access to reach the disparity populations. One of the NCMHD priorities in this area is the establishment of a broad, two-way communication program for its many stakeholders. The purpose of the communication strategy is to strengthen the awareness of and participation in health disparities-related activities among multiple community and professional organizations and individuals. One of the core components of this communication strategy is to identify key messages and ensure those messages are communicated using the channels that are most appropriate for a given recipient. Emphasizing a two-way flow of communication, with input to and feedback from involved organizations and communities, is an integral part of the strategy.

Future Directions

Given the recent establishment of the NCMHD, much needs to be done in the years ahead. The NCMHD is committed to continuing its co-funded programs with the NIH ICs, developing outreach programs, and ultimately funding independent intramural and extramural research programs. It will strive to expand its new initiatives – the Loan Repayment, the Centers of Excellence, and Endowment Programs – to improve the representation of underrepresented populations in research. The NCMHD will collaborate with the AHRQ to identify new medically underserved populations and their health needs. Lastly, the NCMHD will develop a reporting system to capture the collective effort of the Agency’s ICs to understand and eradicate health disparities in the U.S.

Budget

The following table provides total health disparities research budget figures for each NIH IC. These financial resources demonstrate the commitment of the NIH to help close the health disparity gap among racial and ethnic populations and other medically underserved populations. In order to make notable progress in the overall health of the nation, this funding will be used to conduct and support research, address the national need for minority scientists and health professionals; and provide information designed to improve health conditions to the relevant communities.

Public Law 106-525 requires the NCMHD to report to the Congress by December 2003 recommendations for the methodology the NIH will use to determine the amount of NIH resources dedicated to the conduct and support of health disparities research.

The data for health disparities activities contained within the budget table below used a definition of minority health and health disparities research that the NIH is currently refining in accordance with Public Law 106-525.

Because of concerns about current definitions, we are unable to provide the Congress with valid and reliable data on minority health disparities research in this report. In order to overcome this problem for our next report, and to further improve the quality of data we submit to the Congress, the NIH has established an NIH Committee on Minority Health and Health Disparities Research Definitions and Application Methodology. The Committee is developing new definitions and a revised application methodology that will be used by the NIH for future reporting purposes. The Committee will develop a uniform NIH Guidance that:

- Provides NIH operational definitions, based on Public Law 106-525, for minority health and health disparities research;
- Provides a consistent methodology for applying the definitions;
- Contains the criteria necessary to identify both minority health and health disparities population groups and diseases; and
- Serves as the foundation for identifying, coding, tracking, and reporting on NIH activities and resources.

Each year, the NIH will update the *NIH Annual Report on Health Disparities Research*. Accordingly, the budget figures to be contained within the next iteration (FY2002) of the *NIH Annual Report on Health Disparities Research* will be more precise, based upon the revised definitions and application methodology.

Table

NATIONAL INSTITUTES OF HEALTH

Health Disparities
(Dollars in Millions)

Participating ICs	FY 2001 Actual	FY 2002 Estimate	FY 2003 Estimate
NCI	\$350.3	\$392.4	\$439.4
NHLBI	218.2	240.0	256.8
NIDCR	19.0	21.7	23.3
NIDDK	126.0	145.0	157.0
NINDS	33.7	36.5	39.4
NIAID	579.5	659.5	743.9
NIGMS	149.8	169.4	180.4
NICHD	242.9	276.4	301.3
NEI	36.3	41.5	45.0
NIEHS	30.4	34.0	41.1
NIA	73.3	83.3	90.2
NIAMS	38.8	44.0	47.7
NIDCD	4.5	3.4	3.7
NIMH	160.0	181.1	196.3
NIDA	26.9	29.5	32.1
NIAAA	33.4	36.4	41.5
NINR	28.9	31.2	33.2
NHGRI	10.2	14.9	16.0
NIBIB**	n/a	n/a	n/a
NCRR	64.9	72.3	78.2
NCCAM	12.5	13.8	14.5
NCMHD	125.1	149.9	178.5
FIC	1.1	1.2	1.2
NLM	3.0	3.9	4.8
CC***	[1.2]	[1.2]	[1.2]
OD	2.8	2.6	2.6
NIH	2371.5	2683.9	2968.1

* Figures for FY2002 and FY2003 are the most current estimates available and do not reflect final FY2002 awards or FY2003 Congressional action. Figures will be updated when the new definitions are available.

** New Institute to be included in future reporting.

***Clinical Center figures for FY2002 and FY2003 were not included in original estimates in the FY2002 President's Budget and are therefore shown as non-add.

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INTRODUCTION

Volume II of the *NIH Fiscal Year (FY) 2001 Annual Report on Health Disparities Research* provides, largely in tabular form, a summary, prepared by each NIH Institute and Center (IC), of the progress each IC has made in the domain of minority health and health disparities. Progress is reported in the three major categories identified as priorities in Public Law 106-525. Those categories are:

- Research
- Research Infrastructure (research capacity)
- Outreach

The Institutes and Centers (ICs) were asked to provide evidence of progress in a number of ways as described below. Each of the 17 items in the three categories listed below is associated with a data table the Centers and Institutes considered for inclusion in their submission to Volume II.

A. RESEARCH	B. RESEARCH INFRASTRUCTURE	C. OUTREACH
<ol style="list-style-type: none"> 1. Evaluation of Overall Minority Health/Health Disparity (MH/HD) Research Portfolio 2. Progress Within Individual MH/HD Research Projects 3. MH/HD Scientific Break-throughs or Advances in FY 2001 4. New MH/HD Research Projects Created (Funded in FY 2001) 5. MH/HD Projects Completed in FY 2001 6. Other Indicators of MH/HD Research Progress 	<ol style="list-style-type: none"> 1. Individual Training/Manpower Focused Endeavors 2. Institution Focused Endeavors 3. Creation of New Infrastructure Programs 4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment) 5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment) 6. Programs and Projects Completed in FY 2001 7. Other Indicators of Progress in Building Research Infrastructure 	<ol style="list-style-type: none"> 1. Increases in Outreach Capacity, Volume, Efficacy, and Quality 2. New MH/HD Outreach Projects Created in FY 2001 3. MH/HD Outreach Projects Completed in FY 2001 4. Other Indicators of MH/HD Outreach Progress

As you examine the data tables in the pages that follow, you will note that some are blank and followed by a notation: “*Data Not Available In This Format.*” This should not be interpreted as a lack of effort or progress by that IC. It may be that data was not collected historically in a way that facilitated completion of the table. This is understandable since this is the first year that the *Annual Report on Minority Health and Health Disparities* has been published. Previous categories and methods of data collection simply may not have been consistent with the new categories we created, recently, for this report. In the future however, the ICs will be able to collect data in a fashion that will enable them to present a standardized and robust picture of their progress.

Data may also be scarce for a new Center like the NCMHD. Recently created ICs may not have launched all of their new programs and so there is little to report on in certain categories. In the case of the NCMHD, our principle focus in the first year was to implement the mandated infrastructure programs such as: Loan Repayment, Centers of Excellence, and Endowments. Consequently, we have reported progress in outreach since those new programs will be the next areas of focus and implementation.

While these data tables are new and will require a period of transition to be maximally useful, we feel it is important to use standardized methods to assess and report progress. Coordinating these reports with the strategic planning process will assure that our efforts in minority health and health disparities move forward in a steady, coordinated and efficient fashion. Furthermore, this will enable us to demonstrate to Congress and the American people that we are making progress in the effort to reduce and ultimately eliminate health disparities in America.



JOHN E. FOGARTY INTERNATIONAL CENTER (FIC)

Established in 1968, FIC promotes and supports scientific research and training internationally to reduce disparities in global health.

A. RESEARCH

Data Not Available In This Format

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Minority International Research Training (MIRT) Program	Number of trainees	263	295	+10.84%

2. Institution-Focused Endeavors

Data Not Available In This Format

3. Creation of New Infrastructure Programs

Data Not Available In This Format

4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)

Data Not Available In This Format

5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY01

Data Not Available In This Format

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

Data Not Available In This Format

C. OUTREACH

Data Not Available In This Format



NATIONAL CANCER INSTITUTE (NCI)

Established in 1937, NCI leads a national effort to reduce the burden of cancer morbidity and mortality. Its goal is to stimulate and support scientific discovery and its application to achieve a future when all cancers are uncommon and easily treated. Through basic and clinical biomedical research and training, NCI conducts and supports programs to understand the causes of cancer; prevent, detect, diagnose, treat, and control cancer; and disseminate information to the practitioner, patient, and public.

SUMMARY

1. Evaluation of the NCI's Overall Minority Health/Health Disparity (MH/HD) Portfolio

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
Total Spending on Activities coded to MH/HD	\$284.2M	\$350.3M	+23%	Fiscal Year (FY) 2000 activities were analyzed using the FY2001 definition of MH/HD.
Spending on "Research" coded to MH/HD	\$144.5M	\$177.5M	+23%	"Research" is 51% of FY2001 MH/HD spending. Note that the term "Research" here is a category created for this and related exercises and is not to be confused with the Research Project Grant (RPG) designation. The NCI's RPG pool may contain projects in all three categories created for this exercise (i.e., "Research," "Research Infrastructure," & "Outreach.")
Spending on "Research Infrastructure" coded to MH/HD	\$120.5M	\$146.4M	+21%	"Research Infrastructure" is 42% of FY2001 MH/HD spending.
Spending on "Outreach" coded to MH/HD	\$19.3M	\$26.5M	+37%	"Outreach" is 7% of FY2001 MH/HD spending.
# of New and Continuing Projects coded to MH/HD	1299	1513	+16%	
# of New and Continuing Projects in the RPG pool coded to MH/HD		780	+12%	

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
Spending in RPG Pool coded to MH/HD	\$114.2M	\$141.8M	+24%	
# of Type 1 Awards in RPG Pool coded to MH/HD	160	191	+19%	Type 1 Awards represent new grants in FY2001.
Spending on Type 1 Awards in RPG Pool coded to MH/HD	\$21.8M	\$27.5M	+26%	
# of Cancer Control Projects coded to MH/HD	151	224	+48%	
Spending on Cancer Control Projects coded to MH/HD	\$55.6M	\$78.2M	+41%	
# of MH/HD Awards Generated via Request for Applications (RFAs)	198	257	+30%	
Spending on MH/HD Activities Generated via RFAs	\$43M	\$61M	+42%	

A. RESEARCH

1. Evaluation of NCI's MH/HD "Research" Portfolio

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
# of "Research" projects coded to MH/HD	600	681	+14%	
Spending on "Research" coded to MH/HD	\$144.5M	\$177.5M	+23%	"Research" is 51% of FY2001 MH/HD spending.

2. Itemize MH/HD Scientific Breakthroughs or Advances in FY2001*

**As stated above, NCI has 1513 new and continuing projects coded to MH/HD. Only a sampling of advances will be documented here.*

NAME/DESCRIPTION OF PROJECT	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
Treatment Disparities for Lung Cancer	An NCI-funded study found that the lower survival rate among African-American patients with early-stage, non-small-cell lung cancer, as compared with White patients, is largely explained by the lower rate of surgical treatment among African Americans. For patients who had surgery, survival was similar for the two racial groups. For patients who did not have surgery, survival was also similar.	These analyses suggest that increasing the rate of surgical treatment for African-American patients would appear to be a promising way to improve survival in this group.
Long-Term Cancer Survivors Research Initiative	Provided support for 15 research grants examining questions related to physiological or psychosocial outcomes, and/or interventions that may promote positive outcomes, among long-term cancer survivors.	8 of the 15 projects funded by this initiative examine the relationship between treatment and late effects among ethnically diverse long-term cancer.
Long Island Breast Cancer Project	Documentation of the relationship of complex toxicological and environmental exposures to explain elevated breast cancer incidence in the northeastern United States (U.S.).	This project has contributed to the development of a Geographic Information System that permits the investigation of disparities in cancer risk and mortality in geographical areas by mapping environmental exposures and health characteristics.
Addressing Prostate Cancer-Related Health Disparities	African-American men were found to have a significantly greater risk of developing advanced disease. This is higher than that of Hispanic men and about twice that of non-Hispanic Whites. Differences in socio-economic status, symptoms, and tumour characteristics seem to account for the differences between non-Hispanic Whites and Hispanics, but do not explain a significant portion of the African-American disparities.	This study clearly shows that research on biologic markers, genetic susceptibility, and additional socio-economic factors such as use of health care systems, distance from health care, diet, literacy, and health beliefs is needed to adequately explain these disparities and determine how to use this information to reduce cancer risk for these populations.
Genetic Mutation May Explain Higher Rates of Prostate Cancer in Certain Populations	NCI-supported researchers identified a genetic mutation that may help to explain the much higher rates of prostate cancer among African-American and Hispanic-American men as compared to Caucasians, and may provide clues to the cause of prostate cancer.	This intriguing finding requires further evaluation and confirmation, but it identifies a potential prostate cancer gene that may be especially important for specific ethnic groups.

NAME/DESCRIPTION OF PROJECT	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
Prostate Serum Antigen Levels in White and African American Men	Researchers measured Prostate Serum Antigen (PSA) levels in the blood of African-American and White American men. The researchers sought to determine whether potential differences in PSA levels, an established risk factor for prostate cancer, could account for the known discrepancy in the rate of occurrence of this disease. The investigators found that PSA levels in a group of healthy middle-aged African-American men were comparable to those in a similar group of White men, and PSA levels would not explain the disparity.	The rate of prostate cancer among African-American men is dramatically higher than that for other American men. The difference is so great that some researchers have proposed setting a different reference range—the range of values that are considered “normal”—for prostate-specific antigen (PSA), an early marker for the disease, for African Americans. However, in studying this question, researchers found that the PSA values in a group of healthy middle-aged African American men were comparable to those in a similar group of White men. The comparable PSA values may not justify using race-specific reference ranges for prostate cancer screening.

3. Itemize New MH/HD “Research” Projects Created in FY2001*

**As stated above, NCI has 191 new grant awards coded to MH/HD. Only a small sampling will be documented here.*

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE	# YRS
Minority and Underserved Cancer Survivors Supplement	This initiative supports 6 pilot projects (1-year duration each) that examine survivorship issues among minority and underserved patients who have returned to their communities after completion of initial treatment, and/or their family members. A goal is to foster collaborations between cancer centers and community organizations.	1
Overcoming Barriers to Treatment Adherence In Minorities and Persons Living in Poverty	Supports 2 projects that examine issues related to adherence to prescribed medical and healthy-lifestyle regimens among diverse ethnic and/or low-income populations.	5
Cohort Study of Cancer Inhibitory Factors in Chinese Men	This project is intended to establish a cohort of adult men in Shanghai for a long-term epidemiological study of cancer and other chronic diseases, with a focus on identifying modifiable protective dietary factors for cancers.	5
Breast Cancer and Gene Polymorphisms in Chinese Women	This project will examine whether most known polymorphisms of a number of genes involved in the biosynthesis and catabolism of estrogens and those for the androgen receptor, estrogen receptor and IGF-I genes are related to the risk of breast cancer and proliferative breast disease. This study will be conducted as a case-control study nested within an ongoing randomized Breast Self Examination Trial being conducted in Shanghai, China, involving 285,628 women. Because of the size and scope of the study, we believe it has the potential to substantially advance our understanding of the etiology of breast cancer. The ultimate goal is to provide information to identify women at high risk of breast cancer, and to aid in the formulation of prevention strategies for these women.	3

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE	# YRS
A Prospective Study of American Indians and Alaska Natives (AI/AN)	This project focuses on the development of an AI/AN cohort to obtain a better understanding of the disparity in disease rates and risk factor knowledge that exist between AI/ANs and U.S. White populations. The purpose of this proposal is to develop valid and reliable methods to obtain diet, physical activity, and lifestyle information and to determine the most efficient and effective ways to recruit, enroll, and track study participants from diverse populations. The major scientific goal of the AI/AN cohort is to determine how diet, physical activity, and other lifestyle and cultural factors relate to the development and progression of chronic diseases such as cancer, cardiovascular disease, stroke, Type 2 diabetes, chronic lung and respiratory diseases, and related mortality from these diseases.	5
HCV Infection: Risk Factors for Progression to Liver Cancer in Japanese	The primary goal of the proposal is to elucidate the natural history of HCV infection with respect to progression to hepatocellular carcinoma (HCC) and other health outcomes in a Japanese community-based population in which infection with HCV is highly endemic.	5
Quality of Life of African American Cancer Survivors	The purpose of this study is to determine the prevalence of long-term effects of cancer and describe their impact on the quality of life and cancer screening behaviors of African Americans. Issues specific to cancer survivorship for African Americans will be examined. Comparisons will be made with African Americans who have not had cancer to identify the differential impact of cancer on African Americans lives. The study will examine quality of life issues for survivors who have been treated for a variety of cancers: leukemia, Hodgkin's disease, colon, breast, and prostate cancer, which will make possible the identification of survivorship issues that are similar across groups, as well as those unique to each. In addition, this study will explore whether there are differences between African-American cancer survivors who have participated in clinical trials and those who have not.	4
Host and Viral Genetic Variability in HBV Carriers	This project focuses on molecular variants of the hepatitis B virus (HBV) itself and polymorphisms of human immunoregulatory genes as potential predictive or explanatory factors in maintenance of viremia. The study will draw upon established prospective cohorts of chronic HBV carriers in China, West Africa, and Asian Americans.	5
Helping African American Light Smokers Quit	Cigarette smoking is the leading preventable cause of disease and death for all Americans. African Americans continue to have a high prevalence of smoking, up to 50% among the urban poor. Enabling them to quit smoking is a national health priority. In the U.S., smoking cessation efforts have focused primarily on heavy smokers and excluded light smokers (<10 cigarettes per day). However, up to 50% of African American smokers are light smokers. Despite smoking fewer cigarettes a day, African Americans extract more nicotine per cigarette smoked, and have higher tobacco-related morbidity and mortality. The primary aim of this study is to assess the efficacy of nicotine inhaler and motivational interviewing for smoking cessation among inner-city African-American light smokers.	4
Colorectal Cancer Screening in Chinese Americans	The overall goal of this research is to increase the uptake of fecal occult blood testing (FOBT) by Chinese Americans. Specific objective are as follows: collect qualitative and quantitative information about the FOBT behavior of Chinese men and women; develop a culturally and linguistically appropriate clinic-based FOBT intervention program for individuals of Chinese descent; and conduct a randomized, controlled trial to evaluate the effectiveness and feasibility of the FOBT intervention program. The study will be conducted at the International District Clinic in Seattle where over 50 % of the patients	4

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE	# YRS
	are of Chinese ethnicity. It will emphasize community involvement and will use the Adherence Model as an over-arching theoretical framework.	
Southern Community Cohort Study	The objective of this project is to initiate a long-term prospective cohort study comprised of 90,000 African American and 45,000 non African-American residents of southeastern U.S. Comprehensive baseline information will be collected about dietary, lifestyle, medical, occupational and other factors, and a large biospecimen repository will be established that can be used to test future hypotheses involving individual susceptibility to environmental carcinogens. The study should help answer questions regarding the etiology of certain cancers, elucidate cause of the disparities in cancer incidence and mortality across racial groups, and lead to the development of measures aimed at the prevention of cancer and other diseases, especially among African Americans.	5

4. List Other Indicators of MH/HD “Research” Progress or Planned New Initiatives that May Not Be Captured in the Templates Above

OTHER INDICATORS – PLANNED NEW INITIATIVE
Human Papillomavirus (HPV) Clinical Trials in Costa Rica. Comprehensively controlling the human papillomavirus (HPV) would virtually eliminate cervical cancer, which disproportionately affects economically and socially disadvantaged women in the U.S. and around the world. For the past 2 years, NCI has been following the medical condition of more than 5,000 women in Guanacaste, Costa Rica, who are enrolled in a randomized clinical trial to: (1) evaluate HPV DNA testing and visual and automated cytology techniques and (2) determine the optimum strategy for managing low-grade cervical abnormalities. An HPV vaccine trial to compare the efficacy of two vaccines developed by the NCI is now underway in Costa Rica. From 15,000 to 20,000 women will be invited to participate in the trial, which is expected to run for the next 8 years.
Transdisciplinary Tobacco Use Research Centers (TTURCs) Supplements. This initiative provides supplemental funding to the TTURCs to study differential tobacco use and quitting patterns among underserved populations and supports development of more effective interventions to reduce disease associated with tobacco use.
Health Information National Trends Survey (HINTS). This HINTS Survey collects nationally representative data every 2 years about the American public’s need for, access to, and use of cancer-related information with oversampling of minority populations. The Survey tracks national public access to health information and provides data on changing patterns, needs, and opportunities in cancer prevention, screening, treatment, and support. The Survey examines preferred information channels, sources, and information needs of diverse audiences and yield data on perceptions about cancer risks related to health hazards.
Cancer Care Outcomes Research and Surveillance Consortium (CanCORS). This initiative establishes a national consortium of competitively selected research teams focusing on colorectal and lung cancers to collaborate on large observational cohort studies of newly diagnosed cancer patients. The consortium will analyze disparities in the delivery of quality cancer care and examine factors such as the clinical or nonclinical characteristics of patients; provider knowledge, attitudes, and practices; and health system factors that also may be related to quality of cancer care.

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)**1. Evaluation of NCI's MH/HD "Research Infrastructure" Portfolio**

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
# of "Research Infrastructure" projects coded to MH/HD	461	539	+17%	
Spending on "Research Infrastructure" coded to MH/HD	\$120.5M	\$146.4M	+21%	"Research Infrastructure" is 42% of FY2001 MH/HD spending.

2. Individual Training/Manpower Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Minority Training (all types)	Spending	\$24.3M	\$30.0M	+24%
Minority Research Career K Awards	Spending	\$3.3M	\$4.3M	+32%
Minority Research Career K Awards	# of Career Awards	27	34	+26%

3. Institution Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Awards to Historically Black Colleges and Universities (HBCUs)	Spending	\$2.40M	\$6.96M	+190%
Awards to HBCUs	# of Awards	7	13	+85%
Expansion of the Surveillance, Epidemiology, and End Results (SEER) Program to Increase Coverage of Minority and Underserved in the U.S.	Spending	\$19.1M	\$24.6M	+29%
Expansion of the SEER Program	% of total U.S. Population Covered	14	26	+86%
Expansion of the SEER Program	% of the U.S. population of African Americans covered by SEER	12	23	+92%
Expansion of the SEER Program	% of the U.S. population of Asians covered by SEER	35	53	+51%
Expansion of the SEER Program	% of the U.S. population of Hawaiian, Pacific Islanders covered by SEER	54	70	+30%
Expansion of the SEER Program	% of the U.S. population of American Indians, Alaska Natives covered by SEER	34	45	+32%

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Expansion of the SEER Program	% of the U.S. population of Hispanic (total) covered by SEER	22	40	+82%
Expansion of the SEER Program	% of the U.S. rural population covered by SEER	3.7	9.6	+159%
Expansion of the SEER Program	% of the U.S. population living below the poverty level covered by SEER	~4	~8	+100%

4. Itemize the Creation of New “Research Infrastructure” Programs

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
Creation of the NCI Center to Reduce Cancer Health Disparities (CRCHD)	Within NCI Office of the Director	The CRCHD will direct the implementation of NCI's plan to reduce cancer-related disparities in racial, ethnic, and medically underserved populations. The Center will work with the NCI Divisions to identify gaps in research and to create and support initiatives to reduce disparities. CRCHD will also serve as the focal point for monitoring and reporting on MH/HD activities by NCI.
Minority Institution/Cancer Center Partnership (MICCP) Program	Multiple Sites	NCI launched the MICCP Program by funding three comprehensive partnerships, two planning grants for comprehensive partnerships, and 12 planning grants dedicated to more focused collaborative projects and programs ranging from research to training. This program reaches out to the five major minority institutions with medical schools, as well as to more than 400 smaller institutions serving to educate African Americans, Hispanics, Native Americans, and other groups underrepresented in biomedical research.

5. List Other Indicators of Progress in Building “Research Infrastructure” or Future Plans That May Not Be Captured in Above Templates

OTHER INDICATORS OR FUTURE PLANS
Cancer Centers. NCI-designated Cancer Centers continue to evolve as key strategic partners of NCI. In 2001, NCI added a Center in Missouri and will fund a new planning grant for developing a Center in South Carolina. In addition, the number of Cancer Centers with the “Comprehensive” designation increased in 2001 to 38. NCI has also been working with institutions in Missouri, Georgia, New York, Louisiana, Rhode Island, Florida, West Virginia, Kentucky, Arkansas, Massachusetts, and Michigan to develop Cancer Centers. Expansion of the Cancer Centers Program brings larger portions of the U.S. population into proximity.

OTHER INDICATORS OR FUTURE PLANS
<p>Minority-based CCOPs. The Community Clinical Oncology Program (CCOP) provides support for expanding clinical research efforts in the community setting. Of the sixty CCOPs located in the U. S. and Puerto Rico, ten are minority-based. The Minority-based Community Clinical Oncology Programs (MBCCOPs) bring the advantages of state-of-the-art cancer treatment and prevention and control research to minority individuals in their own communities; increase the involvement of primary health care providers and other specialists with the MBCCOP investigators, providing an opportunity for education and exchange of information; and provide an operational base for extending cancer control and reducing cancer incidence, morbidity, and mortality in minority populations by accelerating the transfer of newly developed technology to widespread community application. Applicants for the MBCCOP must document that at least 40 % of their newly diagnosed cancer patients are from minority populations. There are over 110 minority investigators among the MBCCOPs. In FY2001 NCI reissued the RFA covering MBCCOPs to: 1) provide support for expanding clinical research in minority community settings; 2) bring the advantages of state-of-the-art treatment and cancer prevention and control research to minority individuals in their own communities; 3) increase the involvement of primary health care providers and other specialists in cancer prevention and control studies; 4) establish an operational base for extending cancer prevention and control and reducing cancer incidence, morbidity, and mortality in minority populations; and 5) examine selected issues in MBCCOP performance (e.g., patient recruitment, accrual, eligibility). This RFA seeks to strengthen the Minority-Based CCOP by: 1) continuing the program as a vehicle for supporting community participation in cancer treatment and prevention and control clinical trials through research bases (clinical cooperative groups and cancer centers supported by NCI); 2) expanding and strengthening the cancer prevention and control research effort; 3) utilizing the MBCCOP network for conducting NCI-assisted cancer prevention and control research; and 4) evaluating on a continuing basis MBCCOP performance and its impact in the community.</p>
<p>Centers of Excellence in Cancer Communications Research. NCI solicited applications for grants to create up to five Centers of Excellence in Cancer Communications Research in FY2002. The Centers are expected to accelerate scientific developments in cancer communications, increase the number of investigators from a range of disciplines who focus on the study of cancer communications, and train interdisciplinary investigators to conduct cutting-edge communications research directly relevant to the context of cancer prevention, detection, treatment, control, and survivorship.</p>
<p>Centers for Population Health and Health Disparities. This initiative supports 4-5 Centers (P50s) in collaboration with other ICs. The initiative encourages innovative research leading to an understanding of and reduction in cancer health disparities and facilitates reciprocal collaboration among biomedical scientists, social scientists, and affected communities. Each Center conducts three related research projects (R01) that focus on the complex interactions of the social and physical environment, mediating behavioral factors, and biologic pathways that determine health and disease.</p>
<p>Continuing Umbrella of Research Experiences (CURE) Program. NCI intends to substantially increase the number of trainee positions for minority researchers in both basic research and clinical oncology; provide new supplemental funding to cancer centers for high school and undergraduate student research experience; and fund new Minority Investigator Supplements to NCI research project grants and new Career Transition Awards for basic, clinical, behavioral, and population minority scientists in their first junior faculty positions.</p>
<p>HMO Cancer Research Network (CRN). The CRN is developing a population laboratory blending diverse populations and research expertise of various HMO plans to encourage the expansion of collaborative cancer research among health care provider organizations that are oriented to community care and have access to large, stable, and diverse patient populations. The CRN takes advantage of existing integrated databases that can provide patient-level information. Six plans have 20% or more non-White racial/ethnic enrollees and four of these have SEER cancer registries with rapid ascertainment systems. One goal will be to conduct studies late-stage breast and invasive cervical cancer patients to identify factors that affect advanced disease.</p>
<p>The Network for Cancer Control Research Among American Indian/Alaska Native Populations. The Network fosters exchanges information on cancer control research; improves community links to the NCI, CIS, and ACS, and is intended to increase the number of AI/AN researchers, scientists, and medical students involved in cancer control activities in AI/AN communities. The Network develops curricula and mentors students in the Native Researchers' Cancer Control Training Program, increasing the research skills of young Native investigators as well as convenes national conferences on "Cancer in Indian Country." The Network has established the <i>Native CIRCLE: Cancer Information Resource Center and Learning Exchange</i> for individuals involved in the education, care, and treatment of AI/AN.</p>

OTHER INDICATORS OR FUTURE PLANS

Specialized Programs of Research Excellence (SPOREs). NCI will continue to expand several centers of research excellence to more comprehensively address needs for translational research. A prime example will be the expansion of Specialized Programs of Research Excellence (SPOREs). The existing 27 SPOREs focus on research for breast, lung, gastrointestinal (including pancreatic), ovarian, prostate, genitourinary, and skin cancer. NCI will expand the program by adding three new SPOREs in pancreatic cancer, one in genitourinary cancer, one in lung cancer, two in leukemia, one in myeloma, one in ovarian cancer, one in prostate cancer, and one in skin cancer. NCI also plans to support development of an Internet platform and research database to exchange research results and to foster communications for sharing resources and developing collaborative inter-SPORE research projects and provide supplemental funding to SPOREs for planning and developing inter-SPORE research projects.

International Study on African-Caucasian Differences. NCI is planning a coordinated, international, population-based, interdisciplinary case-control study of prostate cancer in Africa, and among African Americans and Caucasians in the U.S. This major effort will focus on elucidating the origins of prostate cancer. Special attention will be given to identifying the genetic and environmental determinants of the marked racial/international differences in the risk of clinically significant disease and the changing patterns among migrant populations. For each population group in the U.S. and Africa, the study will include a standardized and coordinated assessment of histological and molecular characteristics of minimal and clinically significant disease; lifestyle and other environmental risk factors, based on questionnaire and biospecimen assays; and susceptibility mechanisms, including genetic and hormonal factors. A pilot study is now underway in Ghana to evaluate the data quality and feasibility of conducting a well-designed case-control study with specimen collections in the African study population.

Cancer Disparities Research Partnerships . The NCI has issued an RFA to fund cooperative planning grant applications (using the U56 mechanism) in an effort to strengthen the national cancer program by developing models to reduce significant negative consequences of cancer disparities seen in certain U.S. populations. This grant will support the planning, development, and conduct of radiation oncology clinical research trials in institutions that care for a disproportionate number of medically underserved, low income, ethnic, and minority populations but have not been traditionally involved in NCI-sponsored research. The grant will also support the planning, development, and implementation of nurturing partnerships between applicant institutions and committed and experienced institutions actively involved in NCI-sponsored cancer research. All approaches to planning are encouraged, as long as they address the following essential features: a focus on cancer disparities, radiation oncology clinical research, institutional commitment, organizational capabilities, facilities, and interdisciplinary coordination and collaboration. NCI anticipates issuing another RFA for the establishment of additional Cancer Disparities Research Partnerships in FY2003.

Atlas of Cancer Mortality in the United States, 1950-1994 Web Site. In FY2000, the NCI published the Atlas of Cancer Mortality in the United States, 1950-94 showing the geographic patterns of cancer death rates in over 3,000 counties across the country over more than four decades. The 254 color-coded maps in the atlas will make it easy for researchers and state health departments to identify places where high or low rates occur, and to uncover patterns of cancer that would escape notice if larger areas, such as states, were mapped. For the first time, maps were presented for both White and Black populations, since earlier mortality statistics lacked data that would permit a separation of Blacks from the non-White category. These maps are now available on The Cancer Mortality Maps & Graph Web Site (<http://www.nci.nih.gov/atlasplus>) that provides interactive maps, graphs (which are accessible to the blind and visually-impaired), text, tables, and figures showing geographic patterns and time trends of cancer death rates for the time period 1950-1994 for more than 40 cancers. Death rates are presented by race and gender for two time periods, 1950-69 and 1970-94. Rates are calculated for all cancers combined and for each cancer separately. Maps are presented at the level of county (3,055 counties) and state economic areas (508 SEAs). Not only can the maps, text, tables, and figures from the hard copy be downloaded from the Web site, but national and state mortality rates are also available, as are the tabulated data used to generate the maps. Another feature of the atlas Web site is that the user can create customized maps.

C. OUTREACH

1. Evaluation of NCI's MH/HD "Outreach" Activities

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
# of "Outreach" projects coded to MH/HD	44	77	+75%	"Projects" here refers to budget lines - several initiatives are often grouped under one "Project" e.g., numerous brochures, booklets, etc. produced by NCI's Office of Communication (OC) count as one "Project" since all are done within the OC budget line.
Spending on "Outreach" coded to MH/HD	\$19.3M	\$26.5M	+37%	"Outreach" is 7% of FY2001 MH/HD spending.
# of Minority Patients Enrolled in the Cancer Treatment Evaluation Program's Treatment Group/Intergroup Clinical Trials	3413	4114	+21%	White enrollment in these trials increased in 2001 by 17%.

2. Itemize New MH/HD "Outreach" Initiatives Created in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
SPN Developmental Research Projects	These one-year awards of \$50K provide funds for pilot community-based projects by the 18 grantees of the NCI Special Populations Networks. These projects range from basic research/scientific discovery to improved methods for the dissemination of research findings. In FY2001, 21 such awards were made totaling \$1.05M.
Brochure: <i>If You Have Cancer...What You Should Know About Clinical Trials</i>	Designed for patients considering participation in a clinical trial, this brochure for readers of low literacy features photos of African-American and Hispanic people. The brochure is designed to be used with a health care professional. This brochure is a part of the NCI Clinical Trials Education Series.
Brochure: <i>Si tiene cáncer...lo que debería saber sobre estudios clínicos (If You Have Cancer... What You Should Know About Clinical Trials)</i>	Designed for patients considering participation in a clinical trial, this brochure in Spanish for readers of low literacy features photos of African-American and Hispanic people. The brochure is designed to be used with a health care professional. This brochure is a part of the NCI Clinical Trials Education Series.
Booklet: <i>Cervical Cancer Screening: What Vietnamese Women Should Know</i>	This booklet, in the Vietnamese language, provides information about the importance of Pap tests to detect cervical cancer. It is adapted from a publication produced by the Suc Khoe La Vang!, Vietnamese Community Health Project at the University of California, which is funded by the NCI.
Brochure: <i>Having a Pelvic Exam and Pap Test</i>	This brochure for readers of low literacy uses pictures to describe what women will experience when getting a Pap test and pelvic exam from a nurse or doctor.
Brochure: <i>Pap Test: A Healthy Habit for Life!</i>	This brochure for readers of low literacy tells a woman the importance of getting a Pap test. It explains who should request one, how often it should be done, and where to go to get the test.

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
Compact Disk: Breast Cancer Risk Assessment Package CD Version	This CD contains both the English and Spanish version of NCI's Breast Cancer Risk Assessment Tool (v.2) for Health Care Providers. It allows a health care provider to project a woman's individualized estimate of risk for invasive breast cancer over a 5-year period and over her lifetime. It then lets the woman compare her risk estimate with an average risk estimate for a woman of the same age.
Booklet: La participacion en los estudios clinicos: Estudios para la prevencion del cancer (Taking Part in Clinical Trials: Cancer Prevention Studies: What Participants Need to Know)	This booklet in Spanish is a resource to assist professional staff and clinical trial participants in their understanding of the background and purpose of chemoprevention research in a community setting.
Booklet: Consejos de alimentacion Para Pacientes Con Cancer: Antes, durante y despues del tratamiento (Eating Hints For Cancer Patients: Before, During & After Treatment)	This booklet in Spanish provides information and recipes to help patients meet their needs for good nutrition during treatment.
Booklet: Control del dolor: Guia para las personas con cancer y sus familias (Pain Control: A Guide for People with Cancer and Their Families)	This is the Spanish translation of <i>Pain Control: A Guide for People with Cancer and their Families</i> . Developed in collaboration with the American Cancer Society, it is designed for cancer patients and families who want to learn more about pain control methods, medicines for cancer pain, and non-drug treatments for cancer pain.
Booklet: El dolor relacionado con el cancer (Understanding Cancer Pain)	This is the Spanish translation of <i>Understanding Cancer Pain</i> . It provides information about why cancer patients have pain, ways pain can be treated and what patients should do when they have pain.
Brochure: Hagase la prueba Pap: Hagalo hoy...Por su salud y su familia (The Pap Test, It Can Save Your Life)	This black/white, easy-to reproduce, bilingual (English/Spanish) brochure tells women why it is important to get a Pap test. It gives brief, clear information about who needs a Pap test, where to go to get one, and how often the Pap test should be done.
Information Kit: Health Professional's Pap Test Packet	Kit for health professionals that contains: <i>Pap Test Reminder Pad</i> (English); <i>Pap Test Reminder Pad</i> (Spanish); <i>Cervical Cancer Information for Health Professionals</i> to use with patients; <i>Pap Tests for Older Women: A Healthy Habit For Life</i> ; <i>Having a Pelvic Exam, Pap Tests: A Healthy Habit for Life</i> and <i>Hagase la Prueba Pap</i> .
Pad: La prueba Pap: Un Habito Saludable para Toda La Vida	This pad in Spanish is for use by physicians to encourage patients to have pap tests.
Booklet: La quimioterapia y usted: Una guia de autoayuda durante el tratamiento del cancer (Chemotherapy and You: A Guide To Self-Help During Treatment)	This Spanish booklet, in question-and-answer format, addresses problems and concerns of patients receiving chemotherapy. The emphasis is on explanation and self-help.
Booklet: La Radioterapia y Usted: Una Guia de Auto-Ayuda Durante el Tratamiento Para el Cancer (Radiation Therapy and You)	This booklet in Spanish addresses concerns of patients receiving forms of radiation therapy. The emphasis is on explanation and self-help.
Participation of Minorities and Women in Clinical Cancer Research	Published as a Supplement of the <i>Annals of Epidemiology</i> , this collection of papers focuses on identifying best practices for increasing participation of minorities and women in clinical research and provides recommendations for increasing participation.

3. List Other Indicators of MH/HD “Outreach” Progress or Future Plans that May Not Be Captured in the Templates Above

OTHER INDICATORS OR FUTURE PLANS
<p>Disseminating Evidence-based Intervention Research Products. This initiative is one component of the NCI dissemination and diffusion program entitled TRIO (Translating Research Into Improved Outcomes). NCI intends to provide supplements to existing grants to expand this program with a focus on minority populations and health disparities. The ultimate goal of this project is to identify and remove barriers that prevent the benefits of research from reaching all populations, particularly those who bear the greatest disease burden.</p>
<p>President’s Cancer Panel Report. With support from the NCI, the need for interventions related to health care for prostate cancer patients was reinforced in the recent report of the President’s Cancer Panel, <i>Voices of a Broken System: Real People, Real Problems</i>, that describes numerous issues that address the discount and delivery enterprises in this country and provide action steps to address this complex issue.</p>
<p>Science Enrichment Program. This 5-week residential science program is an attraction strategy for rising tenth-graders from minority and underserved populations. Funded by NCI since 1990 (at approximately \$1M per year), SEP exposes students to class instruction and hands-on laboratory experiences at a level above those found in the typical high school setting. As a partner program to the Special Populations Networks, SEP students are also taught how to communicate cancer health messages to their families and peers.</p>
<p>Cervical Cancer Mortality in Geographically High-Risk Populations. Research is needed to determine why, despite a three-fold reduction in cervical mortality nationwide in the past 50 years, counties stretching from Maine southwest through Appalachia to the Texas/Mexico border, in many Southeastern states, and in the Central Valley of California have experienced persistently higher cervical cancer mortality rates. To address this 50-year disparity – for a cancer from which no woman in this Nation should die – NCI and its national, state, and local partners are working to: (1) synthesize research knowledge, (2) identify core findings, (3) articulate program and policy options, and (4) disseminate this information to Federal, state, and local policy makers. NCI’s CRCHD has assembled a “Think Tank” to begin planning the accomplishment of these tasks.</p>
<p>Racialism in Cancer Care. NCI’s CRCHD has assembled a “Think Tank” to examine issues related to a growing number of published studies showing that minority patients are less likely to receive state-of-the-art cancer care than their White counterparts even if socioeconomic status, insurance coverage, health status, and diagnosis are similar. The focus of this analysis is to provide policy- and decision-makers with evidence-based knowledge and interventions to impact this issue.</p>
<p>CRCHD Lecture Series on Health Disparities. NCI’s CRCHD is launching a health disparities lecture series. The inaugural lecture in this series will be held on April 11, 2002 at NIH. Dr. Thomas Holt, the James Westfall Thompson Professor of American and African History at the University of Chicago will be speaking on “The Problem of Race in the 21st Century after 9/11.”</p>
<p>Eliminating the Digital Divide. NCI has begun several activities aimed at eliminating the so-called digital divide. NCI is supporting four research and development projects to overcome the digital divide by testing the efficacy of new communications technologies in cancer prevention and education. These projects involve partnerships among NCI-supported Cancer Centers and Cancer Information Service (CIS) Centers at universities and a wide range of community organizations and programs including Head Start, urban and rural community groups, senior centers, and computer suppliers.</p>
<p>CIS Partnerships. The CIS Partnership Program brings cancer information to organizations that reach people who traditionally do not seek health information. Partnership activities include a nationally coordinated, regionally focused program committed to reaching minority and underserved populations that do not have adequate access to health information and services. The CIS Partnership Program develops partnerships with nonprofit, private, and government agencies at the national, regional, and state levels. Specifically, the CIS reaches out to partners that have an established presence in the region, are trusted within their communities, and are dedicated to serving minority and underserved populations. In 2001, the CIS worked with its partners to increase knowledge in these areas: Breast and Cervical Cancer Education; Clinical Trials Education; Tobacco Control Education; General Cancer Awareness of Special Populations. In addition, CIS staff may serve as a resource for their partners on a variety of other cancer-related issues important in their own regions. CIS staff may provide assistance in areas such as skin cancer education, cancer pain, and cancer survivorship.</p>
<p>Cancer Health Disparities Summit. This annual event brings the 18 SPN projects, the CIS, and their community partners together for the purpose of touting success, facilitating communication, mutual understanding of needs, and promoting collaboration. The Summit also helps to make the structure and function of the NCI and its research process more transparent to the community, and its resources more available.</p>

OTHER INDICATORS OR FUTURE PLANS
<p>Partnership with the Vietnamese Medical Association. NCI collaborated with the Vietnamese Medical Association, which represents 2,500 Vietnamese physicians, to introduce a brochure on cervical cancer screening in the Vietnamese language. As an outcome of this partnership the VMA have formed a Cervical Cancer Screening Workgroup to address issues related to screening of at-risk Vietnamese women.</p>
<p>Minority Enrollment in the STAR Trial. The Study of Tamoxifen and Raloxifene or STAR is a breast cancer prevention clinical trial designed to determine whether the osteoporosis prevention and treatment drug raloxifene (Evista) is as effective as tamoxifen (Nolvadex) in reducing breast cancer risk. The trial began enrolling participants in July 1999 and will continue enrollment until 22,000 postmenopausal women are in the study. In the first year of STAR, a total of 6,636 minority women went through the risk assessment process; 1,812 had an increased risk of breast cancer that would qualify them to join the study and 281 decided to participate. About 2.1% of STAR participants are African American; about 1.6% are Hispanic/Latina; and about 1.8% are ethnic minorities other than African American or Hispanic/Latina. In the first two years of STAR, 30% more minority women had joined the trial as had joined the predecessor study to STAR over five years. That study, the Breast Cancer Prevention Trial, had a total of 8,525 minority women go through the risk assessment process; 2,979 were risk-eligible and 486 joined this 13,000-woman trial. More than 500 centers across the U.S., Puerto Rico, and Canada are enrolling participants in STAR. Partners in this effort include the National Medical Association (NMA) (a network of more than 20,000 African-American physicians); the Koman Foundation; and the African-American organization: Living Beyond Breast Cancer. STAR is conducted by the National Surgical Adjuvant Breast and Bowel Project (NSABP) and is supported by the NCI.</p>
<p>Minority Enrollment in the Selenium and Vitamin E Cancer Prevention Trial (SELECT). SELECT is a large (32,400 men) prostate cancer prevention study launched by NCI and the National Center for Complementary and Alternative Medicine through a network of researchers known as the Southwest Oncology Group (SWOG). The study will determine if two dietary supplements, selenium, and vitamin E can protect against prostate cancer. Researchers are making a special effort to ensure a high rate of participation among racial/ethnic minorities and the medically underserved. To date over 9,500 men have been accrued to the study and 15% of these men are members of minority racial/ethnic groups.</p>



NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (NCCAM)

The mission of the NCCAM is to explore complementary and alternative medicine (CAM) healing practices in the context of rigorous science, train CAM researchers, and disseminate authoritative information. During FY2001, NCCAM completed development of its Strategic Plan to Address Racial and Ethnic Health Disparities as part of the overall NIH Strategic Plan to Reduce and Ultimately Eliminate Health Disparities. This report catalogues the progress that NCCAM made in contributing to the elimination of health disparities.

A. RESEARCH

1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
Intra-agency Agreement for CAM data collection	0	1	-	This component of the National Health Interview Survey will generate data on CAM use by minority populations
Participation in Request for Applications (RFAs) relevant to minority health and health disparities	0	1	-	NCCAM collaborated with NIAMS and other NIH Institutes and Centers in funding clinical research planning grants at minority institutions.
The number of research projects devoted to minority health or health disparities	6	9	50%	In addition to continuation funding for projects, NCCAM awarded 3 new grants addressing minority health issues
The number of targeted research studies (studies in which the entire cohort consists of minority or health disparity populations)	5	7	40%	New grants targeted Mexican Americans, and minority immigrant populations

In FY2001, an increased range of activities was evidence of the NCCAM's commitment to research on CAM and health disparities. Fundamental to identifying roles for complementary and alternative medicine (CAM) in addressing health disparities is having adequate information on the types and extent of use by minority populations. Because of the limited information currently available, NCCAM initiated an Interagency Agreement with the National Center for Health Statistics, Centers for Disease Control and Prevention (NCHS/CDC), to include a module on CAM in the National Health Interview Survey (NHIS). Since the NHIS oversamples African-American and Hispanic/Latino households (in addition to including representative samples of households from Asian, American Indian/Alaska Native, and Native Hawaiian and other Pacific Islander populations), this survey will generate information on types of CAM and the extent of CAM use on a national sample on minority households. Data generated from this survey will contribute to future NCCAM initiatives to address the role of CAM in eliminating racial and ethnic health disparities.

Numerous research grants funded by NCCAM focused on research issues relevant to minority health and health disparities. NCCAM collaborated with the National Institute of Arthritis Musculoskeletal and Skin Diseases (NIAMS) and other NIH Institutes and Centers in funding planning grants for clinical research training at several minority institutions. NCCAM’s funding supported grants at six institutions: the University of Puerto Rico, the Ponce School of Medicine, Morehouse School of Medicine, Meharry Medical College, Charles Drew University, and the University of Hawaii at Manoa.

The number of funded research projects addressing minority issues increased by 50% in FY2001, from 6 to 9. In addition to continuation funding for projects on: 1) Vedic medicine techniques to treat cardiovascular disease in Blacks (3 projects), 2) the use of prayer by Black women with breast cancer, 3) herbal treatment for prostate cancer in Black and Chinese men, and 4) the effect of massage on pre-term infants (focusing on minority infants), NCCAM also funded new projects on the role of botanicals in minority immigrant communities, an analysis of data on herbal use by elderly Mexican Americans, and the use of CAM to treat asthma in low-income urban residents (focusing on minority populations). With the exception of the last project, all of these grants were devoted to minority populations (an increase from 5 in FY2000 to 7 in FY2001).

Although information was requested on the number of minority participants in clinical studies, NCCAM is a new and evolving Center and does not yet have adequate systems in place to track these figures reliably.

2. Progress Within Individual MH/HD Research Projects

NAME/DESCRIPTION OF PROJECT*	METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
Meditation for Cardiovascular Disease in Blacks	Minority enrollment in studies	5	20	300%
Massage in Pre-term Infants	Minority enrollment in studies	0	32	-

The enrollment of minority subjects in clinical studies is shown in the above table. Although data were not available for the remaining studies, these figures indicated success in accomplishing enrollment consistent with the studies’ targets.

3. MH/HD Scientific Breakthroughs or Advances in FY2001 *Data Not Available In This Format*

4. New MH/HD Research Projects Created (Funded) in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Complementary and Alternative Medicine in Mexican American Elderly (K08 at00722)	This study funds a Hispanic clinical investigator to analyze information on the use of herbal medicines by Mexican American elderly in Texas.	5
Botanicas in Ethnic Healthcare (R21at00202)	This project will document the ethnomedical and spiritual systems of botanicals regarding therapeutic uses of medicinal plants.	2
Complementary Medicine/ Adherence in Minorities with Asthma (F31at01149)	This study will examine the folk and spiritual healing methods of self-care used by patients as alternatives or complements to prescribed therapies.	3

**Number of years varies depending on the length of award for specific grants funded.*

The above research projects newly funded in FY2001 are projects that have the potential for contributing to the knowledge base regarding use of CAM by minority populations. Knowledge about the role of CAM in minority communities may inform the conventional health care system and improve communication between providers and minority patients.

5. MH/HD Projects Completed in FY2001

Data Not Available In This Format

6. Other Indicators of MH/HD Research Progress Not Captured Above

Data Not Available In This Format

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Fellowship (F) and Career (K) Training Awards	Number of awards	3	5	67%
Minority Research Project Supplements	Number of Trainees	1	4	300%

In FY2001, NCCAM increased the number of fellowship and career training awards by 67% over FY2000, and increased the number of minority trainees on research supplements by 300% over FY2000. In addition to continuation funding for one predoctoral fellowship award to an Hispanic-serving institution (HSI) and two career development awards to Hispanic-serving health professions schools (HSHPSs), NCCAM funded in FY2001 one new predoctoral award to an HSI and one new clinical investigator award to an Hispanic investigator at an HSHPS. Minority supplement awards increased as well. In addition to continuation funding for one postdoctoral trainee, NCCAM funded new minority supplements for the training of one undergraduate and two graduate students.

2. Institution-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Minority CAM Research Institutional (T32) Training Program	Number of Grant Awards	0	2	-
Grant Awards to Minority Institutions	Number of Grants to HBCUs and HSIs	3	8	166%
Grant Awards to Minority-serving Institutions	Number of Grant Awards to HSHPSs and others	15	24	60%
Minority and Minority-serving Institutions Receiving Grants	Number of Institutions (HBCUs, HSIs, HSHPSs, others) Receiving Grants	8 (1HBCU; 1HSI; 6HSHPS)	16 (3-HBCU; 4-HSI; 8-HSHPS; 1-Other)	100%

In FY2001, NCCAM announced a solicitation for National Research Service Award (NRSA) Institutional Training (T32) Grants for Minority Researchers. Two five-year grants were awarded, one to Morgan State University, a Historically Black College and University (HBCU), and one to Florida International University, an HSI. The total number of grants to HBCUs and HSIs more than doubled from 3 to 8, and the number of grants to HSHPs increased from 15 to 23, with an additional training grant award to the University of Hawaii to provide clinical research training for minority researchers. In addition, NCCAM collaborated with NIAMS and other NIH Institutes and Centers to fund planning grants for clinical research training centers at 6 minority institutions.

3. Creation of New Infrastructure Programs

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
National Research Service Award (NRSA - T32) Institutional Minority Researcher Training Program	Morgan State Univ., Florida Int'l. Univ.	These NRSA grants will support research training in CAM for students at the recipient HBCU and HSI.

These two training grants will provide five years of CAM research training for minority researchers at the respective institutions.

4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)

Data Not Available In This Format

5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY 01

Data Not Available In This Format

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

Data Not Available In This Format

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Professional presentations to minority organizations/conferences	Number of presentations	0	4	-

NCCAM staff gave three presentations at the Annual Meeting of the National Medical Association and one at a conference on Traditional Indian Medicine. These presentations are instrumental to informing the provider community regarding the extent of use of CAM and facilitating discussion between patients and providers.

2. New MH/HD Outreach Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
Professional Outreach	In its Strategic Plan, NCCAM identified this project to educate health providers about the widespread use of CAM and the importance of discussing the potential risks and benefits with patients, as well as increase communication between the conventional medical and CAM communities.
Lay Outreach	This project, also articulated in the Strategic Plan, will disseminate information regarding CAM to minority communities in culturally appropriate ways.

3. MH/HD Outreach Projects Completed in FY2001

Data Not Available In This Format

4. Other Indicators of MH/HD Outreach Progress Not Captured Above

Data Not Available In This Format



NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES (NCMHD)

The mission of NCMHD is to promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and ultimately eliminate health disparities. In this effort NCMHD will conduct and support basic, clinical, social, and behavioral research, promote research infrastructure and training, foster emerging programs, disseminate information, and reach out to minority and other health disparity communities.

A. RESEARCH

As previously noted, the NCMHD was created in January 2001. As a new Center the NCMHD has focused on developing the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities* (Strategic Plan) that charts a course for establishing future research priorities. This research plan is robust, detailed, and includes quantifiable performance and outcome measures. While the NCMHD continues to co-fund and support research projects that were begun under the auspices of the Office of Research on Minority Health (ORMH), and continues to accept requests to co-fund new projects, it has yet to autonomously fund new projects under the auspices of the newly created NCMHD. In its first year of operation the NCMHD’s programmatic emphasis has been on creating research infrastructure. Consequently the data tables in the Research Section have not been fully completed.

1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
Co-funded projects budget	ORMH Co-funded \$95,425,167	NCMHD Co-funded \$100,000,000	1.1%	

2. Progress Within Individual MH/HD Research Projects

NAME/DESCRIPTION OF PROJECT*	METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
<p>African-American Hereditary Prostate Cancer Study Network (AAHPC)</p> <p>This project is a genetic linkage study of hereditary prostate cancer. The initial aim is to enroll 100 families with prostate cancer in which at least four men, diagnosed at or before 65 years of age, are affected in each family and there are four other (unaffected) relatives available for study. African-American prostate cancer families of this description are almost completely missing from other pedigree collections, despite the higher incidence and higher lethality of prostate cancer in Black men.</p>	<p>Enrollment of participants</p>	<p>43 Families</p>	<p>76 Families</p>	<p>43%</p>
<p>African-American Diabetes Mellitus Study (AADM)</p> <p>Because of the high frequency of environmental risk factors for diabetes in the African-American population, this study investigates genetic risk factors in West Africans. This population is thought by many anthropologists to be the founding population of modern African Americans and have fewer dietary and nutritional confounding variables. Five recruitment sites in Nigeria and Ghana were selected through a peer review process. Based on the successful recruitment of study participants during a one-year pilot project, a full-scale study was implemented in September 1998</p>	<p>Number of participants</p>	<p>400 sibling pairs 200 spouses</p>	<p>400 sibling pairs 200 spouses</p>	<p>0%</p>

NAME/DESCRIPTION OF PROJECT*	METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
<p>The National Human Genome Research Initiative</p> <p>The National Human Genome Research Initiative's partnership with Howard University exemplifies the benefits that information emerging from the Human Genome Project will have on addressing issues of health disparities. In addition to increasing our understanding of genetic contributions to diabetes and prostate cancer, these studies have had a number of other beneficial impacts on the African-American community. Specifically, they have led to:</p> <ul style="list-style-type: none"> • Creation of research training sites for African-American scientists at both Howard and NHGRI. • Establishment of a National Human Genome Center at Howard University that has attracted internationally recognized scientists. • Allows for the analysis of ethical, legal, and social issues affecting African-American participation in genetic research. 	Not Applicable	Not Applicable	Not Applicable	Not Applicable

3. Itemize MH/HD Scientific Breakthroughs or Advances in FY2001

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
African-American Study of Kidney Disease and Hypertension	The objective of this multi-center clinical trial is to investigate treatment regimens that slow progression of kidney failure in African Americans with hypertensive kidney disease. An FY01 interim analysis showed that patients receiving the Angiotensin-Converting Enzyme Inhibitor (ACE) and who had modest levels of protein in the urine were less likely to have cumulative adverse events, i.e., end stage renal failure, worsening of kidney function and death, than those receiving the calcium channel blocker.	This finding which demonstrates the positive impact of ACE in preventing the progression of hypertensive kidney disease led to the termination of the calcium channel blocker arm of the study.
Access of Black Patients to Liver Transplantation	The data from the study show that Blacks, not Hispanics, in all areas represented have unequal access to orthotic liver transplant (OLT) compared to Whites; and that even when they do reach the OLT waiting list they are much less likely to get an OLT, largely because they become too sick and die before OLT is possible.	This data exposes several possible barriers to OLT for Blacks, the population with the highest density of chronic liver disease. The data also expose the need for detailed study into the OLT referral patterns of physicians, as well as the behaviors or attitudes of Black patients that may limit their access to life-saving therapy. Overall, these studies may influence patient and physician education strategies, as well as public health policies regarding OLT. The investigators are determined to expose and understand the barriers to OLT and generate possible strategies to overcome them.
African-American Diabetes Mellitus	In the data analysis phase.	Initial studies of several candidate genes for Type 2 diabetes and associated risk factors have been mapped to Chromosome 20.
African-American Hereditary Prostate Cancer Study Network (AAHPC)	More than 40 families have been identified and genotyping has begun at seven sites throughout the U.S., most of which are directed by an African-American investigator.	The first large-scale genetic study of African Americans conducted almost entirely by African-American clinical investigators.
Jackson Heart Study	This study is the largest investigation of cardiovascular disease in African Americans that has ever been implemented. It is expected to provide a model for identification and application of strategies for improving minority participation in medical research.	To date the study has hired a community outreach specialist to build relationships with community-based organizations, faith-based organizations, local businesses, and local governments. The study has also implemented an extensive outreach media campaign.

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
<p>Proyecto VER - The National Eye Institute (NEI) and the NCMHD sponsored the study <i>Proyecto VER (Vision Evaluation and Research)</i>. This project assessed visual impairment in a population-based sample of 4500 Mexican Americans age 40 and older living in Tucson and Nogales, Arizona. <i>Proyecto VER</i> was designed to address the prevalence and causes of visual impairment, including diabetic retinopathy, in this population group. In the U.S., the Mexican-American population is the second largest minority group, and if current trends continue, will become the largest minority group during this century.</p>	<p>The study of the Mexican-American population found that: The rate of diabetes in the Mexican-American community age 40 years and older was 20%, rising from 10% in those aged 40-49, to 32% in those aged 70-79. This high prevalence of diabetes among Hispanics of Mexican origin -- generally 2-2.5 times higher compared to non-Hispanic Whites -- is similar to that reported by other studies. 15% of those with diabetes did not know that they had the disease before their participation in the study.</p>	<p>The study found open angle glaucoma to be leading cause of blindness in random sample of 4,500 Hispanic Southern Arizona residents of Mexican descent age 40 and over. The study found a significant rate of diabetes and diabetic retinopathy among Hispanic Americans, with women more likely to suffer than men.</p>

4. Itemize New MH/HD Research Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
<p>Study of Viral Resistance to Antiviral Therapy of Chronic Hepatitis C (Virahep-C) - This is to a multi-center, clinical trial to study viral resistance to interferon alpha therapy in 400 patients with chronic hepatitis C.</p>	<p>To aid in the treatment of hepatitis C within African-American patients. In previous studies this group has not responded well to the tested therapies.</p>	
<p>Prospective Cohort Study of Chronic Renal Insufficiency - The major goals of the study are two fold: 1) to determine the risk factors for the accelerated decline in renal function, and 2) to determine the incidence and identify risk factors for cardiovascular disease. This study is currently in the protocol development phase. It is anticipated that participant recruitment will begin in the fall of 2002.</p>	<p>To address the occurrence of end-stage renal disease in patients with chronic renal insufficiency. In particular the emphasis is on determining the causes of the increased burden of renal disease in minority populations.</p>	7

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
<p>Community-based Epidemiology Study of Type 2 Diabetes Mellitus in the Gila River Indian Community -</p> <p>The study strengthens the current epidemiology study and enhances its ability to affect clinical care of community members with diabetes.</p>	<p>A community-based diabetes care program designed to fulfill the NIDDK's Phoenix Epidemiology and Clinical Research Branch (PECRB) mission of helping the Gila River Indian Community provide the world's best possible care for diabetes. Preliminary, high-quality data suggest the prominent role of genomic regions other than those previously identified as associated with diabetes.</p>	

5. Itemize MH/HD Projects Completed in FY2001

NAME/DESCRIPTION OF PROJECT	FINDINGS/SIGNIFICANCE	START DATE
<p>Innovative Approaches to Prevention of Obesity -</p> <p>Pilot studies focusing on various approaches to preventing obesity in high-risk groups – three awards were made: a nutritional approach to weight loss maintenance, internet-aided prevention of pregnancy-induced obesity, and effect of active play on obese at-risk toddlers.</p>	<p>Analyses are still ongoing. To date, however, the observations are as follows:</p> <p>Nutritional Approach: Participants did loose weight during the controlled with some additional weight loss during the 14-week weight maintenance phase. Investigators have not analyzed data on behavioral, psychological, nutritional, medical, and physical activity outcomes.</p> <p>Internet-Aided Prevention of Pregnancy-Induced Obesity: Investigators obtained permission from the NIH in March, 2000, to open recruitment to women of all races with the intent of maintaining at least 50% minority enrollment due to the dropout rate of study participants. Enrollment was continued until the end of July, 2001.</p> <p>Effect of Active Play on Obese At-risk Toddlers: In FY2001, the grantee met with representatives of the Women, Infants, and Children (WIC) program, Dallas, TX. A strategy was developed to address recruitment and retention problems through the recruitment of the new “high-risk” groups.</p>	FY1999
<p>Diabetes Prevention Program (DPP) and the Gestational Diabetes Mellitus (GDM) Component of DPP -</p> <p>A multi-centered, randomized trial designed to determine whether Type 2 diabetes can be prevented or delayed in a population of high-risk individuals.</p>	<p>The results demonstrated that lifestyle and drug (Metformin) interventions could markedly reduce the risk for developing Type 2 diabetes in a group of high-risk individuals with impaired glucose tolerance by 58% for lifestyle (exercise) and 31% for Metformin. The beneficial effects of the lifestyle and drug interventions were equally observed regardless of ethnicity. Metformin was most effective in individuals with the highest body mass index (BMI); lifestyle had its greatest effect in older persons or individuals at lower BMI.</p>	FY1994
<p>Medical Therapy of Prostate Symptoms (MTOPS) -</p> <p>A study designed to determine the epidemiology, pathogenesis, prevention and effective treatment of prostate disease.</p>	<p>The trial has completed enrollment and follow-up and the data is now being analyzed. Seventeen percent of the participants enrolled were racial and ethnic minority.</p> <p>To date the findings are as follows:</p> <p>All clinical centers achieved or exceeded their recruitment goals. And it was concluded that mass mail and newspaper were the most effective recruitment techniques to enlist the interest of men with urinary symptoms for a long-term trial of drug therapy for benign prostatic hyperplasia.</p>	FY1999 (NCMHD)

6. List Other Indicators of MH/HD Research Progress that May Not Be Captured in the Templates Above

Data Not Available in This Format

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
NCMHD Loan Repayment Program for Health Disparities Research - Designed to attract researchers to the health disparity fields	Number of Awards	N/A	28	N/A
NCMHD Extramural Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds - Designed to encourage researchers from disadvantaged backgrounds to engage in clinical research	Number of Awards	N/A	17	N/A

NCMHD developed two distinct loan repayment programs to attract health care professionals to the fields of clinical and health disparity research; the Loan Repayment Program for Health Disparities Research (HDR-LRP) and the Extramural Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds (ECR-LRP). The former is designed to broadly recruit researchers to the health disparities field, while the latter is designed, specifically, to recruit researchers from disadvantaged backgrounds to clinical research.

2. Institution-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
NCMHD Endowment Program - Targets “Section 736 (Public Health Service Act) Institutions with currently-funded Programs of Excellence in Health Professions Education for Underrepresented Minority Individuals”	Number of Endowment Awards	N/A	5	N/A

NCMHD issued a Request for Applications (RFA), in FY2001, for the NCMHD Endowment Pilot Program for Increasing Research and Training Capacity in Section 736 Health Professions Schools. Five one-year awards were made to the Historically Black Colleges and Universities (HBCUs) listed below in Section 3.

3. Itemize the Creation of New Infrastructure Programs

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
NCMHD Endowment Program	Tuskegee University Charles R. Drew University Morehouse School of Medicine Meharry Medical College Xavier University of Louisiana	The NCMHD endowments will be used by the recipient HBCUs to strengthen their infrastructure for research and training.

The NCMHD made pilot endowment awards to five Section 736 Institutions in FY2001. These one-year endowment awards support activities such as strengthening teaching programs in the biomedical and behavioral sciences and related areas, physical plant improvements, establishment of endowed chairs and programs, equipment for instruction and research, student recruitment and retention, faculty recruitment and retention, and instruction delivery systems and information technology development in areas that would enhance minority health and health disparities research activities.

- 4. **Itemization of Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)** *Data Not Available In This Format*
- 5. **Itemization of Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)** *Data Not Available In This Format*
- 6. **Itemize Programs and Projects that Were Completed in FY01** *Data Not Available in This Format*
- 7. **List Other Indicators of Progress in Building Research Infrastructure That May Not Be Captured in Above Templates** *Data Not Available in This Format*

C. OUTREACH

As previously noted, the NCMHD was created in November 2000. As a new Center, the NCMHD has focused on developing a Strategic Plan that charts a course for future outreach endeavors. This outreach operation the NCMHD’s programmatic emphasis has been on creating research infrastructure.



NATIONAL CENTER FOR RESEARCH RESOURCES (NCRR)

Established in 1990, NCRR advances biomedical research and improves human health through research projects and shared resources that create, develop, and provide a comprehensive range of human, animal, technological, and other resources. NCRR's support is concentrated in four areas: biomedical technology, clinical research, comparative medicine, and research infrastructure.

A. RESEARCH

1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
# of MH/HD related Request for Applications (RFAs), Program Announcements (PAs), Notices	3	1	(-) 67%	FY00 RFA-NS-00-001 Specialized Neuroscience Research Programs at Minority Institutions RFA-AR-00-009 Planning Grant for Clinical Research Training in Minority Institutions PAR-00-124 Developing and Improving Institutional Animal Resources FY01 RFA-AR-01-009 Clinical Research Education and Career Development in Minority Institutions
# of MH/HD subprojects	1,147	1,101	(-) 4%	
\$ funding for MH/HD subprojects	\$53.6 M	\$64.9 M	(+) 21%	

2. Progress Within Individual MH/HD Research Projects

Data Not Available In This Format

3. MH/HD Scientific Breakthroughs or Advances in FY2001

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
Treating African Americans With Kidney Disease Due to High Blood Pressure	The study found that patients treated with the antihypertensive drug Ramipril had a 38% reduced risk of decreased kidney function and slower disease progression than patients treated with Amlodipine.	
Better Treatment for Blacks With Chronic Hepatitis C	The study showed that the impaired responsiveness of Black patients with chronic hepatitis C to interferon monotherapy can be partially overcome by combining interferon with the drug Ribavirin.	

4. New MH/HD Research Projects Created (Funded) in FY2001

Data Not Available In This Format

5. MH/HD Projects Completed in FY2001

Data Not Available In This Format

6. Other Indicators of MH/HD Research Progress Not Captured Above

Data Not Available In This Format

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

Data Not Available In This Format

2. Institution-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Research Centers in Minority Institutions (RCMI) Program - expand the national capacity for research in the health sciences at minority institutions	# of grants	18	18	0%
	Total \$	\$ 29,219	\$ 28,835	(-) 1.3%
RCMI Clinical Research Infrastructure Initiative (RCMI CRII) - expand the capacity for clinical research at RCMI's with affiliated medical schools	# of grants	5	5	0%
	Total \$	\$ 5,364	\$ 6,620	23.4%
Centers of Clinical Research Excellence (CCRE) Program - augment and strengthen the institutional clinical research capabilities at minority institutions	# of grants	3	3	0%
	Total \$	\$ 3,496	\$ 3,743	7.1%
Centers of Biomedical Research Excellence (COBRE) UPR Medical Sciences, U of NM - Albuquerque - augment and strengthen the institutional biomedical research capabilities	# of grants	1	2	100%
	Total \$	\$1,561	\$3,377	116.3%
Biomedical Research Infrastructure Networks (BRIN) - New Mexico State U - outreaches to minority institutions within an IDeA state to establish a network.	# of grants	0	1	100%
	Total \$	0	\$ 1,857	100%

3. Creation of New Infrastructure Programs

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
Centers of Biomedical Research Excellence (COBRE)	UPR Medical Sciences, U of NM Albuquerque	Augment and strengthen the institutional biomedical research capabilities
Biomedical Research Infrastructure Networks (BRIN)	New Mexico State U	BRIN outreaches to minority institutions within an IDEA state to establish a network.

4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)

NAME/DESCRIPTION OF PROJECT* (INCLUDING SITE)	PROJECT AWARD(\$)	SIGNIFICANCE
University of Texas Galveston - Laser Scan Confocal Microscope	355,000	Instrumentation to study TOX, CMV, Antiviral CTL, HCV, Chemokine
Stanford University -IMRI Scanner	497,950	Calcium, Ablation, Bone, Plaque, Thermometry
University of New Mexico Albuquerque – EM	364,900	EM: Drug Development, CNS, Genetics, Parkinson, MS, Muscular Dystrophy, STD
University of California Los Angeles - Graphics Supercomputing	500,000	Instrumentation to study Alzheimer’s Disease, Schizophrenia, Brain Cancer
University of California Los Angeles - Laser Cytometer	163,984	Instrumentation to study Cancer Angiogenesis Genetics - AIDS: HIV Induced Pathology of Thymus
Stanford University - Cell Sorter	500,000	Instrumentation to study Cancer ARTH Stem Cell 1 DDM Asthma ALZH HCV - AIDS: Novel HIV Therapy & Intracell T Cell Regulators
University of Texas Health Science Ctr San Antonio - Biacore 3000	260,000	Instrumentation to study Histone, Genetic, C elegans, E coli, Lipid, Cu, Zn, Nitric Oxide
Texas A&M University Health Science Ctr College Station - Maldi TOF	305,000	Instrumentation to study Virus, Genetics, Bone, Cartilage - Mass Spect: Structural Genomics, MTB, Staph aureus, HIV
University of California Los Angeles - Mass Spectrometer	348,151	Instrumentation to study Lyme Disease, Cancer, Aging, Alzheimer Disease - AIDS: Related Malignancies & New Anti-HIV Drug Development
University of California Irvine - Biomedical Center Gene Modified Rodent Facility	1,528,534	Construction to study Stem Cell, ALS, Ca, Ca 2+, Embryo
University of California San Francisco - Biosafe Lab (BSL 3)	1,248,009	Construction to study Human & Bovine Prions: CJD Disease, KURU, Scrapie, Brain
University of New Mexico Albuquerque - Lab Floor for Toxicology & Environ Disease Research	3,000,000	Construction to study Cancer
Morehouse School of Medicine -	3,000,000	Construction animal facilities, nervous system, cardiovascular disease
University of California San Francisco - ABSL-3 Facility	700,000	Construction to improve care for animal and quality and quantity research especially house for RG-3 pathogen infected animals.

5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY 01

Data Not Available In This Format

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

Data Not Available In This Format

C. OUTREACH

Data Not Available In This Format



NATIONAL EYE INSTITUTE (NEI)

Established in 1968, NEI conducts and supports research that helps prevent and treat eye diseases and other disorders of vision. This research leads to sight-saving treatments, reduces visual impairment and blindness, and improves the quality of life for people of all ages. NEI-supported research has advanced our knowledge of how the eye functions in health and disease.

A. RESEARCH

1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
Funding for MH/HD Research	\$30.2M	\$36.3M	(+) 20.2	

2. Progress Within Individual MH/HD Research Projects

Data Not Available In This Format

3. MH/HD Scientific Breakthroughs or Advances in FY2001

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
Projecto VER	Prevalence of diabetes and diabetic retinopathy in Mexican Americans in Tucson and Nogales, AZ	20% of population sample had diabetes and almost half had diabetic retinopathy; 15% of participants were unaware they had diabetes; 23% of those had early to moderate diabetic retinopathy.

4. New MH/HD Research Projects Created (Funded) in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Development of an Invertebrate Model of Glaucoma	Investigation of the genetic and developmental roles of the protein myocilin that is produced by a gene associated with adolescent and adult forms of glaucoma in <i>Caenorhabditis elegans</i> (Morgan State)	2
Biocompatible PEG-Functionalized Methacrylates	Investigation of chemical changes to a proposed intraocular lens to inhibit epithelial cell growth and inflammatory reactions (Howard)	3

**Number of years varies depending on the length of award for specific grants funded.*

5. MH/HD Projects Completed in FY2001

Data Not Available In This Format

6. Other Indicators of MH/HD Research Progress Not Captured Above

Data Not Available In This Format

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Minority Training	Funding	\$1.3M	\$2.4M	(+) 77.8

2. Institution-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Historically Black Colleges & Universities (HBCUs)	Funding	\$766,000	\$1.1M	(+) 43.9
Hispanic Serving Institutions (HSIs)	Funding	-	\$10.1M*	

3. Creation of New Infrastructure Programs

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
Clinical Research Education and Career Development in Minority Institutions/ Request for Application (RFA) / Dependent on # of Applications		To support the development and implementation of curriculum-dependent programs in minority institutions to train selected doctoral and postdoctoral candidates in clinical research leading to a Master of Science in Clinical Research or Master of Public Health in a clinically-relevant area.

4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)

Data Not Available In This Format

5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY 01

Data Not Available In This Format

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

Data Not Available In This Format

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Glaucoma Education Program	Radio placements	144	198	(+) 37.5
	Radio audience	2.0M	3.7M	(+) 85.0
Glaucoma Brochures	Distribution	202,486	173,982	(-) 14.1
Diabetic Retinopathy Education Program—Brochures (English)	Distribution	982,046	505,297	(-) 48.5
Diabetic Retinopathy Education Program—Brochures (Spanish)	Distribution	43,636	67,167	(+) 53.9

2. New MH/HD Outreach Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
Low Vision Education Program	The Low Vision Education Program was established to increase awareness of low vision and its impact on quality of life. A traveling exhibit, The Eye Site, is directed toward people with low vision, their families and friends, and health care and service professionals. African Americans and Hispanics are target audiences for the exhibit, because of their increased risk of vision loss from sight-threatening diseases. The exhibit is being displayed at shopping malls and centers across the Country.

3. MH/HD Outreach Projects Completed in FY2001

Data Not Available In This Format

4. Other Indicators of MH/HD Outreach Progress Not Captured Above

Data Not Available In This Format



NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

Established in 1948, NHLBI provides leadership for a national program in diseases of the heart, blood vessels, lung, and blood; blood resources; and sleep disorders. Since October 1997, the NHLBI has also had administrative responsibility for the NIH Woman's Health Initiative. The Institute plans, conducts, fosters, and supports an integrated and coordinated program of basic research, clinical investigations and trials, observational studies, and demonstration and education projects.

A. RESEARCH

1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

Data Not Available In This Format

2. Progress Within Individual MH/HD Research Projects

NAME/DESCRIPTION OF PROJECT*	METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
Jackson Heart Study Identifies environmental and genetic factors influencing the evolution and progression of cardiovascular disease (CVD) in African Americans.	Study enrollment	83	1,146	~1300%
Multi-ethnic Study of Atherosclerosis (MESA) Investigates the prevalence, correlates, and progression of sub-clinical CVD in a population consisting of 40% Whites, 30% African Americans, 20% Hispanics, and 10% Asians.	Study enrollment	404	3,873	~900%
Genetics of Coronary Artery Disease in Alaska Natives (GOCADAN) Documents CVD and CVD risk factors in approximately 40 extended families.	Study enrollment	0	218	---
Action to Control Cardiovascular Risk in Diabetes (ACCORD) A multi-center trial to assess whether the rate of major CVD events can be reduced by intensive control of blood sugar, intensive control of blood pressure, and treatment of blood lipids compared with the current standard of care in Type 2 diabetes.	Study enrollment	0	1184	---

NAME/DESCRIPTION OF PROJECT*	METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
<p>PREMIER: Lifestyle Interventions for Blood Pressure Control</p> <p>A study to determine if a comprehensive intervention involving reduced sodium intake, increased physical activity, weight loss, and moderate alcohol intake in association with the Dietary Approaches to Stop Hypertension (DASH) diet is more effective in reducing blood pressure in patients with high blood pressure than this same intervention without the DASH diet.</p>	Study enrollment	253	811	~200%

3. MH/HD Scientific Breakthroughs or Advances in FY2001

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
Salt Sensitivity, Cardiovascular, and Metabolic Disease	A study demonstrated that salt sensitivity (an exaggerated increase in blood pressure in response to salt intake) increased the risk of death not only in people with elevated blood pressure but also in those with normal blood pressure who were older than 25 years of age when initially studied. In fact, salt-sensitive people with normal blood pressure had a mortality rate similar to hypertensive subjects, whereas salt-resistant normotensive individuals had increased survival.	Because there is no easy way to test for salt sensitivity, this study provides yet another reason why people with normal blood pressure should be careful about their salt intake.
Dietary Approaches to Stop Hypertension (DASH) - Sodium	Researchers demonstrated that a low-sodium version of the DASH diet (a food plan that is rich in fruits, vegetables, and low-fat dairy products and low in saturated fat, total fat, and cholesterol) reduces blood pressure even further than the DASH diet alone. The combination low-sodium (no more than 1500 mg. per day) DASH diet lowered blood pressure of people with hypertension to levels similar to those achievable by therapy using a single drug.	These results illustrate how dietary modifications, along with other lifestyle changes, could help prevent the rise of blood pressure with age and allow individuals to control their hypertension with fewer drugs or even none at all.
Beta-Blocker Evaluation of Survival Trial (BEST)	Investigators of the Beta-Blocker Evaluation of Survival Trial (BEST) found that bucindolol, a beta-blocker, did not increase survival for patients with moderate to severe heart failure. When compared with placebo, bucindolol conveyed some benefit for patients with less advanced disease. However, this benefit varied with race. Black heart-failure patients gained no benefits from Bucindolol, while other patients (Whites, Hispanics, Asian/Pacific Islanders, and American Indian/Alaskan Native) treated with the drug lived longer.	In addition to underscoring the importance of examining gender, racial, and ethnic differences in future cardiovascular disease studies, the results demonstrate the importance of treating heart failure early, when beta-blockers can make a real difference in survival.

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
Genetics of Asthma	Researchers studying Black, White, and Hispanic ethnic groups in a search for genetic links to asthma found genes on chromosomes 5, 8, 12, 14, and 15 that are associated with asthma regardless of a patient's ethnic background. However, depending on a patient's ethnicity, genes on one of three other chromosomes are also involved. A gene on chromosome 11 is unique to Blacks, while genes on chromosomes 1 and 6 are unique to Hispanics and Whites, respectively. Asthma appears to be influenced by several genes, each with relatively small effects, acting in concert with environmental exposures to determine an individual's overall risk of developing the disease.	Asthma affects Americans of all ages, races, and ethnic groups, but minority populations experience substantially higher rates of fatalities, hospital admissions, and emergency room visits due to asthma. Identifying the genetic factors that predispose to asthma development has important public health significance. Understanding the genetic variations of asthma is likely to have a major influence on improving available therapeutic options, especially for minority patients.
Sickle Cell Treatment	Adults with sickle cell disease (SCD) are deficient in L-arginine (L-Arg), an amino acid essential for the production of nitric oxide (NO). Among its several functions, NO is involved in dilating blood vessels and preventing blood cells from adhering to one another as they do in the painful crises that make SCD so debilitating. Moreover, there appears to be an inverse relationship between the amount of pain reported by SCD patients experiencing crises and their blood levels of NO metabolites. Researchers at the Northern California Comprehensive Sickle Cell Center recently demonstrated that L-Arg supplements may be useful for treating patients with crises, presumably by increasing the amount of available NO.	Because L-Arg is safer and more easily administered than inhaled NO, it will be a valuable treatment option for severely ill SCD patients if results are confirmed in a large number of SCD patients.

4. New MH/HD Research Projects Created (Funded) in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Genetic Aspects of Tuberculosis in the Lung	The objective of this initiative is to stimulate research on the genetic aspects of tuberculosis, exploiting advances in molecular biology and genomics. It is important to explore the interaction between host and microbial genes, and the identification of genes or families of genes that determine virulence, latency, reactivation of disease or resistance to antituberculous drugs.	5 years
Severe Asthma Research Program	Severe asthma affects a small subset of asthma patients, but accounts for a significant amount of morbidity and mortality associated with asthma. The purpose of this initiative is to establish collaborative efforts to investigate the pathophysiology of severe asthma and to determine how it differs from mild-to-moderate asthma.	5 years
Susceptibility to Target Organ Damage in High Blood Pressure	Damage to target organs is the principal source of morbidity and mortality associated with high blood pressure. The NHLBI will support basic research to identify genetic and other biological factors that increase the susceptibility to hypertension-related injury and damage to target organs.	4 years

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Transactivation of Fetal Hemoglobin Genes for Treatment of Sickle Cell Disease and Cooley’s Anemia	Increased understanding of the transacting component of developmental stage-specific hemoglobin isoform switching will facilitate the development of new approaches to cure beta-chain hemoglobinopathies such as sickle cell disease and Cooley’s anemia. The Institute will support research leading to the unambiguous identification of transactivator proteins that regulate the expression of fetal globin chains.	4 years
Overcoming Barriers to Treatment Adherence in Minorities and Persons Living in Poverty	Racial and socioeconomic status disparities in adherence to prescribed behavioral and medical regimens are often based on financial, logistical, and cultural barriers that often occur more frequently or have greater impact in poor and minority communities. This initiative encourages the evaluation of interventions in clinical care settings designed to improve adherence to medically prescribed lifestyle and medical regimes by racial and ethnic minorities and/or persons living in poverty.	4 years

*Number of years varies depending on the length of award for specific grants funded.

5. MH/HD Projects Completed in FY2001

Data Not Available In This Format

6. Other Indicators of MH/HD Research Progress Not Captured Above

OTHER INDICATORS – PLANNED NEW INITIATIVE
<p>Partnership Programs of Excellence in Minority Cardiovascular Health Research</p> <p>Research-intensive medical centers have a wealth of resources available to address health disparities, but may have difficulty connecting with the people who could benefit the most. In contrast, health care systems that predominantly serve minority populations have established relationships with underserved communities, but might not have experience in conducting research. The NHLBI recognizes that bringing these two types of institutions together would have a profound effect on researchers’ abilities to study complex biological, behavioral, and societal factors that contribute to cardiovascular disease health disparities and on promotion of research within the health care systems to improve minority health and reduce health disparities. Therefore, it plans to develop Partnership Programs of Excellence in Minority Cardiovascular Health Research. Important aspects of the programs will include community involvement in the research, outreach strategies for patient recruitment and retention, and development of new investigators interested in reducing cardiovascular health disparities.</p>
<p>Research in How Body Weight Influences Cardiovascular Disease</p> <p>According to data from the National Center for Health Statistics, over fifty percent of the adult U.S. population is overweight or obese. Consequently, a very large number of Americans are at increased risk of developing numerous health problems including atherosclerosis, enlarged hearts, heart failure, and irregular heart beats. Moreover, excessive weight is becoming increasingly common in children and adolescents; its effects on young, still-developing cardiovascular systems are unclear. The NHLBI plans to promote basic and clinical studies to explain how excessive body weight contributes to the development of CVD in order to develop rational approaches to forestall the cardiovascular complications of obesity. Major areas needing further research and clarification include the role of adipose tissue in inflammation; the effects of obesity on the maturation of the cardiovascular, respiratory, and endocrine systems; and the complex interactions between overweight and conditions such as chronic sleep loss, hypertension, and insulin resistance.</p>

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
<p>NHLBI Minority Institution Research Scientist Development Award Provides research support to faculty members at minority institutions who have the potential to conduct high-quality research in the areas of cardiovascular, pulmonary, hematologic, and sleep disorders; enhances the institution's science infrastructure; and provides "hands-on" research opportunities for minority students enrolled at the applicant institutions.</p>	Number of awards	14	15	~7%
<p>NHLBI MARC Summer Research Training Program Offers honor students participating in the Minority Access to Research Careers Undergraduate Student Training in Academic Research (MARC U*STAR) program a 10-week summer research experience in the NHLBI intramural laboratories.</p>	Number of awards	0	5	---
<p>Short-term Training for Minority Students Program Provides short-term research support to underrepresented minority undergraduate and graduate students and students in health professional schools to expose them to career opportunities in cardiovascular, pulmonary, hematologic, and sleep disorders research.</p>	Number of awards	32	34	~6%

2. Institution-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
<p>Research and Training award to Historically Black Colleges and Universities (HBCU) Provides an opportunity for HBCUs offering the Master's, Ph.D., or professional degrees to recruit established scientists to help expand their research base and to train students in and expose them to the latest scientific advances. The NHLBI will offer the <i>Research Scientist Award for Minority Institutions</i> in FY2002 to extend this award to all institutions with a student enrollment that is greater than 50% members of cultural or racial minority groups.</p>	Number of NHLBI grants	11	14	~27%

3. Creation of New Infrastructure Programs

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
Minority Undergraduate Biomedical Education Program		The purpose of this program is to develop pilot demonstration programs at minority undergraduate educational institutions that will encourage the recruitment and retention of talented undergraduate students in the biomedical sciences. The program is designed to increase the number of minority students who enter and succeed in undergraduate and ultimately graduate and professional programs in the biomedical and behavioral sciences.

4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)

Data Not Available In This Format

5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY 01

Data Not Available In This Format

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

OTHER INDICATORS
<p>Workshop on the Recruitment and Retention of African Americans, Hispanic Americans, and Native Americans in Scientific Research Careers Relevant to Heart, Lung, Blood, and Sleep Disorders</p> <p>The NHLBI sponsored a one-day workshop to explore ways of improving the training and career development program offerings of the Institute. The NHLBI invited investigators, administrators from academic institutions, and students enrolled in current programs to make recommendations for enhancing the overall success of the Institute's recruitment efforts.</p>

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
<p>Salud para su Corazón</p> <p>This project is dedicated to improving cardiovascular health among Hispanics. It has developed a wide variety of materials that provide a rich source of information on heart-health interventions for consumers, program planners, community leaders, and lay health workers. Through partnerships and collaborations, this program educates local communities in linguistically and culturally appropriate ways.</p>	Number of promoters trained	133	140	~5%

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Salud para su Corazón Description above.	Number of families educated	188	230	~22%
Cardiovascular Disease Enhanced Dissemination and Utilization Centers (EDUCs) The NHLBI has established a partnership with six community-based organizations (EDUCs) as part of a nationwide strategy to develop a network of partners to promote community-based cardiovascular health in high-risk populations. The six EDUCs are located in rural communities with heart disease and stroke death rates far in excess of the national average.	Number of centers	0	6	---

2. New MH/HD Outreach Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
Women’s Heart Health Education Initiative: This health education effort aims to reduce death and disability from cardiovascular disease in women.	This initiative is designed to develop a national heart health education program for women to reduce death and disability from CVD. The program will include activities to increase awareness and dispel misinformation about heart disease risk in women, change the way health professionals detect and treat risk factors through better use of existing scientific and clinical information, establish communication with minority women who are at increased risk of CVD, and mobilize communities to initiate local efforts.
“Sleep Well. Do Well.” Garfield Star Sleeper Campaign An educational campaign designed to teach young children, teachers, and parents about the importance of adequate sleep for children.	In partnership with Paws, Inc., the NHLBI has launched a five-year campaign, featuring the cartoon character Garfield the Cat, to raise awareness of the importance of sleep in promoting good health. The initiative includes dissemination of information through mass media, elementary schools, and organizations that reach parents, teachers, and pediatricians.
Baltimore City Cardiovascular Health Partnership (BCCHP) Combines a population-wide public education campaign and targeted subgroup outreach activities to build and reinforce positive cardiovascular health lifestyle skills and behaviors among African Americans who are residents of Baltimore City public housing.	BCCHP will address the overall Healthy People 2010 goals of eliminating health disparities and increasing quality and years of healthy life. One of the strengths of this initiative is the opportunity to establish partnerships with organizations that have special ties and access to many members of the targeted population, African Americans in Baltimore City who suffer disproportionately from heart disease and stroke and have high levels of risk factors for these diseases.

3. MH/HD Outreach Projects Completed in FY2001

Data Not Available In This Format

4. Other Indicators of MH/HD Outreach Progress Not Captured Above

Data Not Available In This Format



NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Established in 1989, NHGRI leads the NIH contribution to the International Human Genome Project, which has as its primary goal the sequencing of the human genome. As this project nears successful completion, the NHGRI's mission has expanded to encompass a broad range of studies aimed at understanding the structure and function of the human genome and its role in health and disease. To that end, NHGRI supports the development of resources and technology that will accelerate genome research and its application to human health.

A. RESEARCH

1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

Data Not Available In This Format

2. Progress Within Individual MH/HD Research Projects

NAME/DESCRIPTION OF PROJECT*	METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
African American Hereditary Prostate Cancer Study	# of case recruitments	52 families	76 families	46%
African American Hereditary Prostate Cancer Study	# of Papers Published	1	1	0%
Africa America Diabetes Mellitus Study	# of Papers Published	0	1	N/A
Attention Deficit Hyperactivity Disorder Study	# of case recruitments	0 families	5 families	N/A
FY 1999 Genetic Variation RFA (1B.1)	# of Projects funded	7	9	29%
FY 1999 Genetic Variation RFA (1B.1)	# of Minority Participants	0	294	N/A
FY 1999 Genetic Variation RFA (1B.1)	# of Papers Published	0	4	N/A

3. MH/HD Scientific Breakthroughs or Advances in FY2001

Data Not Available In This Format

4. New MH/HD Research Projects Created (Funded) in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Native American Research Centers for Health (1B.3)	To encourage Native Americans and Alaska Natives to develop expertise in genetic and genomic science, and ELSI research, with the ultimate goal of helping to improve the health status of individuals and reducing health disparities.	4

**Number of years varies depending on the length of award for specific grants funded.*

5. MH/HD Projects Completed in FY2001

Data Not Available In This Format

6. Other Indicators of MH/HD Research Progress Not Captured Above

Data Not Available In This Format

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Howard Summer Study partnership	# of students trained	0	10	N/A
Hosted the Current Topics in Genetic Research Short Course - targeted on college faculty from institutions with substantial minority enrollment	# of faculty participants	26	32	23%
NHGRI Summer Internship Program	# of minority student participants	21	16	-24%
Minority Supplement Program: long-term trainee (2.3)	# of students supported	5	9	80%
Minority Supplement Program: short-term travel award (2.3)	# of students supported	1	25	2400%
T32 Training Grant Program (2.4)	# of awards to minority recipients	3	9	200%

2. Institution-Focused Endeavors

Data Not Available In This Format

3. Creation of New Infrastructure Programs

Data Not Available In This Format

4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)

Data Not Available In This Format

5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY 01

Data Not Available In This Format

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

OTHER INDICATORS
NHGRI held a workshop in April 16-17, 2001 to explore new approaches to recruiting underrepresented minorities into the genomics and ELSI research. The staff developed an Action Plan to respond to these suggestions that was approved by the institute's National Advisory Council at its May 2001 Meeting. The significance of this plan is that it includes all NHGRI programs and activities. NHGRI invited its grantees to a meeting in Bethesda in November, 2001, to discuss the plan and to have available individuals who have developed successful strategies for recruiting and retaining underrepresented minorities in undergraduate and graduate school. Grantees with major funding from NHGRI have been asked to submit a plan for institute review by March 1, 2002.

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
NHGRI attendance/availability at national scientific meetings targeted toward minority students – SACNAS (2.3)	# of meetings attended	1	1	0%

2. New MH/HD Outreach Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
Genome Minority Outreach Video for Inclusion and Education (G-MOVIE)	NHGRI developed plans and met with a group of experts to develop a short video that will be a significant resource in efforts to attract and recruit students from minority communities into genomic and ELSI research

3. MH/HD Outreach Projects Completed in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	START DATE
Completed production of an educational kit: The Human Genome Project: Exploring Our Molecular Selves	To mark publication of the working draft of the human genome, in February, 2001, NHGRI released a free, multimedia educational kit for high school students and the interested public. The kit, called The Human Genome Project: Exploring our Molecular Selves, includes: a CD-ROM with seven varied segments, an award-winning video documentary, The Secret of Our Lives - a commemorative poster, an informational brochure, Genetics: The Future of Medicine	

4. Other Indicators of MH/HD Outreach Progress Not Captured Above

OTHER INDICATORS
<p>NHGRI Director, Dr. Francis Collins, visited the Navajo Reservation in April 2001 and talked about the Human Genome Project with students at Dine College and local community members.</p> <p>2nd Annual Consumer Day held November 9, 2000, at the NIH campus. A plenary lecture “The Meaning of Race in Society and Science” was delivered by Dr. Harold Freeman.</p> <p>Preparation of a series of one-page flyers to describe training programs in genomics and ELSI, for distribution at professional and scientific meetings.(2.3)</p> <p>Establishment of an internal group, the Minority Outreach Team, to share information and plan activities that respond to and compliment the Action Plan.(2.3)</p> <p>Dr. Collins delivered a keynote address in Atlanta on July 20, 2001, at a Human Genome Project informational conference for minority communities, organized by the Zeta Phi Beta sorority and the National Education Association. His address highlighted many of the ethical, legal and social challenges of the Human Genome Project and encouraged individuals from minority communities to become a part of this scientific enterprise as researchers and participants.</p> <p>In October 2000, Dr. Collins visited the Meharry Medical College to give a presentation on the Human Genome Project to faculty and students.</p>



NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Established in 1948, NIAID research strives to understand, treat, and ultimately prevent the myriad infectious, immunologic, and allergic diseases that threaten millions of human lives.

A. RESEARCH

1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	COMMENTS
Minority Health / Health Disparity Projects	724	1631*	* Due to a change in the definition of "Minority Health / Health Disparity," the numbers of projects in FY2000 and FY2001 cannot be compared in a meaningful manner.
Request for Application's (RFAs) Issued Relevant to MH/HD	6	1	Typically initiatives (RFAs, RFPs, PAs) are open for more than one year. Accordingly, comparison of the number issued in any given year is not a reflection of change in emphasis. Initiatives are issued to promote science in a given area. Initiatives often are predicated upon advances or new technologies coming to the fore that make research in an area possible. It is not a reflection of the level of importance being accorded but an indication that research in an area can be pursued productively.
Request for Proposal's (RFPs) Issued Relevant to MH/HD	4	8	“ ”
Program Announcement's (PAs) Issued Relevant to MH/HD	6	4	“ ”

2a. Progress Within Individual MH/HD Research Projects

- NOTES:
- Many other research awards (awards in response to investigator-initiated applications) are made that pertain to health disparities.
 - Awards made under initiatives, and investigator-initiated awards typically run for several years. Thus, awards made in a given year do not reflect the full level of activity in that year.

NAME/DESCRIPTION OF INITIATIVES	METRIC DESCRIPTION	NUMBER IN FY2001	AFFECTED MINORITY POPULATION
HIV/AIDS			
PAR00-054 Centers for AIDS Research - Provide infrastructure to support AIDS research at institutions that receive significant NIH funding.	Awards	2	African Americans and Hispanics

NAME/DESCRIPTION OF INITIATIVES	METRIC DESCRIPTION	NUMBER IN FY2001	AFFECTED MINORITY POPULATION
PAR00-093 HIV Vaccine Research and Design - Support investigator-initiated, hypothesis-driven basic research on AIDS vaccine.	Awards	1	African Americans and Hispanics
RFP-DAIDS-01-04 Simian Vaccine Evaluation Units - Conduct preliminary studies on new vaccines, and immunogenicity and safety tests of candidate HIV vaccines in non-human primates.	Awards	3	African Americans and Hispanics
RFP-DAIDS-01-06 HIV Vaccine Production Pre-Clinical Testing - Move HIV vaccine concepts from the laboratory to initial human testing through product development, immunogenicity and safety testing, and FDA submissions.	Awards	5	African Americans and Hispanics
RFP-DAIDS-01-09 HLA Typing and Epitope Mapping Guide to HIV Vaccine Design - Support immunogenetic characterization of HIV seropositive and seronegative populations and establish a database of human lymphocyte antigen (HLA) types; racial and ethnic differences in immune responses can be attributed to differences in the HLA type. New program in FY01	Awards	1	African Americans, Asian-Pacific Islanders, Hispanics, and Native Americans
RFP-DAIDS-01-17 Primate Models to Evaluate HIV Prevention Therapeutic Strategies - Use non-human primate animal models to evaluate non-vaccine strategies, including topical microbicides, to prevent sexual transmission of AIDS.	Awards	2	African Americans and Hispanics
RFP-DAIDS-01-18 Specialized in vitro Immunological Evaluations of Strategies to Combat HIV/AIDS - Evaluate potential therapeutic and preventive strategies for HIV-1 infection using in vitro immunologic assays.	Awards	1	African Americans and Hispanics
ASTHMA			
AI00-012 Asthma & Allergic Diseases Research Centers - Support national network of research centers that conduct multidisciplinary basic and clinical research on asthma and allergic diseases.	Awards	11	African Americans, Asian-Pacific Islanders, Hispanics, and Native Americans
AUTOIMMUNE DISEASES			
AI00-005/AI01-001 Mechanisms in Immunomodulation Trials - Conduct studies of the mechanisms of disease pathogenesis in conjunction with clinical trials of interventions for immune-mediated diseases, such as asthma and allergic diseases, autoimmune diseases, and graft failure.	Awards	8	African Americans, Asian-Pacific Islanders, Hispanics, and Native Americans
AI00-006 Innovative Grants on Immune Tolerance - Support pilot research projects on the molecular mechanisms and applications of antigen-specific immune tolerance.	Awards	10	African Americans, Asian-Pacific Islanders, Hispanics, and Native Americans

NAME/DESCRIPTION OF INITIATIVES	METRIC DESCRIPTION	NUMBER IN FY2001	AFFECTED MINORITY POPULATION
AI00-016 Cooperative Study Group for the Prevention of Autoimmune Disease - Conduct basic research on the development of new targets and approaches to prevent autoimmune diseases and evaluate novel approaches in pilot and clinical studies.	Awards	2	African Americans, Asian-Pacific Islanders, Hispanics, and Native Americans
TRANSPLANTATION			
AI00-013 Immunopathogenesis of Chronic Graft Rejection - Support basic and preclinical research on the mechanism, treatment, and prevention of chronic graft rejection.	Awards	3	African Americans, Asian-Pacific Islanders, Hispanics, and Native Americans
AI01-006 Non-Human Primate Immune Tolerance Cooperative Study Group - evaluate the safety and efficacy of tolerogenic regimens in large animal models	Awards	1	African Americans, Asian-Pacific Islanders, Hispanics, and Native Americans
TUBERCULOSIS (TB)			
RFA HL-00-014 (AI co-funded) Genetic Aspects of TB in the Lung - Support research that will exploit advances in molecular biology and genomics research to study genetic aspects of tuberculosis. New program in FY01	Awards	1	African Americans, Asian-Pacific Islanders, and Hispanics
RFP-DAIDS-01-13 TB Drug Screening - Test novel compounds and large compound libraries using in vitro and high-throughput assays. New program in FY01	Awards	1	African Americans, Asian-Pacific Islanders, and Hispanics

2b. Progress Within Individual MH/HD Research Projects (Minority Enrollment in Clinical Trials)

NAME/DESCRIPTION OF INITIATIVES	METRIC DESCRIPTION	PERCENT IN FY2001	AFFECTED MINORITY POPULATION
HIV/AIDS			
AIDS Clinical Trials	Percent of patients who are minorities	53.6%	African Americans and Hispanics
Asthma			
Inner City Asthma Clinical Trials	“ ”	93.0%	African Americans and Hispanics
Hepatitis C Virus			
Hepatitis C Virus Clinical Trials	“ ”	62%	African Americans, Hispanics, and Native Americans
Hepatitis C Antiviral Long-Term Treatment to Prevent Cirrhosis Virology and Immunology Ancillary Study with NIDDK (HALT C)	“ ”	20%	African Americans, Asian-Pacific Islanders, Hispanics, and Native Americans
Transplantation			
Adult/Pediatric Clinical Trials in Kidney Transplantation	“ ”	36.0%	African Americans, Asian-Pacific Islanders, Hispanics, and Native Americans

3. MH/HD Scientific Breakthroughs or Advances in FY2001

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
HIV/AIDS	<i>HIV/AIDS disproportionately affects minorities, notably African Americans.</i>	
Preventing Aids in Monkeys by DNA Plus IL2/Ig Vaccination.	DNA vaccine plus an adjuvant (IL2/Ig) that enhances immune stimulation by the vaccine prevented onset of AIDS in monkeys.	Effective vaccine would decrease the spread of HIV.
Asthma	<i>African Americans are hospitalized for asthma three times more often than other Americans, and African Americans and Hispanic Americans living in inner cities are two to six times more likely to die from asthma.</i>	
Exposure of High Levels of Cat Allergen Results in Protective Immune Response.	Exposure to high levels of cat-allergen produced cat-specific IgG4 - a non-allergy causing antibody- indicating that a cat in the house may decrease asthma risk.	Understanding the factors that regulate IgG4 and IgE (the allergy-causing antibody) production may aid in developing new prevention strategies and more effective allergy and asthma treatments.
Autoimmune Diseases	<i>The prevalence of several autoimmune diseases (e.g., scleroderma and systemic lupus erythematosus) is significantly higher in African American women than in other groups. Reports also indicate an increased prevalence of SLE and rheumatoid arthritis among many Native American tribes.</i>	
Intravenous Immunoglobulin (IVIg) Targets Inhibitory Pathway and May Provide a Mechanism of Protection in Autoimmune Disease.	A specific inhibitory receptor, FcRIIB, mediates the protective effect of IVIG against inflammation.	Further understanding of IVIG will enhance the ability to develop safer, non-plasma based, alternative therapeutics to treat many diseases, including autoimmune diseases.
Hepatitis C Virus (HCV)	<i>HCV more heavily affects minority populations. This racial disparity is compounded by the fact that African Americans have a uniquely poor response to current HCV therapies.</i>	
New model for Hepatitis C Virus Replication.	A new cell culture model allows high levels of HCV replication.	Ability to study HCV replication in detail could allow more rapid discovery of new drug therapies for HCV.
Transplantation	<i>Organ transplantation is a key health disparity for African Americans</i>	
Noninvasive Test to Detect Kidney Transplant Rejection.	Proteins that play a role in transplant rejection can be measured non-invasively in urine.	Status of transplanted solid organ can be monitored non-invasively allowing for frequent testing thus improving transplantation outcome.
Gene Therapy Prevents Kidney Rejection in Animal Model.	Pre-transplant gene therapy in which recipient's bone marrow was genetically modified to induce tolerance to the donor's cells, prevented graft-versus-host disease (GVHD).	Gene therapy and short courses of immunosuppressive therapy may prevent GVHD and the need for long-term immunosuppressive therapy.
Hematopoietic Stem Cells (HSC) Derived from Umbilical Cord Blood Lower Risk for GVHD.	HSCs from cord blood significantly lowered the risk of GVHD in patients with acute leukemia, lymphoma, and aplastic anemia.	Cord blood may prove to be a safer and less costly alternative to bone marrow transplantation.
Tuberculosis	<i>Approximately 78% of TB cases in the U.S. in 2000 involved racial and ethnic minorities.</i>	
Engineered BCG Vaccine Provides Protection Against TB.	BCG vaccine engineered to produce tuberculosis proteins provides greater protection than conventional vaccine.	Existing vaccines against TB can be improved through engineering methods.

4. MH/HD Projects Completed in FY2001

Data Not Available In This Format

5. Other Indicators of MH/HD Research Progress Not Captured Above

Data Not Available In This Format

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2001 NUMBER
Minority Pre-doctorial Fellowships (F31)	Awards	24
Minority AIDS Clinical Training Program (ACTG)	Awards	2
Research Supplements for Underrepresented Minorities	Awards	83
Intramural Research Training Awards (IRTAs)	Appointment	10

2. Institution-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2001 NUMBER
Research Centers and Minority Institutions (G12)	Awards	6*
Minority Biomedical Research Support (S06)	Awards	9*
Howard University Short Term Training Award in STD's (T-35)	Awards	1

**While we have indicated the number of projects funded by NIAID, the count for the G12's is accorded to NCCR and for the SO6's the count is accorded to NIGMS for budget purposes.*

3. Creation of New Infrastructure Programs

Data Not Available In This Format

4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)

Data Not Available In This Format

5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY 01

Data Not Available In This Format

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

OTHER INDICATORS – INDIVIDUAL TRAINING/MANPOWER-FOCUSED ENDEAVORS		
NAME/DESCRIPTION OF PROGRAM	METRIC USED	FY2001
Bridging The Career Gap for Underrepresented Scientists	Workshop	40 Slots Bi-Annually
Introduction to Biomedical Research Program (IBRP)	Seminar	60 Slots Annually
Temple University Longitudinal Initiative	Award/Summer Internships	4 Summer Interns
Temple University Minority Trainee Research Forum	Student Scientific Presentations	72 Student Participants; Two speakers from NIAID

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

Data Not Available In This Format

2. New MH/HD Outreach Projects Created in FY2001

Data Not Available In This Format

3. MH/HD Outreach Projects Completed in FY2001

Data Not Available In This Format

4. Other Indicators of MH/HD Outreach Progress Not Captured Above*

**Many outreach activities are not “projects” but on-going efforts associated with research programs.*

OTHER INDICATORS	
NAME/DESCRIPTION OF PROGRAM/PROJECT	SIGNIFICANT FY2001 OUTREACH ACTIVITIES
HIV/AIDS. <i>HIV/AIDS disproportionately affects minorities, notably African Americans. African Americans make up almost 38% of all AIDS cases reported in the United States, even though they represent an estimated 12% of the total U.S. population. An AIDS vaccine would be an important tool to address this health disparity.</i>	
National HIV Vaccine Steering Group - The group's mission is to assist and provide guidance in the development of a national communication campaign regarding HIV vaccine research, especially in communities highly affected by HIV.	In FY2001: Hired a new contractor, Ogilvy Public Relations Worldwide. Surveys are being conducted to identify issues and support materials. An HIV Vaccine News Bureau and HIV Vaccine communication Corps are being established.
HIV Vaccine Trials Network (HVTN) – The Network conducts all phases of clinical trials, from evaluating candidate vaccines for safety and the ability to stimulate immune responses, to testing vaccine efficacy. This research is done through multi-center clinical trials in a global network of domestic and international sites. The HVTN has vigorously sought to establish a strong foundation of community leadership and support for vaccine trials. Each HVTN site has established a Community Advisory Board (CAB) to assist in the planning, development, and implementation of the HVTN research; assess community impact and assure community concerns are considered; and serve as a voice for the community and study participants.	In February 2001, in New York City, the HVTN held its first retreat of HVTN Community Educators/Recruiters to develop strategies for vaccine study community education, outreach and recruitment. Also, in February 2001, the NICHD held a community consultation, in which NIAID staff participated, on the topic of conducting preventive HIV vaccine trials in adolescents. In August 2001, the HVTN held a retreat of HVTN Community Advisory Board and International Community Educators/Recruiters.
Hepatitis C Virus. <i>HCV more heavily affects minority populations and persons living in poverty. This racial disparity is compounded by the fact that African Americans have a uniquely poor response to HCV therapies.</i>	
In December 1999, NIAID helped support an NIH workshop “Hepatitis C in African Americans” which involved presentations on epidemiology, natural history, clinical features, intravenous drug users, Veteran populations, liver transplantation outcomes, therapies, and racial and ethnic issues.	In November 2001, a summary of a workshop “Hepatitis C in African Americans” was published in the journal Gastroenterology, to disseminate the workshop information to practitioners.

OTHER INDICATORS	
NAME/DESCRIPTION OF PROGRAM/PROJECT	SIGNIFICANT FY2001 OUTREACH ACTIVITIES
<p>Tuberculosis. <i>In the United States, a total of 16,377 new TB cases were reported to the CDC from the 50 states and the District of Columbia during 2000. Approximately 78% of these cases involved racial and ethnic minorities.</i></p>	
<p>Improve access of racial and ethnic minorities to tuberculosis clinical trials - The NIAID Division of Intramural Research is establishing relationships with community-based, public health, and hospital-based clinics in the Washington, D.C. metropolitan area that are treating patients with tuberculosis. The purpose of establishing these relationships is to facilitate participation of these clinics – and their patients -- in future basic studies and clinical trials.</p>	<p>In FY2001, the projects scope expanded to include new clinics in Southeast Washington, D.C., and Prince Georges County.</p>
<p>Asthma. <i>African Americans are hospitalized for asthma three-times more often than other Americans, and African Americans and Hispanic Americans living in inner cities are 2-6 times more likely to die from asthma.</i></p>	
<p>In FY2001, NIAID collaborated with the CDC to launch a new project to disseminate and put into practice the highly successful asthma intervention developed through the National Cooperative Inner City Asthma Study (1991-1996). This 4-year program will be implemented through 23 community health organizations nationwide and will target children with moderate to severe asthma, living in poverty-stricken areas of the inner city.</p>	<p>This collaboration will translate a product of NIAID research into a program that will directly benefit more than 6,000 disadvantaged children with asthma.</p>
<p>Autoimmune Diseases. <i>Several autoimmune diseases are more prevalent in women than men, particularly African-American women. Systemic lupus erythematosus is more prevalent and more severe in African-American women than White women, and is two-fold more prevalent among African-American men than among White men. Scleroderma affects more African-American women than women of European descent. Reports also indicate an increased prevalence of SLE and rheumatoid arthritis among many Native American tribes.</i></p>	
<p>The Multiple Autoimmune Disease Genetics Consortium (MADGC) is a repository of genetic and clinical data and materials from families in which two or more individuals are affected by two or more distinct autoimmune diseases.</p>	<p>MADGC began enrolling families in May 2000. To date, 121 families have been enrolled. More information can be found at: http://www.madgc.org</p>
<p>Transplantation. <i>Organ transplantation represents a key health disparity for African Americans. African Americans are less likely to find suitable donors and tend to remain longer on transplant waiting lists. Also, current knowledge of relevant human leukocyte antigen (HLA) typing in minority populations is incomplete. The success of organ transplantation depends on the availability of donated organs and accurate matching of donor and recipient HLA.</i></p>	
<p>Legacy Donor Registry – With NIAID support, the Registry launched an education and demonstration project to increase minority organ donation by initiating new, non-traditional approaches to donor recruitment; improving the consent process; and facilitating the medical community's access to donor registry information.</p>	<p>The Legacy Donor Registry began its Corporate Donor program in 2000 and has conducted organ donation awareness events that reach major corporations and employers in Louisiana.</p>
<p>Hope Heart Institute – With NIAID support, the Institute is evaluating the effectiveness of a unique community-based outreach network to increase organ donation among minority populations in Seattle and Tacoma, Washington.</p>	<p>The outreach network developed and distributed educational materials in local neighborhoods and churches, using the services of VISTA volunteers recruited from targeted African American and Asian communities.</p>
<p>Hope Heart Institute – With NIAID support, the Institute aims to increase organ donation among rural Alaskan natives.</p>	<p>Developed culturally sensitive educational materials and community health education programs, conducted an attitudinal survey, and held regional training events for Native Corporation local health educators, community health aides, local school teachers, and regional hospital staff.</p>



NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES (NIAMS)

Established in 1986, NIAMS supports research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases, the training of basic and clinical scientists to carry out this research, and the dissemination of information on research progress in these diseases.

A. RESEARCH

1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
# of MH/HD related Request for Applications (RFAs) issued	2	6	+ 200%	The number of RFAs in FY2001 increased in two important areas of minority health research at the NIAMS: 1) two RFAs specifically addressing lupus research and 2) two RFAs for increased support of clinical research education and training at minority institutions
# of MH/HD RFA related grants awarded	14	22	+ 57%	In 2001 the NIAMS increased the number of MH/HD related grants through requests for applications in two areas: 1) scleroderma and 2) planning grants for clinical research training in minority institutions.
# of new MH/HD related grants awarded (Please see comments)	--	--	--	The evaluation of new MH/HD related grants awarded by NIAMS is in process due to new NIH MH/HD definition changes.

2. Progress Within Individual MH/HD Research Projects

NAME/DESCRIPTION OF PROJECT*	METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
Lupus in Minority Populations: Nature vs. Nurture (LUMINA)	Minority enrollment			
	Female	261	336	+ 28%
	Male	33	41	+ 24%
Safety in Estrogen in Lupus Erythematosus National Assessment (SELENA)	Minority enrollment			
	Hormone Replacement Therapy Trial	313	342	+ 9%
	Oral Contraceptive Trial	158	177	+ 12%
Lupus Registry and Repository	Minority enrollment	1506	1681	+ 11%

3. MH/HD Scientific Breakthroughs or Advances in FY2001

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
Genetic Marker Confirmed for Scleroderma in Two Populations (Choctaw Indian and Japanese People).	NIAMS supported researchers have used modern-day genetic marker research in order to sequence all regions of the fibrillin-1 gene in both Choctaw Indian and Japanese people with scleroderma. The sequencing has identified two distinctive segments of the gene that are shared by both populations.	This advance provides further support for one genetic region being distinctive in patients with scleroderma. Because the results were found in both populations, greater support has been given to a genetic cause for scleroderma, particularly gene coding changes associated with fibrillin-1.
Early Mortality in Systemic Lupus Erythematosus (SLE) in Three Ethnic Groups (Hispanic, African American, and Caucasian).	Evaluated socioeconomic and demographic, clinical and immunologic, genetic, behavioral, and cultural aspects of the three ethnic groups in order to determine factors associated with disease course and outcome.	Poverty and not ethnicity was the variable consistently found to predict early mortality. Socioeconomic and demographic variables, rather than ethnic/racial or genetic variables, were most associated with disease activity.
Ethnic Disparities Found in Prevalence and Impact of Arthritis in Older Adults.	Non-Hispanic Black and Hispanic older adults reported having arthritis at a substantially higher frequency than did non-Hispanic Whites. In addition, Hispanics reported higher rates of activities of daily living limitations than did non-Hispanic Whites with comparable disease burden.	Understanding the characteristics of older adults with arthritis and the impact of this condition on functional abilities will help in the development of better target prevention and intervention programs.
How Elderly Osteoarthritis (OA) Patients of Different Ethnic Backgrounds Perceive Treatment Options (African American and Caucasian).	African Americans were more likely than Whites to perceive various traditional and complementary care strategies as efficacious and were more likely to rely on self-care measures for their arthritis. African Americans were less likely than Whites to perceive joint replacement therapy as efficacious.	As the U.S. population ages and the prevalence of OA increases, eliminating joint replacement disparities should be a target for intervention. Development of innovative programs that are culturally appropriate and congruent with patient values, attitudes and beliefs need to be developed.

4. New MH/HD Research Projects Created (Funded) in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Scleroderma Family Registry and DNA Repository	Although scleroderma is not passed from parent to child, certain genes may make individuals more susceptible to the disease. Therefore, this national registry will provide a means of identifying these susceptibility genes by establishing a cohort of incident cases for early intervention trials and genetic studies, as well as for basic science and other clinical and epidemiological studies.	5
Lupus Registry and Repository	The lupus registry and repository has been established to study not only patients but also their families in order to identify genes that determine susceptibility to the disease. The high prevalence of lupus among relatives of lupus patients suggests a genetic component for the disease. However, genetic studies of lupus to date have been incomplete. The lupus registry and repository will be assembled and administered at the Oklahoma Medical Research Foundation in Oklahoma City, Oklahoma. This is a competitive renewal for the continuation of the registry and repository.	5

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
<p>Consortium for the Longitudinal Evaluation of African Americans with Early Rheumatoid Arthritis (CLEAR) Registry</p>	<p>Four major academic medical centers in the southeast U.S. will be gathering data for investigators interested in the genetics of rheumatoid arthritis. Since there are currently no ongoing studies evaluating early rheumatoid arthritis (RA) in African Americans, the researchers have focused on this population. The investigators intend to register 600 participants. The registry will provide clinical and x-ray data and DNA to help scientists analyze genetic and non-genetic factors that might predict disease course and outcomes of RA in this population. Certain genes that play a role in the immune system are associated with a tendency to develop RA. Some individuals without these genes may develop this disease, while others who possess the genes never develop RA. Scientists believe that some environmental factors may play a part, triggering the disease process in people whose genetic makeup makes them susceptible to RA.</p>	<p>5</p>
<p>NIAMS Multidisciplinary Clinical Research Center</p>	<p>Located at the Brigham and Women's Hospital in Boston, MA, this newly funded multidisciplinary clinical research center will focus on cardiovascular disease in rheumatic conditions, including lupus. Researchers will evaluate the effects of aggressive therapy in preventing cardiovascular complications in people with lupus in an effort to develop an effective disease management program.</p>	<p>5</p>
<p>Vascular Disease in Systemic Lupus Erythematosus</p>	<p>Cardiovascular disease is a major complication for people with lupus, and African Americans in particular are at greater risk for both diseases separately and as combined illness. The researcher will focus on the long-term consequences of SLE including premature cardiovascular disease, osteoporosis and malignancy. Also, the researcher will investigate interventions to improve quality of life for patients with SLE.</p>	<p>5</p>
<p>Epidemiology of Systemic Lupus & Cardiovascular Disease</p>	<p>The risk factor for myocardial infarction in women with SLE is up to 50 times higher than expected in women aged 35-44 years, and SLE presents unique challenges to studying cardiovascular disease. Also, African American women have a three times higher incidence (number of new cases) and mortality than White women. Researchers will 1) compare the number of cases of vascular disease in SLE patients and non-SLE patients, 2) determine if the risk factors for SLE and non-SLE patients are different, and 3) determine the risk factors associated with the progression of vascular disease over a 3-year period in women with SLE.</p>	<p>4</p>
<p>Role of Nitric Oxide and Eicosanoids on Lupus Nephritis</p>	<p>Lupus nephritis leads to renal failure in 50% of cases over 5 years despite aggressive immune suppressing therapies that are nonspecific and often contribute to significant morbidity and mortality. The aim of this study is to focus on the role of nitric oxide in lupus nephritis. Nitric oxide levels are often elevated in lupus nephritis and a better understanding of the mechanisms behind this occurrence will increase the understanding of the progression and development of lupus nephritis.</p>	<p>5</p>
<p>Specialized Center of Research in Scleroderma</p>	<p>Although the causes of scleroderma are unknown, many researchers are investigating the possibility of both genetic and environmental influences. This center, located at the University of Texas-Houston Medical School, focuses on molecular approaches to better understand the pathogenic mechanisms of scleroderma, especially genetic factors, and the predictors of outcomes in scleroderma. One specific aim of this SCOR is the evaluation of potential demographic, clinical, autoantibody and genetic predictors of disease outcomes in Caucasians, African Americans and Mexican Americans.</p>	<p>5</p>
<p>Specialized Center of Research (SCOR) on the Pathogenesis of Scleroderma</p>	<p>Researchers at the University of Tennessee will examine the biology of the environment in which collagen develops. This SCOR will provide a vehicle through which a highly synergistic multidisciplinary approach can be focused on scleroderma.</p>	<p>5</p>

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Fine Specificity of Scleroderma Autoantibodies	The researchers will utilize a previously developed model of lupus autoimmunity to investigate the presence of autoantibodies of scleroderma. By investigating the presence of particular autoantibodies, researchers will be able to 1) better describe the development of the autoimmune response over time, 2) establish triggers of scleroderma and 3) obtain a better understanding of the role of autoantibodies in the development of scleroderma.	5
UV-Induced Collagen Reduction–Treating Skin Scleroderma	The hallmark of scleroderma is the over-production of collagen, which leads to the characteristic hardening of the skin. Previously, researchers have shown that an acute exposure to relatively low and safe doses of ultraviolet (UV) irradiation can reduce skin collagen. There are two specific aims of this study: 1) What is the molecular basis of UV exposure for the treatment of cutaneous scleroderma? and 2) Which type of UV exposure would be most appropriate for light and dark skinned persons?	5
T Cell Immunity in Collagen Biosynthesis of Scleroderma	Scleroderma is characterized by excessive collagen production and is resistant to immune suppressive therapy. The aim of this study is to examine the clinical benefits of selective immune modulation and enhancement techniques on collagen synthesis in scleroderma patients. The results may be helpful for understanding the course of other autoimmune diseases as well.	5
Genetic Mutations as Etiologic Factors in Osteoarthritis	Genetic factors have been suggested as playing a role in the development of osteoarthritis. Genetic research in osteoarthritis has lead to further examinations of the differences in the prevalence of OA among different races and populations. This study was designed to address the following questions: 1) Are there specific collagen and non-collagen related genes associated with OA? and 2) Are there specific biological markers that will help to further define the mechanisms behind the development of OA?	4
Use and Outcomes of Total Joint Replacements in Hispanics	This project builds on the investigator's commitment to research focusing on the utilization and outcomes of total joint replacement among U.S. Hispanics. Three specific questions are addressed: 1) Is there a difference in the number of total hip replacements among Hispanics and non-Hispanic controls? 2) Does preoperative functional status differ between Hispanics and non-Hispanic controls? and 3) How does preoperative functional status affect outcome?	5

*Number of years varies depending on the length of award for specific grants funded.

5. MH/HD Projects Completed in FY2001

Data Not Available In This Format

6. Other Indicators of MH/HD Research Progress Not Captured Above

OTHER INDICATORS
<p><i>The Osteoarthritis Initiative (OAI)</i></p> <p>Scientific and clinical experts in the field of OA currently perceive that the lack of discrete indicators of disease progression that are acceptable to the U.S. Food and Drug Administration (FDA) as clinical endpoints is a major obstacle to the ability to diagnose, monitor, and treat this degenerative joint disease. The objective of the OAI is to pool public and private scientific expertise and funding to collect, analyze, and make widely available the largest research resource to date of clinical data, radiologic information, and biospecimens from individuals with early and progressing OA. The goal is to create a public resource to validate imaging and biochemical markers and ensure that validated biomarkers are made widely available to further drug development and improve the public health.</p>

OTHER INDICATORS
<p>SLE: Targets for New Therapeutics - A Scientific Conference</p> <p>Major scientific advances on several fronts in recent years have important potential implications regarding SLE. These advances include progress in molecular biology, genetic mapping capabilities, understanding the mechanisms of tolerance, the events that signal apoptotic cell death, and mediators of tissue injury. It is necessary to integrate this information with new data on the genetics of autoimmunity and autoimmune-mediated tissue injury in order to identify factors that contribute to the initiation and progression of SLE. This conference encouraged the exchange and integration of scientific information among scientists working in disparate areas of lupus and help identify novel strategies for clinical intervention.</p>
<p>Intramural Program Update</p> <p>The NIAMS partnered with the National Medical Association (NMA) to present a plenary discussion at the NMA's 2001 Annual Convention and Scientific Assembly on the impact of lupus in the African American community. This session was designed to explore all aspects of lupus as it relates to bench-to-bedside research, including genetics, clinical aspects, pregnancy, outcomes of lupus, and lupus and cardiovascular disease.</p> <p>The Institute's intramural program has recently begun a study to increase our understanding of the progression and natural history of rheumatic diseases such as lupus in minority communities. Intramural scientists are also examining the impact of Thundergood vine, a Chinese herb, on patients with autoimmune diseases such as lupus.</p>
<p>Extramural Program Update</p> <p>The NIAMS continues to support the <i>Safety of Estrogen in Lupus Erythematosus (SLE) National Assessment (SELENA)</i> study as part of an effort to better understand gender differences in SLE. This project examines the effects of hormone replacement therapy on lupus activity in postmenopausal women, and studies the effects of oral contraceptives on lupus disease and activity. In the next few years, researchers will determine the effects of oral contraceptives on osteoporosis and coronary artery disease, two major complications of SLE.</p> <p>Since 1993, the NIAMS has supported the <i>Lupus in Minority Populations: Nature vs. Nurture (LUMINA)</i> study. This study has provided important information regarding the socioeconomic, demographic, clinical immunogenetic, behavioral and cultural factors contributing to differences in outcomes in different ethnic groups. Most recently, researchers have found that Hispanic and African American lupus patients have more severe disease at the time of presentation than Caucasian patients. The study also found that genetic factors appear to be more important than socioeconomic determinants in influencing disease activity at onset of disease.</p> <p>The NIAMS released a solicitation for applications on neuropsychiatric lupus in July 2001. This solicitation focuses on stimulating additional study of the neurological and psychiatric syndromes associated with this chronic disease, including cognitive, behavioral, and affective and motor manifestations.</p>

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Minority Investigator Research Supplement Program	# of new awards	33	29	- 12%
Predocctoral Fellowship Awards for Minority Students Support of research leading to the Ph.D. or equivalent research degree for individuals to extend their potential for a career in research in arthritis, muscle, bone, musculoskeletal, and/or skin diseases.	# of new awards	3	4	+ 33%

2. Institution-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
S11 Awards (CAMSSA) The objective of the Collaborative Arthritis and Musculoskeletal and Skin Diseases Sciences Award (CAMSSA) program is to develop and promote competitive scientific research programs in areas within the mission of NIAMS at institutions with substantial minority enrollment.	# of awards	1	2	+ 100%

3. Creation of New Infrastructure Programs

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
Masters of Clinical Research Sciences Planning Grant	Charles R. Drew University of Medicine and Science, Madison, NJ	The overarching goal is to develop a program that will train qualified candidates in clinical research with a solid foundation in clinical research methodologies, biostatistics, clinical trials, collaborative science, research integrity, publication practices, grantsmanship, and a unique understanding of the cultural and ethical issues that impact the health care of our diverse nation. These preliminary considerations for this program will differ from traditional approaches to clinical science research training by including a core emphasis on methodologies to address health disparities, a focus on community-based research, health outcomes research, and intense interactive training on research ethics in multicultural communities.
Masters Degree in Public Health	Ponce School of Medicine, Ponce, Puerto Rico	This effort will support the initial assessment required to begin the development and strengthening of core courses designed as in-depth instruction in the fundamental skills, theories, and conceptualizations needed for independent clinical investigators. The program will be designed for participants who hold doctoral degrees of M.D., M.D./Ph.D. and for other recipients of a doctoral didactic curriculum in clinical research.
Postdoctoral Masters in Clinical Research	University of Puerto Rico, San Juan, Puerto Rico	Minority groups are underrepresented in the biomedical sciences, so research teams rarely include minority members. A growing problem in clinical investigation is the difficulty of recruiting minority groups into clinical trials, which especially limits the study of diseases that exhibit significant variation among ethnic groups. This proposal will initiate a multidisciplinary didactic training program that meets the need among minority health professionals for formalized academic training in the principles of clinical research.
Planning Grant for Clinical Research Training	Meharry Medical College, Nashville, TN	The goal of this study is the development of a clinical research training program. This program will expand the cadre of trained clinical researchers from minority institutions as an approach to fostering careers in clinical investigation that will address racial and ethnic health disparities.
Planning Grant for Clinical Research Training	Morehouse School of Medicine, Atlanta, GA	The goal of this study is to assess the institutional resources and curriculum development capabilities at Morehouse and collaborative partners, and to implement a Master of Science degree track in clinical research.

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
Planning Grant for Clinical Research Training	University of Hawaii Schools of Medicine - Manoa, Honolulu, HI	The goal of this study is the development of a formal training program in clinical research in order to provide the knowledge, expertise, and mentoring of promising investigators committed to developing careers in clinical research.

4. **Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)** *Data Not Available In This Format*
5. **Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)** *Data Not Available In This Format*
6. **Programs and Projects that Were Completed in FY 01** *Data Not Available In This Format*
7. **Other Indicators of Progress in Building Research Infrastructure Not Captured Above** *Data Not Available In This Format*

C. OUTREACH

1. **Increases in Outreach Capacity, Volume, Efficacy, and Quality** *Data Not Available In This Format*
2. **New MH/HD Outreach Projects Created in FY2001**

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
Health Partnership Program (HPP) - NIAMS Community Health Center	The purpose of the HPP is to work with leaders and organizations representing the African American and Hispanic/Latino communities in the metropolitan Washington, D.C. area to develop a model community-based program that addresses the disparities in rheumatic diseases in these communities. The HPP provides access to current scientifically-based health information and quality health care by offering preventive and treatment services. A key component of the HPP is the NIAMS Community Health Center (CHC), which is located within the Unity Health Care Upper Cardoza Health Center. Since the opening of the CHC in July 2001, more than 120 patients with a variety of rheumatic conditions have been seen at the CHC and have been enrolled into a NIAMS natural history protocol.

3. **MH/HD Outreach Projects Completed in FY2001** *Data Not Available In This Format*
4. **Other Indicators of MH/HD Outreach Progress Not Captured Above**

OTHER INDICATORS
Handout on Health: Scleroderma This booklet contains information that addresses the causes and different types of scleroderma, as well as a description of similar diseases and is intended for use by the public, affected patients, and their families. This booklet is an excellent resource for anyone who wants to learn more about scleroderma and the organizations involved with scleroderma research.

OTHER INDICATORS

Many Shades of Lupus: Information for Multicultural Communities

This is a low literacy booklet, geared toward patients and their families, which provides practical information about lupus signs and symptoms, disease management, and current research.

Questions & Answers About Vitiligo

This booklet is intended for use by the public, affected patients, and their families. It contains information on numerous topics including the symptoms of vitiligo and methods of coping with the emotional and psychological aspects of this skin lightening disease.

Questions & Answers Osteoarthritis and Questions & Answers Sjogren's Syndrome (Spanish)

The NIAMS is dedicated to providing the most current information to those individuals who may be directly or indirectly affected by disease. Therefore, the NIAMS is pleased to announce the addition of two new fact sheets written in Spanish, which contain questions and answers regarding OA and Sjogren's syndrome. These booklets provide information on the different treatments for each disease as well as emphasizing the importance of self-management programs.



NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING (NIBIB)

Established in 2000, NIBIB improves health by promoting fundamental discoveries, design and development, and translation and assessment of technological capabilities in biomedical imaging and bioengineering, enabled by relevant areas of information science, physics, chemistry, mathematics, materials science, and computer sciences.

NIBIB did not exist as a funding Institute (i.e. no FY2001 appropriation or granting authority) within the NIH during FY2001 and thus has nothing to report.



NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD)

Established in 1962, NICHD research on fertility, pregnancy, growth, development, and medical rehabilitation strives to ensure that every child is born healthy and wanted and grows up free from disease and disability.

A. RESEARCH

1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
NICHD Minority Health Budget	\$203, 642	\$240,6	+18.1	

2. Progress Within Individual MH/HD Research Projects

Data Not Available In This Format

3. MH/HD Scientific Breakthroughs or Advances in FY2001

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
“Reach for Health”--HIV Prevention Program Helps Reduce Sexual Activity Among Minority Youth.	Young adults who participated in a community service/learning intervention were less likely than a control group to report engaging in sexual activity for as long as two years after completing the program.	This kind of creative, research-based intervention can alter behavior by delaying sexual activity in young, vulnerable teenagers.
Childhood Origins of Health Disparities in African Americans.	Scientists found that the levels of circulating insulin were higher in the African-American children compared to White children. African-American children were also found to be less responsive to the effects of insulin.	These findings suggest that circulating insulin can be used as a marker to predict later obesity or diabetes in African Americans. With this information, scientists can develop specific pharmacological interventions that help to modify insulin levels as well as the body’s response to insulin.
Early Antecedents of Health Disparities in Adult Hypertension and Cardiovascular Disease (CVD).	Scientists showed that restricting protein in the diet of pregnant animals led to offspring with reduced birth weight and impaired kidney development. The latter condition could result in poor kidney function, high blood pressure, or other cardiovascular diseases.	These findings will allow scientists to identify pathways in the fetal environment that may lead to poor health conditions later in life. Scientists may be able to modify these pathways to ameliorate or prevent these health conditions. This information will be especially applicable to minority and disadvantaged populations.

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
Early Childhood Program Reduces Crime and Dropout Rates.	<p>Scientists found that an early school-based intervention created positive effects that could be observed 15 years later. In particular, children who were in the program for at least 1 or 2 years were less likely to commit crimes when they became teenagers, and less likely to drop out of high school.</p> <p>This is an unparalleled long-term, large-scale evaluation of an early childhood program serving poor inner city children. Researchers found that the investment in this program reduced the need for remedial education and other corrective programs for these youth down the road.</p>	
Understanding Premature Rupture of Membranes (PROM).	<p>Scientists found that the womb and the unborn infant produce certain enzymes in response to an infection in the uterine membranes. However, scientists also showed that antibiotic treatment is <i>not</i> effective in preventing PROM and, in some cases, may make the situation worse by killing protective bacteria.</p> <p>Pre-term birth disproportionately affects African-American infants. While further research is needed to identify the factors that predispose some women to PROM, these findings can pave the way for developing new methods to prevent PROM, one of the most common causes of premature birth in the U.S.</p>	

4. New MH/HD Research Projects Created (Funded) in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Request for Applications/Program Announcements (RFAs/PAs) Initiated by NICHD		
Research on Social Networks and HIV Risk Prevention (PAS-01-068)	Interventions based on the science of social/sexual networks can help prevent the sexual transmission of HIV particularly among high-risk populations such as minorities and teens.	3-5 yrs.
Influence of Gender on HIV Risk (HD-01-002)	Social and cultural understandings of gender, gender-related beliefs and expectations, and gender dynamics can help account for how these factors may influence HIV risk among different racial, ethnic, and socioeconomic groups.	3-5 yrs.
Adolescent Medicine Trials Network for HIV/AIDS Interventions (HD-00-002)	An increasingly large percent of adolescents contracting HIV are minority youth. This network will conduct research on promising behavioral and therapeutic interventions, including vaccines, in HIV-infected and HIV-at-risk adolescents and young adults.	3-5 yrs.
Women's HIV Pathogenesis Program (PA-01-084)	These studies will increase our understanding of the causal relationships between HIV-1 pathogenesis and factors unique to women, such as their reproductive physiology. Since the majority of HIV-infected women in the U.S. are African American or Hispanic, these studies will provide important information for improving the care of HIV-infected minority women.	3-5 yrs.
Demographic Research on Sexual Behaviors Related to HIV (PAS-00-136)	These studies will help researchers better understand how changes in family structure, marriage, and labor trends impact sexual behaviors related to HIV risk in different racial and ethnic populations.	3-5 yrs.
Health Disparity in Pre-term Birth: The Role of Infectious and Inflammatory Processes (HD-01-005)	Research on this topic will allow investigators to clarify the role of infectious and inflammatory processes in pre-term birth. Investigators will be able to use these findings to develop different treatment regimens as well as preventive and counseling strategies.	3-5 yrs.
Supplements to Regional Medical Rehabilitation Networks	These supplements will allow investigators to address targeted questions concerning rehabilitation issues in minority populations, particularly for conditions such as stroke.	1-5 yrs.

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Fetal Origins of Adult Disease (HD-00-021)	This research initiative will help us to understand the fetal antecedents of, and biomarkers for, disparities in hypertension, stroke, diabetes and coronary artery disease. These findings can be used as a basis for prenatal and early intervention programs targeting special populations.	3-5 yrs.
RFAs Co-sponsored by NICHD		
Research on Child Neglect (PA-01-060)	Child neglect may relate to profound health consequences, including perinatal complications, injuries, and developmental delays. The purpose of this initiative is to stimulate research that can help us better understand, prevent, and treat child neglect.	3-5 yrs.
Research on Development of Interventions for Youth Violence (OD-00-005)	The incidence of nonfatal intentional injuries and homicide is disproportionately high for males, African Americans, and other minority populations. This RFA calls for research to develop ideas on novel interventions to prevent this violent behavior in American youth.	3-5 yrs.

*Number of years varies depending on the length of award for specific grants funded.

5. MH/HD Projects Completed in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE	START DATE
Adolescent Medicine HIV/AIDS Research Network (AMHARN)	AMHARN is the only national study of HIV disease progression and co-morbidity in adolescents infected through sex or drug-taking behaviors in the U.S. Over 94% (68% Black, 20% Hispanic, 6% Other, Non-Hispanic) of the adolescents participating in AMHARN were from minority populations. The network has contributed substantially to current knowledge about how HIV progresses in adolescents and has yielded nearly thirty scientific publications. In addition, this study has created the clinical research infrastructure for the Adolescent Trials Network, which will test HIV/AIDS treatment regimens. In FY 99, with the help of the Congressional Black Caucus, AMHARN was also able to enhance its efforts to identify adolescents with HIV and link them with much-needed health care.	1994
RFAs Co-sponsored by NICHD		
Research on Child Neglect (PA-01-060)	Child neglect may relate to profound health consequences, including perinatal complications, injuries, and developmental delays. The purpose of this initiative is to stimulate research that can help us better understand, prevent, and treat child neglect.	3-5 years
Research on Development of Interventions for Youth Violence (OD-00-005)	The incidence of nonfatal intentional injuries and homicide is disproportionately high for males, African Americans, and other minority populations. This RFA calls for research to develop ideas on novel interventions to prevent this violent behavior in American youth.	3-5 years

6. Other Indicators of MH/HD Research Progress Not Captured Above

Data Not Available In This Format

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
NICHD Support of Minority Research Training Programs (includes research supplements for undergraduate, graduate, and postdoctoral investigators as well as the Minority Fellowship Program)	Funding level	\$1.726M	\$2.224M	22%

2. Institution-Focused Endeavors

Data Not Available In This Format

3. Creation of New Infrastructure Programs

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
Cooperative Reproductive Science Centers at Minority Institutions (HD-00-019)	Morehouse College	Strengthens reproductive research infrastructure at minority institutions and encourages collaborations between scientists at minority institutions and other NICHD-funded programs.

4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)

Data Not Available In This Format

5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY 01

Data Not Available In This Format

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

Data Not Available In This Format

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

Data Not Available In This Format

2. New MH/HD Outreach Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
Sudden Infant Death Syndrome (SIDS) Training - Alpha Kappa Alpha Sorority, Inc. (AKA)	Over 600 AKA members have participated in a train-the-trainer workshop to learn how to use the <i>Resource Kit for Reducing SIDS in African-American Communities</i> at their regional conferences.
SIDS Training - Women in the NAACP (WIN)	Approximately 300 WIN members have participated in a train-the-trainer workshop to learn how to use the <i>Resource Kit for Reducing SIDS in African-American Communities</i> at their regional conferences.

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
SIDS Training - National Coalition of 100 Black Women (NC100BW)	Approximately 69 members have participated in a train-the-trainer workshop to learn how to use the <i>Resource Kit for Reducing SIDS in African-American Communities</i> at their national conference.
SIDS Training - SIDS Alliance & Association of SIDS an Infant Mortality Programs	Approximately 20 members of SIDS Alliance have participated in a train-the-trainer workshop to learn how to use the <i>Resource Kit for Reducing SIDS in African American Communities</i> at their regional conference.
Collaboration with the Chicago Department of Health, Walgreens Drug Stores, National Black Child Development Institute and the NICHD	Major City-wide program involved training Chicago home visit health workers and pharmacists at all Chicago Walgreen Drug stores in Chicago to discuss SIDS reduction practices with African-American parents and infant care givers.
SIDS Exhibits - National African-American Organizations	Congressional Black Caucus, National Baptist Convention, Full Gospel Baptist Conference, Phi Beta Sigma Fraternity, Inc., NC100BW Baltimore County Chapter's "Torchbearer's Award Breakfast," WIN, AKA

3. MH/HD Outreach Projects Completed in FY2001

Data Not Available In This Format

4. Other Indicators of MH/HD Outreach Progress Not Captured Above

OTHER INDICATORS
Radio shows/interviews with Dr. Yvonne Maddox, Deputy Director of NICHD and Acting Deputy Director, NIH on SIDS. Participating stations included WHUR 93.6 FM , WPGC 95.5 FM, and Native American Calling, a radio show based in New Mexico. The audiences of these radio shows are predominantly minority communities.



NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH (NIDCR)

Established in 1948, NIDCR provides leadership for a national research program designed to understand, treat, and ultimately prevent the infectious and inherited craniofacial-oral-dental diseases and disorders that compromise millions of human lives.

A. RESEARCH

1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

Research Centers devoted to document, understand, prevent, ameliorate or eliminate health disparities in oral, dental and craniofacial diseases.

Health disparities research and/or research studies targeted to racial and ethnic minorities or other health disparity groups such as economically disadvantaged groups, underserved rural, underserved urban communities.

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
# of MH/HD Research Centers	4	5	(+) 25%	Regional Research Centers in Minority Oral Health, funded for 5-years, were completed during 2001. Five new Centers for Research to Reduce Oral Health Disparities were funded in FY01.
# of research projects directly related to MH/HD	60	90	(+) 55%	

2. Progress Within Individual MH/HD Research Projects

Data Not Available In This Format

3. MH/HD Scientific Breakthroughs or Advances in FY2001

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
Northeast Regional Center for Minority Oral Health	Developed networks to recruit study participants from an array of ethnic and racial minority groups. Gathered data on nearly 4,000 individuals from multiple racial and ethnic groups.	These are the first available data to document the oral health status, acculturation, diet, and oral health knowledge and behaviors for many of the underrepresented minority groups in New York city.

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
<p>The Association between Porphyromonas gingivalis (P.g.) -Specific Maternal Serum IgG and Low Birth Weight (LBW) South Eastern Regional Research Center on Minority Oral Health w/UNC -Chapel Hill</p>	<p>This longitudinal study of a cohort of women of whom 85% are African American found that women with higher levels of P.g.-specific IgG had 4.1 higher odds of giving birth to low-birth weight infants.</p>	<p>May identify the potential role of a pregnant woman's poor periodontal health as an independent risk factor for low birth weight. Establishing such a link may point to risk factors for pre-term deliveries that are amenable to prevention.</p>
<p>Northeastern Minority Oral Health Research Center (Katz)</p>	<p>African Americans in three U.S. counties were less willing to participate in biomedical research than non- Hispanic Whites, and are more negatively influenced by "who" is running a study than by "what" they might have to do as study subjects.</p>	<p>Findings shed light on barriers to African Americans' participation in research and points to specific issues that can be addressed to increase their representation in biomedical studies.</p>
<p>Longitudinal Oral Health Outcomes in High-risk Adults (Gilbert)</p>	<p>Black subjects enrolled in the study were more likely to have severe periodontal disease, to have tooth root fragments in their mouth, and to be dissatisfied with their ability to chew. These racial differences persisted within SES groupings.</p>	<p>The project includes a unique sample that is racially and socioeconomically diverse and collected comprehensive oral health data over a period of six years. Findings will provide evidence about why diverse groups use or do not use dental care, the effectiveness of care and the role of oral health in overall quality of life.</p>
<p>Access to Baby and Child Dentistry Program (Milgrom)</p>	<p>This project sought to provide preventive care and family oral health education to Medicaid-enrolled children from minority and immigrant families in Washington state. A two-year evaluation found that the number of dentists seeing Medicaid children doubled and that 51% of enrolled children had a dental visit.</p>	<p>One significant barrier to access to dental care for low -income children is the limited dentist participation in Medicaid. This community partnership was successful in enhancing dentists' participation and increasing the use of preventive oral health measures among high-risk children from birth to age 5.</p>
<p>Association of Race and Gender with HIV-1 RNA Levels and Immunologic Progression (Anastos)</p>	<p>Using data from the Women's Interagency HIV Study (WIHS) and the Multicenter AIDS Cohort Study, the analysis found that declines in CD4+ cell counts over time were more rapid in women than men but slower in nonwhites than whites.</p>	<p>Study documented that both race and gender influence HIV-1 disease progression. These effects could provide clues regarding the factors that influence HIV-disease progression and may indicate that guidelines for therapy should be adjusted for demographic characteristics.</p>

4. New MH/HD Research Projects Created (Funded) in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
<p>State Models for Oral Cancer Prevention & Early Detection (Five Projects: Oral Cancer and Prevention: the Illinois Model; Michigan Oral Cancer Prevention Network; North Carolina Needs Assessment for Oral Cancer Control; Florida Model for Oral Cancer Control; New York State Oral Cancer Control Partnership)</p>	<p>These projects are expected to develop an organizational infrastructure and a plan of action to design and implementing future interventions to prevent and reduce oral cancer morbidity and mortality, which is disproportionately high among African-American males.</p>	<p>3</p>

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Centers for Research to Reduce Oral Health Disparities (Five centers awarded include 30 subprojects dealing with a range of health disparities. Institutions receiving awards are UCSF, University of Washington, New York University, University of Michigan at Ann Arbor, and Boston University)	The focus of this new Center initiative is on reducing health disparities through basic, translational, clinical, patient-oriented and community-based research. Each Center will be a training and mentoring resource for developing and strengthening the research capacity by expanding research opportunities for scientists in underrepresented groups within the scientific workforce through required collaborations with minority institutions as well as through other career development activities.	7
Northwest Tribal Health Research Center (Rittenbaugh Project)	Project addresses childhood obesity and early childhood caries, both significant problems among Alaska Native/American Indian children and will test effectiveness of treatments to modify parent and community behaviors.	4
Oral Health/Care Disparities in HIV Minority Populations	This project analyses access to care, unmet needs, and the impact of oral conditions in a nationally representative sample of persons with HIV/AIDS including 14% Hispanics and 32% African Americans.	2
Oral Health Disparities in the Hispanic Population	This conference grant brought together scientists and clinicians as part of the annual session of the Hispanic Dental Association to address the challenges of improving the oral health of Hispanics in the U.S.	1
Patient Preferences for Treatment of Mandibular Fracture	Mandibular fracture is one of the most common orofacial injuries for minority populations. This is the first study of treatment preferences and perceptions of orofacial injuries in a socially disadvantaged, minority population. Findings will provide guidance for clinicians to assist patients with treatment selection and informed consent.	3
Smokeless Tobacco Use and Cessation in Rural Appalachia	This project will test a tobacco cessation intervention in an underserved, rural population where poverty and tobacco consumption are prevalent. If successful the intervention would serve as a model to address this health issue among other rural populations.	3
Prevention of Early Childhood Caries in Medical Practice	This study will evaluate the impact of an intervention provided by pediatricians and nurses to prevent of a severe and painful manifestation of dental caries among low-income infants and toddlers.	5
Longitudinal Study of Lead Exposure and Dental Caries	The project is focusing on the association between environmental lead exposure and risk for dental caries in a cohort of African American and Appalachian children and has the long-term goal of explaining underlying mechanisms by which physical and social environments result in health disparities.	3
Facing Cleft: Encouraging Healthy Development	This SBIR project will develop an educational package to support parents of a child born with cleft lip and/or palate to aid in psychological adjustment.	1
Oral Disease Among Renal Transplant Patients	The project will further the understanding of how oral disease and biological and sociodemographic factors such as race may relate to graft outcomes and systemic conditions in a medically compromised group of patients from the UCSF post-transplant clinic.	5

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Primary Care Provider and Preventive Oral Health	This research will assess the feasibility of a health care model to expand the scope of practice among primary care health providers to include preventive oral health, counseling and care to their low-income patients who otherwise are not accessing dental care. Such a model will contribute to improved access to underserved and other vulnerable children.	5
Child Oral Health Quality of Life Questionnaire	Research may ultimately lead to improve the effectiveness of care delivered to pediatric dental patients through the development of a multi-cultural instrument to assess perceived health outcomes for children and their families. Specific ethnic groups (African-American, Hispanic) will be recruited to assess the cultural appropriateness of the instrument.	4
Personalized Risk Feedback in Dental Clinic Smokers	Will assess the effectiveness of a smoking cessation intervention in a multi-ethnic population in New York.	4

*Number of years varies depending on the length of award for specific grants funded.

5. MH/HD Projects Completed in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE	START DATE
Regional Research Centers in Minority Oral Health	See Item A III	1995
UAB Rural Perinatal Center: Infection and Prematurity (Hauth)	Results showed a significant association between the presence of periodontitis at 21-24 weeks gestation and subsequent pre-term birth in a cohort of rural women 85% of whom are minority. Patients with severe or generalized periodontal disease had 4.45 times higher risk for pre-term delivery.	1996
Molecular Markers for Oral Cancer Risk (Lazarus)	This study examined polymorphisms to elucidate CYP2E1 allelic haplotype and their prevalence in Caucasians and African Americans and their potential role in risk for oral cancer. In addition to the c1 alleles reported in previous studies, the researchers identified two new alleles, c3 and c4 and found that the prevalence of the c2 and c3 alleles differs between racial groups, with African Americans exhibiting a lower prevalence of the c2 allele but a higher prevalence of the c3 allele than Caucasians. The data suggest that the c1 allele may contribute to increased risk for oral cancer.	1997
Oral Manifestations of Pediatric HIV (Fine)	This study examined a range of oral soft tissue lesions and oral manifestations of HIV in a cohort of HIV-positive children in an inner city pediatric clinic and HIV-negative household peers as controls. Findings showed that: a) oral soft tissue lesions were common among HIV-positive children; b) candidiasis was correlated with advanced disease, but oral lesions were not good predictors of mortality; c) the prevalence of oral lesions did not differ between children treated with HAART compared with RTI-treated children; and, d) presence of oral lesions was associated with decreased immunity.	1995

6. Other Indicators of MH/HD Research Progress Not Captured Above

Data Not Available In This Format

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
# of intramural minority research fellows, intramural loan repayment programs, intramural summer dental student award and minority research supplement trainees	# of individuals participating in the programs	44	46	(+) 4.5%

2. Institution-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
# of awards for the MARC U*STAR Program	# of projects funded	1	2	(+) 100%
# of projects awarded through Native American Research Centers (with NIGMS)	# of projects funded	0	1	(+) 100%

3. Creation of New Infrastructure Programs

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
During FY01, NIDCR worked on the development of an RFA to support Research Infrastructure and Capacity Building for Minority Dental Institutions to Reduce Oral Health Disparities (with NCMHD).	Minority-serving dental institutions.	This initiative will augment and strengthen the institutional infrastructure and capacity for these institutions to conduct basic, clinical and behavioral research with the objective of reducing oral health disparities through support of assessment and planning activities as well as the development of collaborative research arrangements with other, research intensive, institutions.

4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)

Data Not Available In This Format

5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY 01

Data Not Available In This Format

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

Data Not Available In This Format

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

Number of outreach partnerships with government agencies, professional societies, and private sector organizations that have the capacity to reach target populations. These include: Academy of General Dentistry Foundation, MOU with the Indian Health Service, Robert Wood Johnson Foundation, collaboration with CDC, and participation in the National Smokeless Tobacco Education Program consortium.

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Number of outreach partnerships, collaborations	# of existing partnerships	3	5	(+) 66%
Educational Campaign on the Management and Prevention of Oral Complications of Cancer TherapyHea	# of individual requests for materials	5,299	6,043	(+) 14%

2. New MH/HD Outreach Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
Audience research on the identification and prevention of oral cancer among high-risk individuals.	By conducting interviews and/or focus groups with persons at highest risk for oral cancer, NIDCR will gather data to better understand what oral cancer prevention and detection messages and materials are most likely to be effective in this population.

3. MH/HD Outreach Projects Completed in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	START DATE
Communications Research on Public Perceptions of Children's Oral Health	The project provides data on: a) how the public thinks about children's oral health, b) how different children's oral health messages affect public perceptions of the importance of oral health, and c) which entities should be involved in solving children's oral health problems.	2000

4. Other Indicators of MH/HD Outreach Progress Not Captured Above

OTHER INDICATORS
NIDCR conducted audience research to understand what oral health information the public seeks and conducted usability testing to help information seekers on the Internet find oral health information quickly and easily. NIDCR's improved Web site will also increase the ability of gatekeepers who work with underserved populations, such as WIC and Headstart coordinators, to access and distribute oral health information. One area identified during the audience research is the need to highlight our existing Spanish language materials, and to re-structure the website so that these materials are not several layers deep in the site.



NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (NIDDK)

Established in 1948, NIDDK conducts and supports basic and applied research and provides leadership for a national program in diabetes, endocrinology, and metabolic diseases; digestive diseases and nutrition; and kidney, urologic, and hematologic diseases. Several of these diseases are among the leading causes of disability and death; all seriously affect the quality of life of those who have them.

A. RESEARCH

1. Evaluation of the Overall Minority Health/Health Disparities (MH/HD) Research Portfolio

Data Not Available In This Format

2. Progress Within Individual MH/HD Research Projects

NAME/DESCRIPTION OF PROJECT*	METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
Hepatitis C Trial-Enhance Minority Recruitment - No articles have been published at this time.	Minority Recruitment	62 total recruitment	430 total recruitment	25% minority were enrolled in FY2001.
Genetic Basis of Syndrome X on the Island of Kosrae	Genotyping	Not available	1100	100%
FIND Study: Family Investigation in Nephropathy of Diabetes - No articles have been published at this time.	Minority Recruitment	Not available	500	100%
Look AHEAD: Action for Health in Diabetes. Sustained Support for Enhanced Recruitment/Retention Efforts - Materials prepared in Spanish. Look AHEAD Central staff training included sessions on Enhancing Minority Recruitment/Retention. Lifestyle interventionists also were trained in cultural sensitivity. No articles have been published at this time. Press release is attached.	Enhancing Minority Recruitment/Retention	Goal 33% minority participants. As of 2/21/02 have recruited 33% minority	927 obese participants with Type 2 diabetes as of 2/21/02.	Began randomization in August 2001.

NAME/DESCRIPTION OF PROJECT*	METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
<p>Look AHEAD: Action for Health in Diabetes. Substudy of Body Fat and Bone Density (approved replacement for visceral adiposity substudy, which lacked sufficient funding).</p> <p>No articles have been published at this time.</p>	Dual Energy X-ray Absorptiometry Study of Body Composition	Began recruiting at 5 sites in fall 2001	Data Not Available In This Format yet-expect close to 50% minority recruits	Began recruitment in fall, 2001
<p>Innovative Approaches to Prevention of Obesity -</p> <ul style="list-style-type: none"> · A Nutritional Approach to Weight Loss Maintenance - DK57486 <p>(No articles have been published at this time.)</p> <ul style="list-style-type: none"> · Internet-aided Prevention of Pregnancy-induced Obesity - DK57446 <p>(No articles have been published at this time.)</p> <ul style="list-style-type: none"> · Effect of Active Play on Obese At - Risk Toddlers - DK58486 <p>(Publication reference is attached.)</p>	<p>Number of enrollment</p> <p>Women enrollment</p> <p>Minority Recruitment</p>	<p>Not available</p> <p>Not available</p> <p>Not available</p>	<p>214 recruited</p> <p>57 women recruited</p> <p>total recruitment 79</p>	
<p>Secondary Hemochromatosis in Beta Thalassemia and SCD -</p> <p>The study is to determine whether the pathologic effects of iron overload secondary to hypertransfusion are different in SCD and beta thalassemia.</p> <p>No articles have been published at this time.</p>	Recruit and enroll more participating centers which have patients that meet the enrollment criteria.	Not available	Total of 35 centers will be participating in the Multi-Center Natural History Study. Eight centers have IRB approval for the study and 3 have begun patient enrollment.	
<p>H. Pylori in Minorities -</p> <ul style="list-style-type: none"> · Helicobacter Infection and Growth of Children · H. Pylori Infection in Children on the US-Mexico Border <p>No articles have been published at this time.</p>	<p>Increase enrollment</p> <p>Recruit pregnant women to enroll unborn children in longitudinal follow-up.</p>	<p>Not available</p> <p>Not available</p>	<p>590 children have been studied.</p> <p>806 Hispanic mothers; 458 Hispanic children have been recruited.</p>	
<p>Physiological Regulation of NUR77 (F32)</p>	Training Program	100%	100%	

NAME/DESCRIPTION OF PROJECT*	METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
<p>NIDDK Chronic Prostatitis Collaborative Research Network -</p> <p>List of publications is attached.</p>	Minority Recruitment	Not available	Total of 488 for the prospective cohort study.	
<p>Prospective Cohort Study of Chronic Renal Insufficiency -</p> <p>This study is in the protocol development phase. It is anticipated that participant recruitment will begin in the fall 2002.</p>	Minority Recruitment	Not available	7 clinical centers were awarded and a single scientific and data coordinating center.	
<p>Enhance Recruitment of Minority Populations for Chronic Prostatitis Collaborative Research Centers -</p> <p>List of publications is attached.</p>	Recruitment	Not available	To date, total of 65 men have been randomized; approx. 27% are minority men.	
<p>Medical Therapy of Prostate Symptoms (MTOPS) -</p> <p>List of publications is attached.</p>	Recruitment	Not available	During the 28-month randomization period 752 minority volunteers screened excluded a total of 242 minority volunteers; 510 minority participants randomized .	
<p>Basic Research on Benign Prostate Hyperplasia in Minorities -</p> <p>No articles have been published at this time.</p>	Recruit multiplex families and affected sib pairs.	Blood collection 7/5/97 - 3/31/01, 32 families	April 1, 2000 - March 31, 2001; 10 blood samples; 8 families; 7 new families	
<p>Improving Primary Care of African Americans with NIDDM -</p> <p>No articles have been published at this time.</p>	Recruitment	Not available	Through March, 2001, 2,387 patients have been recruited and entered into the study database	
<p>Heart Disease Risk Factors in African Americans</p>	Recruitment	Not available	80 African-American subjects, 30 men, 50 women.	
<p>Prevalence and Progression of Type 2 Diabetes Risk in Mexican American Youth</p> <p>No articles have been published at this time.</p>	Recruitment	Not available	to date 1362 4 th grade children have been screened in 27 different elementary schools in SAISD.	

3. MH/HD Scientific Breakthroughs or Advances in FY2001

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
<p>Hepatitis C Trial-Enhance Minority Recruitment - Goal of this trial is to administer long-term treatment to persons with chronic hepatitis C who have failed previous treatment, using the newly developed pegylated interferon.</p>	<p>In designing the study, it was required that at least 30% of enrollees be women, and at least 20% be defined as minorities. The latter requirement seemed particularly relevant since failure to respond to conventional treatment is clearly significant in African Americans than among Caucasians.</p>	<p>Enrollment goals were achieved.</p>
<p>Genetic Basis of Syndrome X on the Island of Kosrae</p>	<p>Results have preliminarily identified a potentially new and important locus that contributes to the inheritance of obesity and hyperlipidemia on Kosrae. Investigators have also confirmed that the Kosraean population is highly admixed, a fact that should allow us to assess whether a low density genetic map coupled with a genome LD based method of analysis can yield significant linkages.</p>	<p>This information will inform whether future analyses of non-admixed populations with high-density maps are likely to be successful.</p>
<p>Novel Globin Gene Modulators - Overall goal of this research is to test the hypothesis that stable gamma-globin inducers, which do not inhibit erythroid cell proliferation and may be given frequently, will result in superior long-term hemoglobin F inducibility in the absence of hematologic suppression <i>in vivo</i>. Publication included.</p>	<p>The investigators have made good progress towards the overall goal – the identification of new SCFAD therapeutic candidates for the induction of fetal globin, including evaluation of new compounds according to the algorithm investigators proposed, biochemical and pharmacological characterization, characterization of some of their mechanisms of action, and some preclinical development.</p>	<p>Information will broaden the understanding of cell cycle regulation by small molecules, and the results obtained will provide a sound basis for the development of SCFA-based therapeutics.</p>
<p>Access of Black Patients to Liver Transplantation - No articles have been published at this time.</p>	<p>The data from the investigator's study of the UNOS database of OLT patients showed that blacks but not Hispanics are under-represented, that they have unequal access to OLT compared to whites and Hispanics in all areas of the country.</p>	<p>This data has exposed several possible barriers to OLT for blacks, the population with the highest density of chronic liver diseases. These data expose the need for detailed study into the OLT referral patterns of physicians, as well as the behaviors or attitudes of black patients that may limit their access to life-saving therapy.</p>

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
<p>Mechanisms of Bile Pigment Excretion - Sub-Project: Etiology and Mechanism of Navajo Neuropathy, a chronic, inherited, progressive and fatal hepatic and neurological disease of Navajo children on the Western Arizona reservations. A manuscript entitled <i>MDR3 and Navajo Neuropathy</i> has been submitted to Hepatology.</p>	<p>Confirmed decreased expression of MDR3 in liver and Peripheral Nerve System in Navajo Neuropathy. Mechanism not related to mutations in promoter or coding region of MDR3 gene. Animal deficient in MDR3 are more susceptible to neurotoxins.</p>	<p>Although the pathogenesis of Navajo neuropathy remains undefined, a number of mechanism has been ruled out. A possible correlation between decreased MDR3 gene expression and neurotoxicity to common environmental toxins is being investigated.</p>
<p>Physiological Regulation of NUR77 - F(32) No articles have been published at this time.</p>	<p>Animal studies, which have previously been expanded at the onset of year 2 include the examination of <i>nur77</i> expression in both the rodent ovary and testes.</p>	<p>Analysis of <i>nur77</i> expression in the rodent ovary revealed disparate regulatory control involving hormonal (gonadotropins) or neurogenic (penylene tetrazole) activation and these findings were presented at the 82nd Annual Meeting of the Endocrine Society.</p>
<p>Research and Training Alliance Between Vanderbilt University and Meharry Medical College - List of Vanderbilt DRTC Prevention/Control Unit Publications is attached.</p>	<p>Established a Behavioral Health Disparities Core at Meharry Medical College. This core is currently supporting four projects designed to help understand and/or eliminate disparities in diabetes in African Americans: 1) Improving Adherence and Metabolic Control in Low Income and African American patients with Type 2 diabetes 2) The Nashville REACH 2010 3) Improvement of Medical Care of Patients with Diabetes Among the Medically Underserved in Middle Tennessee, and 4) The Southern Community Cohort Study.</p>	<p>Enhance the collaboration between scientists at Meharry Medical College and the Vanderbilt Diabetes Center, reduce health disparities in African Americans and other minorities, and provide an infrastructure at Meharry that will allow its investigators to successfully compete for additional funding in diabetes and diabetes related research.</p>
<p>Diabetes Prevention Program (DPP) and its Gestational Diabetes Component - Publication is included.</p>	<p>The DPP is a multi-centered randomized trial designed to determine whether Type 2 diabetes can be prevented or delayed in a population of high-risk individuals. Participant recruitment and randomization was concluded in June 1999, exceeding its recruitment goal of 1000 per study arm. 3,234 participants were enrolled in the 3-arm study with two active treatment groups (Metformin and life-style) compared to placebo controls.</p>	<p>The study ended one year early (May 2001) as a result of highly significant and positive study outcomes as reported in the New England Journal of Medicine. Results demonstrated that lifestyle and drug interventions could markedly reduce the risk for developing Type 2 diabetes in a group at high-risk due to the presence of impaired glucose tolerance, by 57% for lifestyle and 31% for Metformin. The results have shown that the beneficial effects of the lifestyle and drug interventions were equally observed regardless of ethnicity.</p>

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
African American Study of Kidney Disease and Hypertension (AASK) – Publication is included.	Investigators in the study have shown that patients treated with the Angiotensin Converting Enzyme Inhibitor, Ramipril, were better protected from progression of their kidney disease to dialysis and death, compared with those treated with the Calcium Channel Blocker, Amlodipine.	This discovery will change clinical practice. Clinicians now have documentation of why the Angiotensin Converting Enzyme Inhibitors should be the drugs of choice in hypertensive patients, especially, African Americans, who have kidney disease.
Medical Therapy of Prostate Symptoms (MTOPS) – List of publications is attached.	To evaluate the effectiveness of various recruitment strategies for a 6-year multicenter clinical trial of medical therapy for benign prostatic hyperplasia, the MTOPS.	The Trial has completed enrollment and follow-up, The data is now being analyzed. Analysis and presentation of data is expected in May 2002. During the 28-month randomization period, the 17 clinical centers screened a total of 752 minority volunteers, excluded a total of 242 minority volunteers, and randomized a total of 510 minority participants.
Minority Organ and Tissue Donation Program (MOTTEP)- List of publications is attached.	National program especially designed to educate minorities on facts about organ/tissue transplantation. This program encourages minorities to donate organs and works to prevent the need for transplantation by increasing awareness about the causes of kidney failure.	Current evidence suggests that community-based programs with national support can work to support behavioral change and can change individuals' health and wellness norms and values. There are currently 15 MOTTEP sites across the U.S.

4. New MH/HD Research Projects Created (Funded) in FY2001

**Number of years varies depending on the length of award for specific grants funded.*

5. MH/HD Projects Completed in FY2001

Data Not Available In This Format

6. Other Indicators of MH/HD Research Progress Not Captured Above

Data Not Available In This Format

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

Data Not Available In This Format

2. Institution-Focused Endeavors

Data Not Available In This Format

3. Creation of New Infrastructure Programs

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
Community Education for Gila River Indian Community	Phoenix Epidemiology and Clinical Research Branch (PECRB), Phoenix, AZ	To provide support for residents in the podiatry training program run by the Podiatry Department at the Gila River Health Care Corporation and provide podiatric care and foot self-care training to members of the Gila River Indian Community.

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
Community-based Epidemiology Study of Type 2 Diabetes Mellitus in the Gila River Community	Phoenix Epidemiology and Clinical Research Branch (PECRB), Phoenix, AZ	Develop health surveillance system in parallel to the current longitudinal population study of the Gila River Indian Community. Study will address questions about health effects of poverty and emergence from poverty through employment opportunities.
Cultural Awareness Training for PECRB Clinical Research Staff	Phoenix Epidemiology and Clinical Research Branch (PECRB), Phoenix, AZ	Creation of six training sessions, including Cultural Diversity, Tribal Sovereignty, Traditional Views of Medicine, Gila River Pima/Maricopa History, Salt Ricer Pima/Maricopa History, and Urban Issues for American Indians.
Increasing Intramural Training Opportunities for Minorities in Type 2 Diabetes	Phoenix Epidemiology and Clinical Research Branch (PECRB), Phoenix, AZ	PECRB encourages candidates from minority groups to participate in all aspects of the research that it conducts into the causes and consequences of obesity and diabetes among members of the Gila River Indian Community. Support provided to 2 American Indian students; hiring of 4 minority research assistants and 1 part-time American Indian student; and 2 recent college graduates are in the hiring process.
Diabetes Research Training for Minority Students	Joslin Diabetes Research, Harvard Medical School and The Penn Diabetes Center, University of Pennsylvania Medical School	The expected outcome of this training program is that the pool of minority clinical investigators may be increased by providing the opportunity for medical students to conduct research on diabetes and its related diseases during the early phases of their medical training. It is anticipated that as a result of this program, the trainees will give serious consideration to choosing careers in academic medicine with a specialization in the area of endocrinology with a focus upon research on diabetes and its related diseases.
Clinical Trials Faculty Development (Drew University)	Charles Drew University	Develop an infrastructure for clinical trials in a minority serving institution. The Clinical Trials Unit (CTU) at Charles Drew University was to assemble a unit of clinical investigators that would aid the implementation, as well as design and carry out some clinical trials within the unit.

4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)

Data Not Available In This Format

5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY 01

Data Not Available In This Format

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

Data Not Available In This Format

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
National Diabetes Education Program	Number of outreach partnerships with minority organizations that have capacity to reach target audience.	Not available	Six minority organizations have been awarded.	

2. New MH/HD Outreach Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
National Minority Research Investigator Communication Network	To increase participation of members of under-served populations in the biomedical research enterprise and to identify barriers to entry and continuation of careers in biomedical research in the U.S.
Diabetes-Focus Science Education in Tribal Middle and High Schools	To support faculty at Tribal Colleges and Universities (TCUs) to develop science education program working with tribal community middle and high schools. The specific goal is to increase the interest, and competitiveness of American Indian students in pursuit of biomedical careers.
National Kidney Disease Prevention and Outreach	To increase community, patient and physician awareness of the increased risk of kidney disease in African Americans, Native Americans and Hispanic populations.

3. MH/HD Outreach Projects Completed in FY2001

Data Not Available In This Format

4. Other Indicators of MH/HD Outreach Progress Not Captured Above

Data Not Available In This Format



NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS)

Established in 1969, NIEHS reduces the burden of human illness and dysfunction from environmental causes by, defining how environmental exposures, genetic susceptibility, and age interact to affect an individual's health.

A. RESEARCH

1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
Funding level—minority health research	\$20,267,000	\$22,548,000	11.3%	Direct costs only Includes both intramural and extramural

2. Progress Within Individual MH/HD Research Projects

NAME/DESCRIPTION OF PROJECT*	METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
Cockroach Allergen Intervention Pilot Study	African-American Households Tested	0	4	100%
Cockroach Allergen Intervention Pilot Study	Hispanic Households Tested	0	32	100%
Dust Mite Allergen Intervention Pilot Study	African-American Households Tested	0	3	100%

3. MH/HD Scientific Breakthroughs or Advances in FY2001

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
Toxicity Of Lead In Children-- Clinical Trial	Children with blood lead levels between 20 and 44 micrograms per deciliter at age 2 years have decreased cognitive function from their lead exposure but no other symptoms. It was not known if treating such kids with chelating drugs, which lower blood lead, could reverse the cognitive deficit. An NIEHS-sponsored clinical trial showed that, although blood leads fell, cognitive function was not improved by drug treatment.	About 40,000 kids in the U.S. who might have gotten an expensive, somewhat toxic drug can be spared the risk and expense, and resources directed appropriately to primary prevention.

4. New MH/HD Research Projects Created (Funded) in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Cockroach Allergen Intervention	This is a pilot study to test the feasibility and effectiveness of various interventions to reduce indoor allergen levels in inner-city homes focusing on mitigation of cockroach allergens.	1
Dust Mite Allergen Intervention	This is a pilot study to test the feasibility and effectiveness of various interventions to reduce indoor allergen levels in homes focusing on mitigation of dust mite allergens	1

*Number of years varies depending on the length of award for specific grants funded.

5. MH/HD Projects Completed in FY2001

Data Not Available In This Format

6. Other Indicators of MH/HD Research Progress Not Captured Above

Data Not Available In This Format

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
IRTA/Visiting Fellow Post-doctoral training program	Number of African-American trainees	8	9	12.5%
IRTA/Visiting Fellow Post-doctoral training program	Number of Hispanic trainees	5	9	80%
NIEHS Minority Training Supplements. The supplement program enables investigators with ongoing research grants supported by the NIEHS to add underrepresented minority individuals to their research team.	Total Awards	10	18	80%
NIEHS Minority Training Supplements	Total Award Amount	\$440,640	\$829,440	88%
Summers of Discovery	Number of Hispanic Students participating	4	6	50%

2. Institution-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Advanced Research Cooperation in Environmental Health (ARCH) The ARCH grant is a mechanism for support of a broadly-based research program involving investigators at Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs) or Tribal Colleges and established investigators at RIUs. It is intended to facilitate sharing of knowledge and common resources. The goal of the ARCH grant is to establish a group of investigators at a Minority Serving Institution (MSI) that can successfully compete for NIH/NIEHS Research Project Grant (RPG) support, typically R01 grants.	Number of grantee Institutions	2	4	100%

- 3. **Creation of New Infrastructure Programs** *Data Not Available In This Format*
- 4. **Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)** *Data Not Available In This Format*
- 5. **Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)** *Data Not Available In This Format*
- 6. **Programs and Projects that Were Completed in FY 01** *Data Not Available In This Format*
- 7. **Other Indicators of Progress in Building Research Infrastructure Not Captured Above** *Data Not Available In This Format*

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Community Based Participatory Outreach. This program aims to implement culturally relevant prevention/intervention activities in economically disadvantaged and/or underserved populations adversely impacted by an environmental contaminant.	Number of grantees	9	15	67%
Environmental Justice: Partnerships for Communication. The primary objective of this program is to establish methods for linking members of a community, who are directly affected by adverse environmental conditions, with researchers and health care providers.	Number of grantees	15	25	67%

- 2. **New MH/HD Outreach Projects Created in FY2001** *Data Not Available In This Format*
- 3. **MH/HD Outreach Projects Completed in FY2001** *Data Not Available In This Format*
- 4. **Other Indicators of MH/HD Outreach Progress Not Captured Above** *Data Not Available In This Format*



NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Established in 1962, NIGMS supports basic biomedical research that is not targeted to specific diseases. NIGMS funds studies on genes, proteins, and cells, as well as on fundamental processes like communication within and between cells, how our bodies use energy, and how we respond to medicines. The results of this research increase our understanding of life and lay the foundation for advances in disease diagnosis, treatment, and prevention. NIGMS also supports research training programs that produce the next generation of biomedical scientists, and it has special programs to encourage underrepresented minorities to pursue biomedical research careers.

A. RESEARCH

1. Evaluation of NIGMS' Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

METRIC DESCRIPTION	FY2000 SUPPORT	FY2001 SUPPORT	% CHANGE
Total support for health disparities related research	\$114 M	15	26%

2. Programs Within Individual MH/HD Research Projects

NAME OF PROJECT	METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% OF CHANGE
Populations With Genetic Variation in Pharmaceutical Response	Award of supplements for studies to identify populations where functional genetic variation is believed to exist, and 2) the development of common resources for network usage	0	3	n/a
Human Genetic Cell Repository	Maintenance of support provided to the cell repository	\$767,000	\$767,000	0%
Complex Genetic Diseases	Number of research projects on complex diseases	13	15	15%

3. MH/HD Scientific Breakthroughs or Advances in FY2001 *Data Not Available In This Format*
4. New MH/HD Research Projects Created (Funded) in FY2001 *Included In Table Above*
5. MH/HD Projects Completed in FY2001 *None Completed In FY2001*
6. Other Indicators of MH/HD Research Progress Not Captured Above *None*

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)**1. Individual Training/Manpower-Focused Endeavors**

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Minority Access to Research Careers Predoctoral Fellowships	Number of fellowships awarded	29	45	55%
National Predoctoral Fellowships for Minorities	Number of fellowships awarded	75	75	0%
Research Supplements for Underrepresented Minorities	Number of minority supplements	125	116	-7%

2. Institution-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Minority Biomedical Research Support SCORE Program	Number of SCORE grants	63	67	6%
MBRS RISE Program	Number of RISE grants	23	34	48%
MORE Minority Access to Research Careers U*STAR	Number of U*STAR grants	56	53	-5%
Institutional Research and Academic Career Development Award	Number of IRACDA grants	4	4	0%
Bridges to the Future	Number of Bridges grants	43	49	14%
National Research Service Award Institutional Research Training Programs	Number of training programs with acceptable minority recruitment plans	281	284	1%
Post-Baccalaureate Research Education Program	Number of PREP grants	0	8	n/a
Native American Research Centers for Health	Level of support for NARCH	0	\$2 million	n/a

- 3. Creation of New Infrastructure Programs** *Included In Tables Above*
- 4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)** *Included In Figures Above*
- 5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)** *Included In Figures Above*
- 6. Programs and Projects that Were Completed in FY 01** *None Completed In FY01*
- 7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above** *None*

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Outreach and Technical Assistance to Minority Serving Institutions	Amount of support for technical assistance (T36 and U13 grants + MORE staff travel)	\$3.4 million	\$5.0 million	47%
Pharmacogenetics Populations Advisory Group (PPAG)	Meetings of the PPAG held	1	1	0%
Ethical, Legal, and Social Issues in Genetic Research	Community consultation meetings held	1	0	(FY01 meetings postponed to FY02)

- 2. **New MH/HD Outreach Projects Created in FY2001** *None*
- 3. **MH/HD Outreach Projects Completed in FY2001** *None*
- 4. **Other Indicators of MH/HD Outreach Progress Not Captured Above** *None*



NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

The mission of the NIMH is to reduce the burden of mental illness through research on the mind, brain, and behavior. Mental disorders impose an immense burden on the U.S. population, with major depression now the leading cause of disability in the U.S., and schizophrenia, bipolar disorder, and obsessive-compulsive disorder ranked among the ten leading causes of disability. NIMH also takes the lead in understanding the impact of behavior on HIV transmission and pathogenesis, and in developing effective behavioral preventive interventions. The NIMH conducts a wide range of research, research training, research capacity development, as well as public information outreach and dissemination to fulfill its mission.

The NIMH has a long history of concern and action related to: (1) racial and ethnic minority health; (2) health disparities associated with the socioeconomically disadvantaged; (3) poor access to healthcare in rural and urban settings; and (4) mental health concerns of other underrepresented groups (i.e. women, children, and disabled persons). In 1980, NIMH established the position of Associate Director for Special Populations and subsequently established an Office for Special Populations (OSP) to oversee NIMH activities concerning underrepresented groups, including women, and racial and ethnic minorities. NIMH in collaboration with consultants and public comment has recently developed a five-year Strategic Plan. The Plan addresses minority health and health disparity (MH/HD) outcomes through research that aims to describe, understand, and remedy the disproportionate impact on minority populations of mental disorders and behaviorally influenced physical health conditions such as HIV/AIDS. The research takes into consideration relevant contextual frameworks, including interpersonal, socio-cultural, and organizational factors.

Reducing health disparities requires multiple approaches; therefore, the NIMH Health Disparities Strategic Plan uses these four areas of emphasis:

- Increase the knowledge base by which disparities are documented and understood.
- Improve outcomes of interventions and services through research.
- Expand institutional research infrastructures, research training, and career development.
- Enhance public information outreach efforts and dissemination of research findings.

Additionally, increased emphasis on achieving a more ethnic and racially diverse pool of mental health investigators and providers influenced each of the strategic plan's objectives. A number of benefits are projected from achieving a significant increase in the ethnic and racial diversity of the investigator resource pool. Individuals from ethnic and racial groups underrepresented among the mental health investigator and caregiver community are likely to possess the necessary motivation and persistence needed to more effectively address questions of health disparities and attract participants for research clinical trials. They may also bring to the research task empathetic insight into the distinctive experiences, needs, and strengths of minority populations. A more subtle, but equally important outcome of increased diversity in the active training pool will be the sensitizing impact of a training environment enriched by diversity on the attitudes and insights of non-minority mental health investigators and caregivers.

The NIMH recognizes the importance of increasing racial and ethnic minority participation in clinical trials in order to generate sufficient power to separately analyze minority member outcomes. Achieving broader participation will require wider community outreach and dissemination of information regarding mental health disparities in order to eliminate the formidable barriers of misunderstanding and mistrust about the nature and purpose of mental health research. The areas of emphasis, objectives and action plans which direct the NIMH MH/HD research effort vary according to the requirements of different groups; these diverse perspectives and approaches are expected to have applicability to the Nation as a whole, for the foreseeable future.

This inaugural annual report on MH/HD reflects NIMH’s commitment to its long and continuing history of efforts to address and reduce health disparities through a strong portfolio of minority-relevant research, research training and large-scale clinical trials. In FY2000, NIMH invested approximately \$195 million dollars in research relevant to minority health disparities, and in FY2001, the level of NIMH support for minority training and for minority supplements was approximately double the NIH average.

A. RESEARCH

1. Evaluation of the Overall MH/HD Research Portfolio

During FY2001, NIMH implemented a variety of methods to invigorate the study of minority health and health disparity topics in mental health. The influence of NAMHC workgroup reports, NIMH sponsored workshops, and the NIMH Five-Year Strategic Plan for Reducing Health Disparities partially account for the outcomes in the overall performance of the NIMH MH/HD research portfolio, as shown in the table below.

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
Total number of MH/HD research studies, and research capacity projects.	632	705	+11.5%	There was an overall increase of 73 studies and projects during FY01.
MH/HD Mental Health Research Studies with 100% minority populations.	118	142	+20.3%	MH/HD studies with 100% minority populations increased by 24 projects.
MH/HD Mental Health Research Studies with at least 50% minority participants.	418	458	+ 9.5%	There was an increase of 40 studies with at least 50% minority participants.
MH/HD Mental Health Research Capacity Projects that develop the institution’s research infrastructure, research faculty, ancillary staff and developmental research projects.	75	83	+ 10.6%	The eight new research capacity projects provide for faculty/ ancillary staff salaries and research project costs.
MH/HD Mental Health Research Projects outside of the U.S. related to minorities in the U.S.	2	3	+50.0%	Foreign studies related to U.S. minority populations increased by one project.
MH/HD Mental Health Research with minority participants and no separate analysis of data by race and ethnicity.	19	19	0.0%	There was no change in the number of studies with no analysis of participants by race or ethnicity.

2. Progress Within Individual MH/HD Research Projects

Data Not Available In This Format

3. MH/HD Scientific Breakthroughs or Advances in FY2001

NIMH program officials routinely monitor the research portfolio to ensure it is programmatically, technically, and scientifically sound. Extreme care is taken to avoid the premature release of announcements about scientific advancements or breakthroughs that might inaccurately portray study results. Principal Investigators are required to submit an annual progress report for their studies and “promising” activities and findings are noted. The published “advances” from a Minority Research Infrastructure Support Program (M-RISP) independent research project are listed below.

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
<p>5 R24MH47181-11 M-RISP at Wayne State University Principal Investigator: Dr. Joseph Dunbar Co-Investigator: Dr. Christina Artalejo</p>	<p>Variation in “Quantal” Release Properties of Dense Core Vesicles Dependent on the Pattern of Stimulation and Rapid Endocytosis in Calf Adrenal Chromaffin Cells (Elhamdani, A., Palfrey, H.C., and Artalejo, C.R.)</p> <p>Sustained stimulation shifts the mechanism of endocytosis from “kiss-and-run” rapid endocytosis to clathrin-mediated slow endocytosis in chromaffin cells (Artalejo, C.R., Elhamdani, A., and Palfrey, H.C.).</p>	<p>Perhaps the first systematic test of the quantal hypothesis for dense core vesicles (DCVs). The neuroscience audience is informed that DCVs may release only part of their contents during each round of secretion, allowing the speculation that fractional release of catecholamine may be the rule under normal physiological conditions. This may have important consequences for neurotransmission particularly at sympathetic nerve terminals that use catecholamines as transmitters. There is the suggestion that the efficiency of rapid endocytosis (RE) modulates the amount of transmitter released, possibly altering the kinetics of fusion core closure, and that RE itself plays an essential role in recycling of vesicles needed for continuous secretion. The investigators believe the partial release may be linked to the “kiss-and-run” mechanism of transmitter release, thus their results are of general significance for understanding the phenomenon.</p> <p>To the investigator’s knowledge this is the first report where clathrin-dependent endocytosis has been recorded in real time. It is also the first time that the two types of dynamin have been associated with different types of endocytosis in cells that express more than one isoform of the protein. Although the studies are in chromaffin cells the investigators believe their findings are very likely applicable to other types of excitable cells, including neurons. Thus they believe their results corroborate Bruno Ceccarelli’s 1973 speculation that coated vesicle-based endocytosis only occurs in nerve terminals stimulated at high rates, while another mechanism is prevalent at low rates. The investigators cite the fact that vesicle recycling takes place in all secretory systems and its mechanisms are thus of general interest. Moreover, the investigators believe their studies should excite cell biologists who study endocytosis, because they have associated different isoforms of dynamin with distinct modes of endocytosis in a very clear-cut manner.</p>

4. New MH/HD Research Projects Created (Funded) in FY2001

During FY2001 NIMH invested in 175 new projects that addressed the areas of minority health and health disparities. As indicated in a sample of the projects presented in the chart below, the projects are expected to enhance the overall contribution to minority health and health disparity issues.

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
R01 MH 60849, Cultural Differences in Self Reports of Well-Being, Dr. Edward Diener, University of Illinois	Positive emotion is a new focus of interest and investigation in the psychology and neurobiology of emotion. For understanding mental disorder, a particularly important aspect of positive emotion is its role in modulating or diffusing problematic negative emotions such as sadness, anger, or fear. This research will provide a socio-cultural context for such investigations, highlighting the role that culture plays in how individuals experience emotion and evaluate well-being.	5
R01 MH 60155, A Cultural Investigation of Self-Improving Motivations, Dr. Steven Heine, University of British Columbia	Understanding what conditions motivate people to do their best has potential applications for mental health since such motivations influence how individuals cope with stressful circumstances and how they interpret and respond to mental health interventions. This research will identify what aspects of cultural experience influence such motivations and their associated outcomes.	5
R01 MH 62479, Cognitive Processes in Bilinguals, Dr. Judith Kroll, Pennsylvania State University	Little is known about the impacts of bilingualism on other aspects of cognition or psychological functioning. Competence in more than one language may be related to lower stress and more effective coping among members of immigrant and other groups. Also, some researchers have suggested that bilingualism leads to enhanced executive and social cognitive processing.	3

*Number of years varies depending on the length of award for specific grants funded.

5. MH/HD Projects Completed in FY2001

Data Not Available In This Format

6. Other Indicators of MH/HD Research Progress Not Captured Above

Data Not Available In This Format

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

Since its creation in 1946, NIMH has employed a variety of innovative funding mechanisms designed to facilitate career development for mental health researchers in general and racial and ethnic minority investigators, specifically. These mechanisms range from high school and undergraduate support to specialized programs for infrastructure development and post-doctorate research training. During FY2001, the mechanisms received continued emphasis because the current number of racial and ethnic minority researchers is: (1) insufficient to meet the demands of academia, research, and the duties of mentorship; and (2) inadequate to supplant the shortfalls projected in the nation's scientific workforce by the year 2050. Additionally, there is a need to enrich the scientific knowledge base through increased participation of both racial and ethnic minority investigators and participants in every aspect of the research arena. Lastly, empirical and anecdotal evidence suggests that racial and ethnic minority investigators often have a particular commitment to research designed to address health care disparities.

Institutions with strong programs for training minority investigators need institutional support to encourage and maintain their efforts. While the M-RISP contributed to building strong infrastructures for research, NIMH will continue to seek additional avenues to enhance research capacity for junior and mid-career minority researchers. This may be accomplished by other mechanisms supported by the Institute, here-to-fore not specifically designed for support of minority research training.

The NIMH staff engaged minority institutions in discussions to seek ways to further expand their neuroscience training programs. Negotiations are underway for these institutions to combine resources and build new, diverse neuroscience training programs. During FY2001, NIMH continued its strong

support of research infrastructure development in Historically Black Colleges and Universities (HBCUs), Predominantly African American Colleges and Universities, as well as Hispanic Serving Institutions (HSIs). Because of its focus on predoctoral and postdoctoral research training, less attention was directed to Native American Tribal Colleges which are overwhelmingly Associate Arts degree producing institutions. However, Dr. Ernest D. Marquez, the recently appointed Director, Office for Special Populations, NIMH has already indicated his intention of generating research, research capacity and research training initiatives that enhance the participation of Native Americans and Native American Serving Institutions.

NIMH used a variety of funding mechanisms to increase the research capacity of racial and ethnic minority serving institutions. The support was in the form of National Research Service Awards (NRSA), individual career development (K) awards, individual fellowship (F) awards, as well as Underrepresented Minority Research Supplement awards. Additionally, NIMH awarded (R24) M-RISP grants as well as Research Infrastructure Support Program grants to other colleges and universities with MD/HD projects. In particular, the M-RISP supports research capacity development by funding an Institutional Development Plan that expands the institution’s mental health research infrastructure. The funded M-RISP must also contain at least two Individual Independent Research Projects with junior postdoctoral investigators. NIMH also continued funding support to the Undergraduate Career Opportunities in Research (COR) Education and Training Program T34 grant which provides stipends for trainees and salary support to faculty and support staff. Finally, research capacity development was implemented through stipends and research training for students funded by the High School Career Opportunities in Research (COR) Education and Training Program R25 grant. The high school program must be linked with an Undergraduate Career Opportunities in Research (COR) Education and Training Program (T34). The table following reflects those aspects of the research capacity development portfolio that are devoted to study populations which are comprised of at least 50% racial and ethnic minority, or research projects devoted to health disparities, or infrastructure development activities that are based in predominantly racial and ethnic minority-serving institutions.

1. Individual Training/Manpower-Focused Endeavors

INDIVIDUAL TRAINING AND MANPOWER ENDEAVORS	AWARDS/STIPENDS FUNDED FY2000	AWARDS/STIPENDS FUNDED FY2001	% CHANGE
Career Development (K) Awards	92	96	+4.3%
Fellowship (F) Awards	31	44	+41.9%
Stipends (T34) Undergraduate COR	141	162	+14.8%
Stipends (R25) High School COR	42	42	0.0%
Individual Research (R01) Awards for MH/HD Projects	258	310	+20.1%
Individual (R03) Developmental Awards for MH/HD Projects	43	32	-25.5%
Underrepresented Minority Research Supplement Awards	96	100	+4.1%
Minority Infrastructure Support Program Individual Independent Research Project (R24) Co-Investigator Awards	28	31	+10.7%
Individuals Training on Award (T32) for MH/HD Projects	51	45	-11.7%

2. Institution-Focused Endeavors

NIMH is encouraged by the overall increase in funded applications for the T34 Undergraduate COR grant; the R25 High School COR grant, and the R24 M-RISP grant mechanisms that occurred during FY2001. These grants are particularly designed to assist predominantly racial and ethnic minority colleges/universities strengthen their mental health research programs which were previously secondary to the institution’s curricula strengths that traditionally focused on teaching, agriculture, mining, and mechanics. These grants support research faculty, provide developmental research opportunities for promising high school, undergraduate, and post doctoral junior investigators, as well as the establishment of the administrative support element of the institution’s research infrastructure. The combination of these elements are vital to the creation of a mental health research career pathway and a permanent mental health research training program that eventually becomes independent of the NIMH M-RISP and COR grants. In FY2001, there was continued growth in the majority of the institutional development endeavors with only slight declines in areas where the institution decided either not to submit a competing application or the renewal application did not receive a fundable score.

INSTITUTIONAL INFRASTRUCTURE DEVELOPMENT ACTIVITIES *	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Minority Research Infrastructure Support Program Applications (M-RISP) (R24) Awarded for MH/HD Related Projects	13	15	+15.3%
Minority Research Infrastructure Support Program Applications (M-RISP) (R24) Awarded for MH/HD Related Projects	17	14	-17.6%
MH/HD Research Education Development Project Applications Awarded	6	8	+33.3%
High School Career Opportunities in Research (COR) Education and Training Applications Awarded	7	7	0.0%
Undergraduate Career Opportunities in Research (COR) Education and Training Applications Awarded	17	19	+11.7%
MH/HD Cooperative Agreement (P) Applications Awarded	25	28	+12.0%
MH/HD Cooperative Agreement (U) Applications Awarded	21	28	+33.3%

Each year NIMH encourages the submission of applications that generate new ideas for infrastructure development. During FY2001 Meharry Medical College and Vanderbilt School of Medicine entered into a joint venture that establishes an alliance that builds on Meharry’s ability to recruit underrepresented minority students and Vanderbilt’s established neuroscience program. The significance of two new and one experienced research capacity program is explained in the chart below.

3. Creation of New Infrastructure Programs

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
Grant Number: 1 R25 MH63306-01 Title: Neuroscience Training: Meharry /Vanderbilt Alliance Principal Investigator: Dr. James Townsel.	Meharry Medical College and Vanderbilt School of Medicine	An alliance with Meharry’s strength in minority recruitment and training, and Vanderbilt’s strength in basic neuroscience research and training. The aims are: (1) establish an undergraduate summer research program in neuroscience at Meharry Medical College with research opportunities at Vanderbilt School of Medicine; (2) develop an intensive entry-level course at Vanderbilt to prepare entering graduate students for the Meharry and Vanderbilt Ph.D. degree program; and (3) create an infrastructure that promotes the success of the joint alliance training program in

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
		neuroscience, including establishment of an interdisciplinary Ph.D. degree in Neuroscience at Meharry Medical College.
Grant Number: 1 R24 MH61456-01 Title: Developing Minority Mental Health Research at the Charles R. Drew University of Medicine and Science (CDUMS)	Charles R. Drew Medical University of Medicine and Science	This project expands the institution's capacity to research the causes and treatment of mental illness in urban racial and ethnic minority populations. The summarized aims are: (1) develop an institutional mental health research core for data collection, management, and analysis with easy access to researchers at CDUMS; (2) provide opportunities for faculty to generate data from pilot studies and gain expertise that makes them competitive for external funding; (3) provide education and opportunities for students, residents, and fellows in research activities to prepare them for careers in minority mental health research; (4) build collaborative research relationships with other institutions; and (5) research the mental health needs of African Americans and Latinos.
Grant Number: 1 R24 MH47167-09 Principal Investigator: Dr. Michael Zarate	University of Texas El Paso, Texas Mental Health Research	The University of Texas at El Paso continues institutional development activities designed to strengthen the university's infrastructure of mental health training programs, and to support five research projects involving faculty in the departments of psychology and sociology. The main institutional goals include the development of new researchers investigating mental health with minority populations, the development of cross disciplinary approaches to the study of mental health, and the further fostering of a new Ph.D. program in applied psychology.

4. Capital Improvement Projects at Minority-Serving Institutions

(Including Equipment)

Data Not Available In This Format

5. Capital Improvement Projects at Other Institutions of Higher Education

(Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY01

Two of 17 infrastructure development projects funded by NIMH grants were completed in FY2001. The majority of the infrastructure development programs funded by NIMH are the M-RISP (R24) and the short-term educational grants (R25) that fund a unique research curriculum designed to enhance the research knowledge, skills, and abilities of faculty and junior investigators. The two completed projects are described below.

NAME/DESCRIPTION OF PROGRAM/PROJECT	SITE IF RELEVANT	SIGNIFICANCE	START DATE
5 R24 MH58404-03 Minority Research Infrastructure Support Program Principal Investigator: Dr. Joel Yager	University of New Mexico Albuquerque	Developed the research capacity of junior minority faculty to conduct mental health research within primary care settings; improved the infrastructure for conducting mental health research; facilitated collaboration involving minority patients among faculty from two separate departments.	1998

NAME/DESCRIPTION OF PROGRAM/PROJECT	SITE IF RELEVANT	SIGNIFICANCE	START DATE
5 R 25 MH60288-03 Mental Health Mentorship and Education Program Principal Investigator: Dr. Harold Waitzkin	University of New Mexico Albuquerque	This two-year mentorship and educational program provided one week of intensive training and bi-weekly follow-up each year to 13 minority junior faculty.	1998

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

Data Not Available In This Format

C. OUTREACH

Approximately half of Americans with mental illness do not seek help. Lack of accurate information about mental illness and treatment services, as well as stigma and fear are significant barriers that prevent many people with mental illness and mental disorders from seeking professional help. For racial and ethnic minorities those obstacles can be further compounded by cultural traditions, religious beliefs, coping styles, language, mistrust, unreliable transportation, and clinician bias all of which can be viewed as major contributors to health disparities. NIMH has approached the reduction of stigma and the differences in health outcomes among groups through a public education campaign on the causes, signs, symptoms, treatments, and prevention of mental disorders. However, to ensure the best use of research-based treatments in real world practice settings, educational efforts should not only target consumers, but the consumer’s support network, providers, policy-makers, payers, first-line responders, and educators among others.

For decades, NIH has sponsored research on how various illnesses and their treatments affect groups differently with respect to race, sex, and age. While the Institute has long emphasized the importance of including women and minorities in its intramural and extramural clinical trials, NIH made the inclusion an official requirement in 1995. However, efforts to recruit minorities have often been hampered by reasons ranging from mistrust of research motives to logistical problems (e.g. childcare and transportation). In the NIMH experience, minority recruitment into clinical trials has been impeded for these same reasons.

The dissemination of mental health research information from the scientific community to the neighborhood (grass roots) level is essential, if a heightened awareness among racial and ethnic minorities that mental illnesses are real, common, and treatable is to occur. In addition, heightened awareness among diverse provider groups about state-of-the-art treatments and services and use of “best” treatments/practices are both necessary and desired outcomes of NIMH’s outreach efforts.

NIMH routinely solicits public comments to improve its performance. During FY2001, the public comments were obtained by: a) posting the NIMH draft strategic plan on the NIH website and soliciting comment; b) including lay persons on its National Advisory Council and Initial Review Groups; c) requesting public comment during the open portion of its National Advisory Council sessions; d) requesting input from Community-based Organizations, professional organizations and societies; e) posting information on the NIMH web page; and f) soliciting opinions and advice from consultants and senior academicians. The matrices below depict a portion of that activity.

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

CONSTITUENCY OUTREACH EDUCATION PROGRAM (COEP) CONSTITUENCY OUTREACH *	NUMBER OUTREACH PARTNERS IN FY00	NUMBER OUTREACH PARTNERS IN FY01	% CHANGE
Non-profit organizations contracted to conduct statewide outreach to minority and underserved groups	0	51	100%

2. New MH/HD Outreach Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE	START DATE
Outreach Partners' statewide activities	Forty-three of the fifty-one Outreach Partners conducted outreach activities targeting the following groups during FY2001 (some targeted more than one group): 28 (Latinos), 19 (African Americans), 5 (Native Americans and Alaskan Natives), 2 (Asian Americans/Pacific Islanders), and 12 (other, including people from Appalachia, Southeast Asian refugees and immigrants, rural populations, and the Amish community). The COEP is now refining its tracking tools and will soon know how many of these projects were actually created in FY2001 vs. how many were enhanced by their involvement with the COEP.	March 2000
Technical assistance in strategic planning provided to Outreach Partners	Of the fifty-one Outreach Partners, 8 did not show sufficient progress in their outreach to minority and underserved populations during the first year of the program. Following a training in which they developed a strategic minority outreach plan, these 8 Partners are now receiving individualized technical assistance as they implement their plans.	October 2000
Web site http://www.outreach.nimh.nih.gov	Provides science-based materials and transcriptions from annual meetings to assist Outreach Partners and the public in effective outreach to minority groups.	January 2001
Education Network	COEP established "EdNet," a network of about 145 nationally-based professional, consumer, and advocacy organizations that includes those devoted to the health and mental health of minorities and other underserved populations; rural Americans; older Americans; and children and youth. COEP encourages EdNet affiliates to collaborate with Outreach Partners on projects of mutual interest. Members are invited to attend COEP's annual meetings in alternate years when these meetings are held in Washington, DC.	March 2000 – April 2001
Newsletter	Sent to approximately 2,200 organizations (including EdNet) and individuals. Included three Latino "tip sheets" developed by the COEP providing practical recommendations to help Outreach Partners conduct outreach to Latinos.	January – April 2001
Annual Meeting	Attended by the Outreach Partners, this meeting included presentations and discussions on outreach to rural populations, African Americans, Latinos, Native American and Alaska Natives, and Asian and Pacific Islander Americans	April 22-24, 2001
Outreach Partners Guide	Provides information on science-based resources to help Outreach Partners conduct and enhance outreach to specific minority groups, including African Americans, Asian Americans and Pacific Islander Americans, Latinos, Native American and Alaska Natives, and rural populations.	January – August 2001
Teleconference on anxiety disorders	Provided science-based information for Outreach Partners to disseminate throughout their States.	Sept. 20, 2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE	START DATE
Poster session at the American Health Association’s annual meeting	“Raising awareness on mental health information among communities of color,” a poster that described the strategies used by the COEP to enhance the capacity of Outreach Partners to outreach to their target populations, reached an estimated audience of 3,500 public health professionals.	Oct. 22, 2001
CD-ROM	Sent to all 51 Outreach Partners to enhance their ability to reach out to minority and disadvantaged groups. This CD-ROM included transcripts and handouts from all of the presentations noted in the “annual meeting” section above, as well as notes from Year 2000 discussion groups on outreach to African Americans, Latinos, and Native American/Alaska Natives.	Dec. 2001

3. MH/HD Outreach Projects Completed in FY2001

Data Not Available In This Format

4. Other Indicators of MH/HD Outreach Progress Not Captured Above

Data Not Available In This Format

NEXT STEPS FOR FISCAL YEAR 2002 AND BEYOND

The NIMH has made marked progress in addressing minority health and health disparity issues during FY2001, yet more can and will be accomplished in the coming years. The Institute will use this inaugural annual report, its Five-Year strategic plan, and its FY2001 “diversity” report as benchmarks and guides to chart a course of continual improvement and progress in reducing mental health problems and mental illnesses among racial and ethnic minorities and others who experience health disparities. Modifications will be proposed to create data collection procedures that more efficiently address the performance and outcome measure criteria that portray the accomplishments of the portfolio, shortly after the close of the fiscal year. In particular, there will be an effort to design a computer program to identify projects by their subject focus and target populations, as well as their completion date so that performance and outcome measures related to percentage of growth can be more definitively stated.

As NIMH moves into FY2002 and beyond, the staff will implement the vision, mission, and the Institute’s plans. We look forward to continued success in implementing the research initiatives that are designed to reduce mental health problems and mental illnesses among racial, ethnic minority, and other persons in the U.S.



NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS)

Established in 1950, the mission of the NINDS is to reduce the burden of neurological diseases -- a burden borne by every age group, every segment of society, and people all over the world. To accomplish this goal the NINDS supports and conducts research, both basic and clinical, on the normal and diseased nervous system, fosters the training of investigators in the basic and clinical neurosciences, and seeks better understanding, diagnosis, treatment, and prevention of neurological disorders.

A. RESEARCH

With the establishment of the NINDS Strategic Plan to Address Health Disparities in November, 2001, the Institute is now poised to refine its portfolio of research, research capacity building and outreach projects to ensure continued progress toward the reduction and elimination of health disparities associated with neurological disorders and stroke. Priority areas include: stroke, neurological complications of AIDS (neuroAIDS), neurological complications of diabetes mellitus (neuroDiabetes), pain management, epilepsy and status epilepticus, cognitive and emotional health of children, injury to the developing brain, research capacity building and training, and information dissemination.

The report that follows presents the initial impact of the most recent health disparities-focused activities within the NINDS and describes planned activities in accordance with the approved strategic plan. It should be noted that the current projects are relatively new and, hence, their promise will be fully realized in coming years. For example, a major current initiative is the Specialized Neuroscience Research Programs at Minority Institutions which is designed to promote the career development of minority neuroscientists. There are now 11 cooperative agreements at nine institutions which have begun to yield independent investigators among the participating minority neuroscientists. As the planned initiatives are implemented, an acceleration in the progress made to-date is anticipated. Together, the current and planned initiatives are anticipated to lead to substantial reductions in the burden of neurological disorders and stroke among the nation's minorities.

1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
All	47	54	+(14%)	
In Stroke	18	21	+(15%)	Includes 3 Intramural Projects
In NeuroAIDS	4	6	+(50%)	Includes 3 Intramural Projects
In Other Neurological Disorders	25	27	+(8%)	

2. Progress Within Individual MH/HD Research Projects

Data Not Available In This Format

3. MH/HD Scientific Breakthroughs or Advances in FY2001 *Data Not Available In This Format*

4. New MH/HD Research Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Etiology of Geographic Racial Differences in Stroke	This prospective cohort study assesses the wide range of hypothesized causes of the excess stroke mortality in the Southeastern U.S. (i.e., "Stroke Belt") and especially among African Americans who reside within this geographic region. The resulting information may be useful in designing interventions to reduce the excess stroke mortality in these populations.	1
Warfarin vs Aspirin in Reduced Ejection Fraction-CLIN	This double-blind, randomized, multicenter clinical trial compares the effectiveness of warfarin vis-à-vis aspirin in preventing death, recurrent stroke or intracerebral hemorrhage among patients with heart failure (as reflected by a low ejection fraction). There will be 2860 patients from 70 sites. African Americans and women comprise two subgroups for which the hypotheses will be tested.	5
Warfarin vs Aspirin in Reduced Ejection Fraction-STAT	This project provides the data management, data monitoring, and statistical analysis for the double-blind, randomized, multicenter clinical trial that compares the effectiveness of warfarin vis-à-vis aspirin in preventing death, recurrent stroke, or intracerebral hemorrhage among patients with heart failure (as reflected by a low ejection fraction).	5
University of Hawaii Specialized Neuroscience Research Program in NeuroAIDS	This program in neuroAIDS will conduct research in collaboration with the Johns Hopkins University. A cohort of older HIV seropositive individuals will be established in order to examine the relationship between aging and neurocognitive decline in HIV patients and the role of macrophage in AIDS dementia. A major strength of this program is its focus on a unique, diverse population, in which no single ethnic group comprises a majority, and in which there is a rapid growth in the population of older adults.	5
University of Puerto Rico Specialized Neuroscience Research Program in NeuroAIDS	This program in neuroAIDS will conduct research directed towards enhancing knowledge and treatment of HIV patients in high incidence minority populations. Using a well-defined HIV-infected minority population that is diverse in gender and age, these projects will examine the progression of HIV dementia in Hispanic patients and sensory neuropathy in HIV-infected children.	5
Candidate Genes for Alzheimer's Disease (AD) Risk in Blacks	This project will examine the role of genetics in the occurrence of dementia among blacks. It involves participants in the Indianapolis-Ibadan Dementia Study (IIDS), a cross-cultural, longitudinal, population-based study of dementia in elderly Africans and African Americans. The three candidate genes for AD risk are all associated with hypertension which is prevalent in blacks.	5
Downstream Regulators B-amyloid Induced Neuronal Death	The goal of this project is to determine the molecular mechanisms of beta-amyloid-induced neuronal death. It will evaluate the two alternative pathways that are hypothesized to be involved. The findings are anticipated to more fully characterize the Abeta-mediated death pathway.	4

5. MH/HD Projects Completed in FY2001

Data Not Available In This Format

6. Other Indicators of MH/HD Research Progress Not Captured Above

OTHER INDICATORS - PLANNED NEW INITIATIVES
<p>Stroke. Substantial disparities in the occurrence, treatment, and outcomes of stroke have been recognized for decades. Yet, the explanation of these disparities is incomplete and, more importantly, there is only partial understanding of ways to effectively intervene. A major initiative underway is an expert panel that will elucidate the key gaps in knowledge regarding disparities in the natural history and clinical course of stroke, and gaps in knowledge regarding the effective implementation of proven interventions in minority communities. This Planning Panel will be followed up by a Workshop. The product will be an informed plan for developing the stroke research portfolio as it relates to health disparities.</p>
<p>Stroke Prevention/Intervention. A second, major new initiative in stroke is the development of a minority-targeted program in stroke prevention and intervention research. This initiative will involve minority institutions in collaboration with established research institutions conducting research into the most cost-effective means of preventing stroke or minimizing its residual effects among minorities at highest-risk.</p>
<p>NeuroAIDS. AIDS is known to affect minorities, especially minority women, at higher than expected rates. A planning panel held in July, 2001 determined that significant gaps in knowledge exist regarding the presence of significant disparities in the occurrence, progression and outcomes of neurological complications of HIV and AIDS. From the gaps in knowledge identified by this panel, a research agenda will be derived to elucidate the nature of the disparities and indicate promising approaches to rectify the situation.</p>
<p>Epilepsy. Significant disparities are indicated to exist in the occurrence and treatment of epilepsy, notably access to the newest pharmacological interventions. The role of sigma is only partially understood but appears to be important. A panel of experts will be convened to delineate the current state-of-knowledge and identify those areas where future research is needed. The research priorities are anticipated to focus on determining the reasons for the disparities, and identifying points of intervention, and associated interventions in order to effectively reduce and eliminate disparities.</p>
<p>Pain Management. Disparities in the management of acute and chronic pain are well documented. This initiative will address these disparities. It is anticipated that a research portfolio will be developed that will target the key issues in acute and chronic pain management among minorities.</p>
<p>Cognitive and Emotional Health of Children. A recent planning panel suggested that significant disparities may exist in the cognitive and emotional health of children. However, it noted there is a need for appropriate assessment instruments, and additional baseline and long-term follow-up data to document disparities. The initiative seeks to fill these gaps in knowledge so that appropriate interventions can be designed and implemented.</p>

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	%Change
<p>Conference Program for Young Minority Scientists. The long-term goal of this project is to increase the numbers of active neuroscientists who are from minority groups currently underrepresented in the field. Specific aims are to bring underrepresented minority neuroscientists and/or neuroscientist aspirants to an Annual Meeting of the Society for Neuroscience and to provide formal instruction in professional development.</p>	Number of participants	17	26	+(45%)
<p>Society for Advancement of Chicanos and Native Americans in Neuroscience (SACNAS): Initiatives for Equity in Science. The long-term goals of this minority travel fellowship program are to identify, recruit and develop the next generation of neuroscience research and health professionals. Participation in this program should expose pre- and postdoctoral students to modern trends in neuroscience research and facilitate their advancement as future leaders in health and research careers in neuroscience.</p>	Number of participants	10	15	+(50%)
<p>Ernest Everett Just Faculty Research Career Development Award – Contributes to the further career development of faculty members at Historically Black Colleges and Universities (HBCUs) as neurological research scientists.</p>	Number of programs	1	1	+(0%)

2. Institution-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
<p>Specialized Center Cooperative Agreements – are programs intended to augment and strengthen the research capabilities of faculty, students, and fellows at minority institutions by supporting the development of new, and/or the enhancement of ongoing, basic and clinical neuroscience research projects and programs.</p>	Number of programs	9	11	+(22%)

3. Creation of New Infrastructure Programs

NAME/DESCRIPTION/ SIZE OF PROGRAM	SITE IF RELEVANT	SIGNIFICANCE
University of Hawaii Specialized Neuroscience Research Program in NeuroAIDS	University of Hawaii, Honolulu, Hawaii	This program in neuroAIDS will support faculty in conducting research in collaboration with the Johns Hopkins University. A cohort of older HIV seropositive individuals will be established in order to examine the relationship between aging and neurocognitive decline in HIV patients and the role of macrophage in AIDS dementia. A major strength of this program is its focus on a unique, diverse population, in which no single ethnic group comprises a majority, and in which there is a rapid growth in the population of older adults.
University of Puerto Rico Specialized Neuroscience Research Program in NeuroAIDS	University of Puerto Rico, San Juan, Puerto Rico	This program in neuroAIDS will support faculty in conducting research directed towards enhancing knowledge and treatment of HIV patients in high incidence minority populations. Using a well-defined HIV-infected minority population that is diverse in gender and age, projects will examine the progression of HIV dementia in Hispanic patients and sensory neuropathy in HIV-infected children.

4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)

Data Not Available In This Format

5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY 01

Data Not Available In This Format

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

Data Not Available In This Format

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Redistribution of Ambulance Public Service Announcement	Dollar equivalent of air time	\$488,699	\$1 million	+(105%)
Distribution of matte service article to African American newspapers	Number of placements	0	1,028	N/A
Translation and Production of Spanish Language Publications	Number of titles printed	2	9	3.5

2. New MH/HD Outreach Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
Stroke Sunday	NINDS partnered with the American Stroke Association, a division of the American Heart Association, to sponsor a stroke screening and education event at a large African American church in Maryland. More than 500 people attended. The program will be used as a model for reaching African Americans through churches.
Media Outreach	NINDS helped circulate an op-ed article by Surgeon General David Satcher that was distributed to African-American newspapers.
Know Stroke Community Education Campaign	The Know Stroke Community Education Campaign offers extensive education materials to community health educators. The materials have been marketed to numerous health care practitioners in minority communities. The video component of the materials includes testimonials from African American physicians and patients discussing stroke prevention and the need to act quickly to seek medical treatment if a stroke occurs.
Health Fairs/Other	NINDS materials were distributed at 13 Health Fairs. NINDS Health Education Materials have been provided to several organizations within the Hispanic Community. New Spanish translations of NINDS brochures and fact sheets were added to the NINDS website. Coordinated with NIH to introduce a new website to link NIH Spanish-language website with NINDS content. This site includes a list of NINDS Spanish-language publications. NINDS has provided bilingual contact with the NINDS Communications Office for providing information for responding to queries from the Spanish-speaking public. In addition, background information on stroke was provided to RadioUnica for development as “medical spot”.

3. MH/HD Outreach Projects Completed in FY2001

Data Not Available In This Format

4. Other Indicators of MH/HD Outreach Progress Not Captured Above

OTHER INDICATORS - PLANNED NEW INITIATIVES
<p>Stroke. A minority-targeted, national stroke education campaign is in development to prevent, delay, and otherwise minimize the occurrence and impact of stroke on the next and current generations at-risk. Envisioned as a 3-phased campaign, the first phase will focus on minority children, who are the next generation at-risk for stroke. The key component of this phase is anticipated to be a K-12 neuroscience curriculum emphasizing the “healthy brain.” The curriculum will be coupled with a program of community-wide reinforcement of the school-based message. Phases 2 and 3 will involve community-based activities to educate the current generation at-risk for stroke regarding stroke prevention and intervention activities.</p>



NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

Established in 1986, NINR supports clinical and basic research to establish a scientific basis for the care of individuals across the life span--from the management of patients during illness and recovery to the reduction of risks for disease and disability; the promotion of healthy lifestyles; the promotion of quality of life in those with chronic illness; and the care for individuals at the end of life. This research may also include families within a community context, and it also focuses on the special needs of at-risk and under-served populations, with an emphasis on health disparities.

A. RESEARCH

1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
# Request for Applications (RFAs) relevant to minority health (RFA-HD-01-017)	0	1		An RFA co-sponsored by NINR for research to examine the social environment influence on HIV risk behaviors
# Program Applications (PAs) relevant to minority health (PA-00-113)	1	0		NINR research to expand the application of proven interventions for diabetes self-management to minority diabetic populations
# Research projects related to minority health	57	68	+19%	
# of minority health related papers	25	33	+24%	Publications on minority health from NINR in general

2. Progress Within Individual MH/HD Research Projects

NAME/DESCRIPTION OF PROJECT	METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
Comprehensive High Blood Pressure Care in Young Urban Black Males	Minority subject retention	309	277	91% retention (36 mo follow-up)
Cardiovascular Health in Children and Youth CHICIII)	Minority subject recruitment	619	1,168	89% increase in enrollment
HIV Risk Reduction Among Latinas – Project SEPA	Minority subject recruitment	402	768	91% increase in enrollment

3. MH/HD Scientific Breakthroughs or Advances in FY2001

NAME/DESCRIPTION OF PROJECT	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
Early Hospital Discharge and Nurse Specialist Follow-up	A model of care delivered by advanced practice nurses resulted in positive outcomes for pregnancy, birth, post-natal rehospitalization, and infant survival.	Decreases health disparity for African American and vulnerable populations subject to poor pregnancy outcomes. Improves pregnancy, birth, and post-natal outcomes. For the sample of 170 women, 93.6% of them African American, the new care model saved 750 hospital days and about \$2.5 m.
Postpartum Smoking and Immune Response in Mothers of Term and Pre-term Infants	From a sample of pre-term and term babies, with more than 60% African-American mothers, more mothers with pre-term infants smoked in pre- and postpartum.	Smoking status assessment and postpartum smoking cessation counseling should be provided to African-American and Caucasian mothers to decrease low birth weight.
Cigarette Use in Adolescents	Risk factors for youth who smoke are: a higher grade in school, White race, low self-esteem among girls, lower SES among White youth, lower physical activity.	Targeted smoking cessation interventions for different ethnic youth, for White youth lower socio-economic groups, and girls, would likely be more effective.
Promoting Competence and Support to Prevent Suicide Risk	High school dropouts, of Caucasian, African American, Asian American and Pacific Islander, Hispanic and Latino, Native American and Alaskan, and mixed ethnicity, are at especial risk for suicide.	Pro-active identification of at-risk youth, and keeping them involved in activities, is effective intervention for decreasing the risk for suicide.
Measuring Adolescent Potential for Suicide	Non-clinical risk factors for suicide are detectable among youth of Caucasian, African American, Asian American and Pacific Islander, Hispanic and Latino, Native American and Alaskan, and mixed ethnicity.	Two prevention protocols effectively reduce these risk factors for all youth groups.
Maternal Employment and Low Birth Weight (LBW) Infant Outcomes	On a sample of mothers, most of whom were African American and single parenting, it was found that longer hours of maternal employment were associated with better pre-school child outcomes in cognition and achievement, regardless of gestational status.	Employment among African-American single parent women is associated with better child outcomes.

4. New MH/HD Research Projects Created (Funded) in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE	# YRS
Mexican American Problem Solving (MAPS) Program	A 1998 report to Congress warned of immigrant children being in critical need of access to health care, and a 50% poverty level for Latino children. Will the MAPS intervention with culturally sensitive activities make a difference to family adaptation, maternal mental health, and child's mental health and school adjustment?	4

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE	# YRS
Nebulizer Intervention in Minority Children with Asthma	Low-income minority children with asthma have a disproportionately high utilization of emergency departments and hospital care, and in a pilot study of this child group an overuse of home nebulizer and an under use of metered dose inhaler were observed. Will an intensive home Nebulizer Education intervention achieve reduced asthma morbidity, improved parent-child asthma symptom identification, appropriate medication adherence, and demonstrate cost-effectiveness?	4
Nursing Support Intervention for Mothers of Prematures	Rural and African-American premature infants are at a higher risk for developmental problems than other premature infants. Will an intervention in which a culturally proficient nurse develops a therapeutic relationship with the mother to reduce distress and improve parenting, decrease the risk of developmental problems and be cost-effective?	5
Self Care Interventions for Black Women with Type 2 Diabetes Mellitus	Diabetes is the second leading cause of death among Black women; they have one of the highest rates of Type 2 diabetes mellitus and have disproportionate diabetes-related complications. Will a culturally sensitive intervention of diabetes education, coping skills, and diabetes care to improve glycemic control increase their self-efficacy and quality of life?	5
Nurse-Managed Blood Pressure Telemonitoring with African Americans	The effects of telemonitoring of blood pressure control are not known. Will a telemonitoring intervention among African Americans recruited from the community, achieve desired changes in dietary habits, physical activity levels, weight loss, alcohol intake, compliance with an antihypertensive medication regimen?	4
Culture Bias in Testing Expressive Ability in Dementia	Inadequate representation of African-American and Hispanic American elders, and absence of cultural sensitivity in measurement protocols and interventions for better health, will be more serious since the number of elders in these population groups is growing. Can the expressive language and mood of measurement instruments be refined, modified, and made more reliable, for application to these groups?	3
Dual Methods of Protection from Pregnancies and STDs/HIV	Preliminary studies by the investigator indicate that condom use can be increased among inner-city teens when contracepting adolescent women at Planned Parenthood clinics in New York City are intervened with counseling. Can condom use be increased efficaciously with usual counseling and video-based patient education?	3
Gender, Migration, and HIV Risks Among Mexicans	Latino deaths in the U.S. from AIDS have increased and Mexico ranks second in the number of HIV cases in the Americas. Can an "ethnosexual" survey of Mexican migrants in a U.S. State, and Mexicans in Mexico communities, and analysis of the interactions between gender, migration, and sexual behavior in this population, provide information to develop HIV interventions for at risk Mexican immigrant groups?	4
Mobilizing Health Workers for HIV Prevention in Malawi	One in seven adults in Malawi is HIV positive. Can a train-the-trainer intervention for health workers at a district hospital achieve wider dissemination of HIV prevention behavior, and possibly cause an increase in safer sex behaviors among adults and adolescents in the community?	5

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE	# YRS
Reducing HIV Risk Among Mexican Youth	Adolescent sexually transmitted HIV infection is a growing and significant problem in Mexico. What is the efficacy of a theory-based intervention for reducing this risk, when a tailored intervention is used among Mexican youth and their parents, are the intervention's effects moderated by key individuals, and will parents be more comfortable talking prevention with their children?	5
Exploring Health Behavior in African American Men	The Black Men's Health Behavior Inventory is a 36-item questionnaire on the motivators of health seeking behavior, and is based on the Health Belief Model. On the basis of a modified ethnographic method to explore beliefs and behaviors of urban African-American men, can an item-reduction process to decrease response burden develop a better instrument with a maximum of 20 items?	2
Long-Term Exercise in Mexican-American Sedentary Women	Seventy percent of elderly have no physical activity programs and minority women are the least physically active group in the U.S. Can a theory-based nursing intervention conducted during physical activity (PA) classes at churches change perceptions on PA and barriers to PA, and increase PA self-efficacy over the long-term?	3
Walk the Talk: A Nursing Intervention for Black Women	The extremely high prevalence of sedentary lifestyles of African-American women increases their risk of coronary heart disease. Will the development of a culturally consistent nursing intervention to promote walking among hypertensive African-American women indicate the need for a nursing clinical trial to assess the efficacy of a culture-based approach for increasing physical activity?	2
Web Based Outreach for Pregnant African-American Women	An estimated 7% to 34% of pregnant women are abused during pregnancy, low birth weight is associated with abuse, and prenatal hospitalizations are frequently due to abuse. Using an ethnically diverse sample of urban and rural pregnant women, can the web-based Nurse Case Manager and Connections Intervention with the additional <i>Connections Plus</i> (offering 24-hour telephone access), improve maternal and infant outcomes, increase disclosure about abuse, and decrease hospital admissions due to abuse?	4
Dietary Education for Rural Black Persons with Diabetes	Traditional diabetes education approaches have been ineffective among rural minority populations in the South that bear a disproportionate burden of Type 2 diabetes, its complications, and its costs. Can culturally competent dietary self-management be facilitated among this high-risk African-American population, with an intervention of four classes in low-fat dietary strategies, peer-professional discussions, and follow-up by a nurse case manager certified as a diabetes educator?	2
Modifying Facilitators and Barriers to HIV Adherence	Adherence to antiretroviral medications in HIV disease is vital to maintaining health for persons living with HIV/AIDS, and is a major challenge because of numbers of medications, timing of doses, and side effects. Can a pilot intervention of creating and mobilizing family and community resources to help clients to overcome barriers to taking medication, and to integrating the treatment regimen into their lives, indicate the need to conduct a randomized clinical trial?	3

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE	# YRS
Walking Adherence and Health in African-American Women	In the Chicago Westside area, heart disease is among the highest in the city. How efficacious is a 48-week walking intervention, home-based and tailored to a woman's community and personal characteristics, among low-income midlife African-American women?	4
Efficacy of Community-Based Parent/Teacher Training	Cultural and ethnic disparities exist in health promotion activities and render low-income urban minority families at risk for behavioral disorders. Can an intervention of parent training, in community-based day care centers serving low-income urban families of color, promote relationships between parents and young children and describe the child-rearing mental health intervention needs of these families?	5
Multisite Intervention Trial for Diverse Caregivers	In previous NIH research, interventions to decrease the burden and distress of Alzheimer's disease on family caregivers were tested. Can a multi-component psychosocial behavioral intervention of home visits with trained staff and innovative technology, effectively teach racially/ethnically diverse caregivers to use cognitive and behavioral strategies to impact their own stress management and to influence the wandering behavior.	3

5. MH/HD Projects Completed in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE	START DATE
Managing Uncertainty in Advanced Prostate Cancer	A modified nursing intervention to improve quality of life and management of uncertainty for African-American and Caucasian men with early prostate cancer was tested and demonstrated that participants found strategies to manage concerns and increase skills in uncertainty management. From the conduct of the study valuable information and experience for retention and recruitment, ethnic differences to be addressed, and achieving race and gender match of intervention nurses and patients, were obtained. The successes of the intervention and study conducted compelled the extension of the intervention to men with advanced prostate cancer.	09/30/93
Home Hygiene Intervention	This blinded clinical trial of 240 households in a poor immigrant neighborhood evaluated the effectiveness of two home hygiene interventions and the resistance of staph organisms to them. Baseline data showed that a great unanticipated amount of gram-negative bacteria were present, and demonstrated the need for further research to study the anti-microbial resistance to these organisms.	09/01/00
Women's Prodromal and Acute Symptoms of Myocardial Infarction (MI)	This study examined prodromal and acute symptoms of MI in White, Black, and Hispanic women. Preliminary results from 90 women found a relatively high correlation of presence and absence of symptoms, and of frequency and intensity of symptoms, between first and second assessments. Additionally, the study analyzed differences when controlling for cardiovascular risk status and location of MI, with a test/re-test tool, and found the tool to be stable and the list of symptoms comprehensive.	09/15/99

6. Other Indicators of MH/HD Research Progress Not Captured Above

OTHER INDICATORS
<p>Research and Research Infrastructure FY 01: NINR co-funded with NCMHD seven Pilot Partnership Projects to Address Health Disparities and the Career Development of Minority Nurse Researchers (Administrative Supplements)</p>

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Minority K01 RFA	# of RFAs	1	1	0%
Minority K01 RFA	# funded	9	9	0%
Research Supplements for Underrepresented Minorities	# funded	13	17	+24%

2. Institution-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
NIH Guide Notice on emphasis on health disparities in underserved populations for institutional Training Grants (T32s)	Number of notices published	1	1	0%

3. Creation of New Infrastructure Programs

Data Not Available In This Format

4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)

Data Not Available In This Format

5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY 01

NAME/DESCRIPTION OF PROGRAM/PROJECT	SITE IF RELEVANT	SIGNIFICANCE	START DATE
Resource Center for Minority Aging Research	University of North Carolina, Chapel Hill	Fostered research on minority aging, research partnerships with Historically Black Colleges and Universities (HBCUs), supported resource cores to assess and rectify scales for use with minority populations, and to build liaisons with CBOs for a research participants database.	09/30/07

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

OTHER INDICATORS
<p>FY01: NINR co-funded with NCMHD 7 Pilot Partnership Projects to Address Health Disparities and the Career Development of Minority Nurse Researchers (Administrative Supplements) (also reported Table A.VI)</p>
<p>FY00: NINR funded nine Administrative Supplements to its NINR P30 Core Centers for activities focused on topics related to Minority Health/Health Disparities</p>

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

NAME/DESCRIPTION OF PROGRAM	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Partnership with NCEMNA -Five National Minority Nurses Associations	Workshops/ conferences sponsored biennially	1	Biennial event in even years	NA
Publication of white papers from NCEMNA	Number of papers published/accepted for publication	NA	5	NA
Collaboration with Minority Associations' Leaders	Number of persons attending	25	Biennial event in even years	NA

2. New MH/HD Outreach Projects Created in FY2001 *Data Not Available In This Format*

3. MH/HD Outreach Projects Completed in FY2001 *Data Not Available In This Format*

4. Other Indicators of MH/HD Outreach Progress Not Captured Above

OTHER INDICATORS
NINR website pages on Minority Health; received 887 hits per month on average in 2001
Medscape has Capsules of NINR research publications; the Capsules receive 2,000 hits a month on average; it has 114,000 nurses among its email subscribers; there are 15 capsules of minority health research for FY2000, and 15 for FY2001
Reports developed on research findings; one in 2000 focused on Hispanic health, and was disseminated at four Community Health Fairs in each year
13 NINR science advances were selected for external evaluation of NIH's research programs; six of them relate to minority health
NINR exhibits, presentations, and outreach at the National Association of Hispanic Nurses, the National Black Nurses Association, and four regional nursing research societies attended by minority researchers and students.



NATIONAL INSTITUTE ON AGING (NIA)

Established in 1974, NIA leads a national program of research on the biomedical, social, and behavioral aspects of the aging process; the prevention of age-related diseases and disabilities; and the promotion of a better quality of life for all older Americans.

Americans over age 65 are more likely today than at any other time in history to be vigorous and productive. Life expectancy, disability rates, and health and wealth indicators have all shown significant improvement over the past decade. At the same time, healthy, comfortable older age continues to elude many Americans, particularly members of certain racial, ethnic, and socioeconomic groups. Diseases of aging, including Alzheimer's disease (AD), cardiovascular disease (CVD), osteoporosis, cancer, diabetes, and arthritis, affect too many older men and women, seriously compromising the quality of their lives.

To reiterate, millions of Americans are leading healthier lives based, in part, on discoveries from aging research. However, more must be done to redress disparities in health among U.S. minority groups. Since the beginning of the 20th century, life expectancy at birth in the U.S. has increased from less than 50 years to more than 76 years. Life expectancy at birth has more than doubled for African Americans (and "other races" combined) since 1900, from 33 years to 69 years in 1991. For Caucasians, the increase was from 48 years to 76 years. Thus, the gap in life expectancy between African Americans and other minority populations and Caucasians has narrowed, but remains substantial. The causes of the current gap between minorities and non-Hispanic Caucasians are unclear, and the NIA is supporting research projects to help us better understand the problem. The challenge for the 21st century is to narrow, and ultimately, eliminate this gap in life expectancy and to make the added years of life as healthy and productive as possible while maintaining or improving the current trend of decline in disability across all segments of the population, minority and non-minority alike.

The NIA Strategic Plan to Address Health Disparities is the product of collaboration, review, and comment by members of the ad hoc Minority Aging Research Review Committee, the NACA, the scientific community in aging, the general public and staff of the NIA. The NIA's health disparities strategic planning effort addresses goals for research, research training and capacity building including research resources, and community outreach with dissemination of health information that will ultimately reduce or eliminate domestic health disparities.

The NIA is working with other NIH Institutes and Centers to develop an overall strategy that in total will address the diseases and conditions that challenge older men and women.

The NIA plan is not meant to address all health disparities but rather a plan to address health disparities within the context of the congressionally mandated mission of the NIA.

This report reflects progress in selected projects comprising the strategic plan. The NIA has previously published a comprehensive plan addressing minority health and health disparities. All readers are encouraged to view the entire comprehensive strategic plan to grasp a fuller understanding of the NIA's commitment to understanding the nature of aging and to extend the healthy, active years of life for all citizens. The comprehensive NIA Strategic Plan to Address Health Disparities is available at www.nia.nih.gov/strat-planhd/2000-2005. In the pages that follow are tables to address the issue of progress in the three goal areas of research, research infrastructure, and outreach.

A. RESEARCH**1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio**

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
MH/HD Related Request for Applications (RFAs)	2	4	+ 100 %	RFA release date was used to determine number.
MH/HD Targeted Studies*	133	186	(+) 40 %	
American Indian/Alaska Native Health-Related Studies	4	10	(+) 150 %	
Supplement Awards to Underrepresented Minorities (New and Continuing)	49	51	(+) 4 %	
RCMAR Minority Investigators Receiving Pilot Funding (Cumulative #)	79	96	(+) 22 %	
RCMAR Publications (& in press) by faculty and mentored students (cumulative #)	360	469	(+) 30 %	
MH/HD Published Papers Cited in NIA Sourcebooks	23	14	(-) 39 %	Reflects MH/HD publications listed in annual NIA Sourcebooks.
Dollars spent on Hispanic Health Research	\$12.3 M	\$12.6 M	(+) 2.4 %	
Dollars spent on Minority Health Research	\$56 M	\$65.8 M	(+) 17.5 %	
Dollars spent on Health Disparities Research	\$64.3M**	\$73.3 M**	(+) 14 %	

*“Targeted Studies” refers to minority health research projects where the entire focus of the study is on a single health disparity group(s) compared to a control population.

**The 2000- dollar amount is based on 1999 actuals and reflects the President’s Budget. The 2001-dollar amount is based on actuals.

2. Progress Within Individual MH/HD Research Projects

NAME/DESCRIPTION OF PROJECT*	METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
Alzheimer’s Disease (AD) Centers	Cumulative Minority Enrollment	7759	8591*	(+) 11%
Baltimore Longitudinal Study of Aging	Minority Enrollment	360	437	(+) 21 %
Intramural Research Program Healthy Aging in Nationally Diverse Longitudinal Samples (HANDLS)	African-American Subjects Screened	0	360	-

* Minority enrollment data for FY2001 is incomplete. The data record cut-off date is 3/31/01.

3. MH/HD Scientific Breakthroughs or Advances in FY2001

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
Family Diversity Among Middle-Aged and Older Blacks	Investigations of fictive kin support networks of older African Americans found determining the degree of support was enhanced by redefinitions of the "immediate family" (i.e., "more active support in Black families").	The greater involvement of collateral, up-graded, and fictive kin in the support network for older African Americans demonstrates the need to expand the conceptualization of "family" when dealing with minority populations.
Radiographically-defined osteoarthritis (OA) of the hand and knee in young and middle-aged African-American and Caucasian women.	The emergence of OA occurs rapidly between ages 35 and 40 in both African American and Caucasian women.	Provides evidence that primary prevention of OA should be attempted in young adulthood to curtail the emergence of radiographically-defined OA at mid-life.
Low Education and Childhood Rural Residence are Risk Factors for Alzheimer's Disease in African Americans	Lower education and rural residence in childhood have an interactive effect in increasing the risk for subsequent development of AD.	These results raise the possibility that low education by itself is not a major risk factor for AD, but rather, is a marker for other accompanying deleterious socioeconomic or environmental influences in childhood, such as poverty and malnutrition.

4. New MH/HD Research Projects Created (Funded) in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# OF YEARS
RFA-Aging, Race, and Ethnicity in Prostate Cancer RFA-AG-02-003 (Released 08-29-2001)	The purpose of this RFA is to support research that will provide information leading to better prevention, diagnosis, prognosis, and treatment of prostate cancer in the age range in which prostate cancer most frequently occurs in the diverse population groups at risk (i.e., in men 65 years and older).	3-5 — 25 applications received in response to the RFA
RFA- Research Education and Career Development in Minority Institutions RFA-AR-01-009	The NIA in partnership with the NCMHD and other ICs is sponsoring this initiative. The purpose of this RFA is to support the development and implementation of curriculum-dependent programs in minority institutions to train doctoral and postdoctoral candidates in clinical research.	1 — 7 applications received in response to the RFA

**Number of years varies depending on the length of award for specific grants funded.*

5. MH/HD Projects Completed in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE	START DATE
Research Project Grants (RPGs) including Small Research Pilot Grants (R03)	NIA sponsors a wide program of awards that minority groups that are underrepresented in the biomedical and behavioral sciences and new to aging research are encouraged to participate in. These mechanisms provide opportunities to increase the number of and/or competitiveness of minority students and junior scientists pursuing biomedical or behavioral research careers.	Varies <hr/> 14 projects
<p>Itemized Projects:</p> <ul style="list-style-type: none"> • Aging In Exile: Results Of Migration For Cuban Elders • Psychological & Physical Health In Arthritic Blacks • Race/Ethnicity, Education & Late Life Cognitive Function • Ageism, Racism, And Health Of Older African Americans • Data Quality: Hispanic And Immigrant Mortality • Towards An Understanding Of The Black/White Wealth Gap • Racism, Stress, And Chronic Disease In Older Blacks • Self-Care Behaviors Among Hispanics With Type 2 Diabetes • African-American Elders: End Of Life Perspectives • Intergenerational Transfers And The Role Of The Elderly In Maya • Health & Well Being Of Older Asian Indian Immigrants • Elderly Immigrants: The Experience Of Asian Indians • Lay Explanation Of Diabetes And Self Care • Long-term Care Utilization In Japanese 		

6. Other Indicators of MH/HD Research Progress Not Captured Above

OTHER INDICATORS	
Inclusive Research Projects* funded in FY2000 & FY2001.	
<ul style="list-style-type: none"> • Positively Aging - Phase II Application • APOE Quality Of Life And Medical Costs In Late Life • Caring For Elderly With Alzheimer's: Impact On The Young • Center For Demography Of Health And Aging • Diabetes Prevention Program (DDP-2) • Early Indicators Of Later Work Levels, Disease And Death • Epidemiologic Study Of The Late Reproductive Years • Experiential Dimensions Of Health Care Utilization • Hlth. ABC - Univ. Of Pittsburgh (Field CRT 2) • Hlth. ABC - Univ. Of Tenn. (Field CRT 1) • Identification Of Items For Health-Related Spirituality • Interdisciplinary Research On Life Course Inequality • Leadership Award For AD Research • Longevity And Elderly Health Care Expenditures • Measuring Cognitively Active Life Expectancy • Multisite Intervention Trial For Diverse Caregivers • Neurobiology Of AD And Aging • Older Persons And Drugs--Race, Gender, And Age Effects • Outcomes Of Dementia Assessment And Treatment • Planning Grant For Clinical Research Training • Positively Aging - Phase II Application • Primary Prevention Program -Data Coordinating Center 	<ul style="list-style-type: none"> • Primary Prevention Trial (DPT-2) • Prostate Cancer: Transition To Androgen-Independence • Quality Of Life, Health, And Valuation Of Life By Elders • Sarcopenia--Testosterone Dose Response In Older Men • Status Inequality, Stress, And Health Among Older People • Structure, Process And Outcomes In The Pace Program • Supplement To Study Of Women's Health Across The Nation • Wealth Disparities Among Mature & Older Adults • Women's Health & Aging Study: Extension • Study Of Women's Health Across The Nation--MGH • Study Of Women's Health Across The Nation—CC @ Pittsburgh • Study Of Women's Health Across The Nation--Chicago • Study Of Women's Health Across The Nation--Endocrine Lab • Study Of Women's Health Across The Nation--New Jersey • Study Of Women's Health Across The Nation--Pittsburgh • Study Of Women's Health Across The Nation--UCDAVIS • Study Of Women's Health Across The Nation--UCLA • Study Of Women's Health Across The Nation—UMICH

* “Inclusive Research Projects” refers to minority health research projects where the preponderance, but not all, of the objectives of the grant is to pursue research hypotheses about minority populations.

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Regional Meetings	Outreach Meetings	2	1	(-) 50%
Resource Centers on Minority Aging Research (RCMARs)	Funded pilot projects	32	20	(-) 38%
Alzheimer's Disease Resource Centers Satellite Diagnosis and Treatment Centers (Outreach and training activities for underrepresented and minority groups)	# of funded satellites	27	25	(-) 7%
Minority Supplements	Total Awards	49	51	(+) 4%
Minority Pre-Doctoral Fellowships	Total Awards	7	12	(+) 71%

2. Institution-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Minority Biomedical Research Support*	# of funded applications*	5	5	0%
Minority Access to Research Careers	# of funded applications	10	10	0%
Combined Visits to Historically Black Colleges and Universities (HBCUs) / Hispanic Serving Institutions (HSIs) / Hispanic Serving Health Professions Schools (HSHPS) / Tribal Colleges and Universities (TCUs) (IRP and OD)	# of combined visits	6	7	(+) 17 %

* Minority Biomedical Research Support – co-funded with NIGMS

3. Creation of New Infrastructure Programs

Data Not Available In This Format

4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)

Data Not Available In This Format

5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY 01

NAME/DESCRIPTION OF PROGRAM/PROJECT	SIGNIFICANCE	TOTAL # COMPLETED
Workshops: Summer Institute on Aging Research Puerto Rico Regional Meeting (Outreach) Oklahoma Regional Meeting (Outreach) Chicago Technical Assistance Workshop NIA Racial and Cultural Effects on Measurement of Cognition Workshop	NIA supports several training programs for individuals new to aging research as well as those underrepresented in aging research. The purpose of these programs is to provide exposure, information, technical assistance, consultations, and present NIA opportunities relating to aging research, as well as to gain new strategies for recruiting students and investigators to aging research.	5

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

OTHER INDICATORS
Nathan Shock Aging Centers Minority Investigators Research Capacity Initiative – NCMHD Co-Funded Project Summer Institute on Aging Research – NCMHD Co-funded Project Minority Aging and Health NACDA CD-Rom – NCMHD Co-funded Project

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Spanish Language Age Pages	Spanish language Age Pages	5	11	(+) 120%

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Office of Special Populations	Speeches/lectures on MHD	5	6	(+) 20%
Spanish Language Exercise Guide	Printed copies	0	86,000	-
Minority Aging and Health CD ROM	# Distributed to HBCUs	0	63	-
Minority Aging and Health CD ROM	# Distributed to RCMAR participants	0	57	-
Minority Aging and Health CD ROM	# Distributed to NACDA Summer Workshop	0	35	-
Minority Aging and Health CD ROM	# Distributed to Conference Requests	0	120	-
Minority Aging and Health CD ROM	# Distributed to NIA or other federal agencies	0	45	-
Minority Aging and Health CD ROM	# Distributed Miscellaneously	0	35	-

2. New MH/HD Outreach Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
NIH/NIA POW WOW Outreach	The NIA was one of seven NIH components participating in this new initiative to recruit American Indians to the NIH and to support the elimination of health disparities by disseminating health information.
Office of Special Populations Informational Brochure	The purpose of this publication is to broaden the Institute's outreach to minority groups that are underrepresented in the biomedical and behavioral sciences and to promote minority participation in sponsored research. The publication summarizes NIA supported research and research training programs aimed at increasing the number of minority biomedical scientists.

3. MH/HD Outreach Projects Completed in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	START DATE
National Association of Hispanic Nurses – San Antonio, Texas	Outreach to Hispanic nurses and Hispanic-serving organizations to establish a research agenda relevant to health disparities.	July 19-20, 2001
Dedication of the Mary Starke Harper Geriatric Psychiatry Center in Tuscaloosa, AL	Named in honor of an African-American scientist and nurse, the Harper Center is the first of its kind in the State of Alabama	May 5-9, 2001
Association for Gerontology and Human Development in Historically Black Colleges and Universities	Outreach to HBCUs with gerontology interests and curricula. Number of minority participants = 90	March 15-16, 2001
Minority Aging Network in Psychology (MANIP)	Outreach to minority undergraduate and graduate students interested in aging research. The weeklong workshop is held annually. Number of minority participants = 15	July 13, 2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	START DATE
"Inclusion of Minorities in Alzheimer's Disease Research"	Outreach to underrepresented groups served by the Indianapolis Alzheimer's Disease Center.	February 1, 2001

4. Other Indicators of MH/HD Outreach Progress Not Captured Above

OTHER INDICATORS
<p>NIA is engaged in several projects to enhance the availability of public information and to enhance outreach to and education for underserved and disadvantaged populations. Concentrated efforts have been directed toward communicating research findings and health messages to older racial and ethnic minority adults about the latest findings from medical research that can be applied to improving health. Information on scientific findings and technologies is disseminated to the public, scientific, and other health professionals through various methods.</p> <p>Itemized Outreach Initiatives: NIA Exercise Guide-Spanish Version; Age Pages; LINKS Minority newsletter of the NIA; NIA/Gerontological Society of America (2000-2001); Full Color Aging: Facts, Goals and Recommendations for America's Diverse Elders/Gerontological Society of America. Washington, DC</p>

In summary, it is becoming increasingly obvious that older age need not be associated with illness, frailty, or disability. In fact, aging sciences, in general, have made tremendous progress against all major diseases and conditions of aging. However, much work needs to be done to alter the course of disparate health among the Nation's ethnic, racial, and disenfranchised groups. "Successful aging" must permeate all sectors of the Nation's population in our quest to reduce and ultimately eliminate health disparities among older adults.

NIAAA NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)

Established in 1970, NIAAA conducts research focused on improving the treatment and prevention of alcoholism and alcohol-related problems to reduce the enormous health, social, and economic consequences of this disease.

A. RESEARCH

1. Research Related Metrics for Minority Health/Health (MH/HD) (common across all NIAAA Divisions/Branches)

NAME/DESCRIPTION OF PROJECT*	MH/HD-RELATED METRIC	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
Enhanced MH/HD Program Development	Number of Request for Applications/ Program Announcements (RFAs/PAs) Specifically including MH/HD-related Topics	2	7	250%
	Number of MH/HD Related Research Workshops	5	7	40%
Awarded MH/HD-Related Grants	Number of MH/HD Targeted Grants	25	37	48%
	Number of Grants with Significant Minority Representation	37	43	16%
Increasing Underrepresented Minorities in Alcohol Research	Total Number of Minority Investigators	25	36	44%
	Total Minority Supplements	17	20	18%
Monitoring Research Subject Enrollment	Number of Research Subjects Tracked	127,715	262,100	105%
	Percentage of Research Subjects Tracked Identified as Minority	37.6%	41.2%	9.6%

2. Research-Related Metrics for MH/HD (Breakdown by Division and Branch)

NAME/DESCRIPTION OF PROJECT*	MH/HD-RELATED METRIC	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
Biometric and Epidemiologic Research DBE/EB	Number of RFAs/PAs	0	1	1 st year
	Number of Targeted Grants	2	3	50%
	Number of Grants with Significant Minority Representation	3	9	200%
	Number of Publications by DBE Supported Investigators Relevant to Health Disparities	2	3	50%
	Number of Minority Supplements	2	1	-50%

NAME/DESCRIPTION OF PROJECT*	MH/HD-RELATED METRIC	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
Biomedical and Metabolism Research	Number of RFAs/PAs	0	1	1 st year
	Number of Workshops	0	0	0%
	Number of Targeted Grants	4	4	0%
	Number of Grants with Significant Minority Representation	11	11	0%
	Number of Minority Supplements	5	8	60%
	Number of Minority Principal Investigators	7	11	57%
Neuroscience Genetic and Behavioral Research DBR/NB	Number of RFAs/PAs	0	0	0%
	Number of Workshops	0	0	0%
	Number of Targeted Grants	5	6	20%
	Number of Grants with Significant Minority Representation	1	3	200%
	Number of Minority Supplements	2	2	0%
	Number of Minority Principal Investigators	7	9	29%
Alcohol Treatment Research DCPR/TRB	Number of RFAs/PAs	0	1	1 st year
	Number of Workshops	0	1	1 st year
	Number of Targeted Grants	7	8	14%
	Number of Grants with Significant Minority Representation	16	16	0%
	Number of Minority Supplements	4	4	0%
	Number of Minority Principal Investigators	3	3	0%
Alcohol Prevention Research DCPR/PRB	Number of RFAs/PAs	0	1	1 st year
	Number of Working-group Meetings related to Minority Health and Health Disparities	1	2	100%
	Number of Technical Assistance Workshops for Minority Investigators	2	1	-50%
	Number of Minority Supplements	4	4	0%
	Number of Mentor/Mentee Personalized Technical Assistance for Minority Investigators	7	6	-14%
	Number of NEW Minority Investigators	2	2	0%
Health Services Research DCPR/HSRB	Number of RFAs/PAs (New)	1	1	0%
	Number of workshops, conferences, & symposia	0	0	0%
	Number of focused (targeted) grants	4	5	25%
	Number of inclusive grants	6	4	-33%
	Number of Minority Supplements	0	1	1 st year
	Number Minority Principal Investigators	3	4	33%
Research Development and Health Disparities Programs OCR/RDHD	Number of RFAs/PAs	1	2	100%
	Number of workshops, conferences, & symposia	2	3	50%
	Number of minority-targeted grants	3	11	267%
	Number of Minority supplements	0	0	0%
	Number Minority Principal Investigators	3	7	133%
	Number of Collaborative Minority Institution Alcohol Research Development (CMIARD) Programs	3	3	0%

NAME/DESCRIPTION OF PROJECT*	MH/HD-RELATED METRIC	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE
NIAAA Enrollment Tracking <i>OCR/RDHD</i>	Number of Research Subjects Tracked	119,800	273,638	128%
	Percentage of Research Subjects Tracked Identified as Minority	38.6%	40.6%	5.2%
AIDS Research across all NIAAA Divisions <i>OCR/AIDS</i>	Number of AIDS Prevention Science Grants	8	9	13%
	AIDS Training Grants	1	1	0%
	AIDS Clinical Trails	14	14	0%
	Other Minority Grants (Biomedical)	1	2	100%
	Total AIDS Grants with significant minority components	24	26	8%
	Minority Principal Investigators	2	3	50%
	Minority Supplements	2	2	0%

3. **MH/HD Scientific Breakthroughs or Advances in FY2001** *Data Not Available In This Format*
4. **New MH/HD Research Projects Created (Funded) in FY2001** *Data Not Available In This Format*
5. **MH/HD Projects Completed in FY2001** *Data Not Available In This Format*
6. **Other Indicators of MH/HD Research Progress Not Captured Above** *Data Not Available In This Format*

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. **Individual Training/Manpower-Focused Endeavors** *Data Not Available In This Format*
2. **Institution-Focused Endeavors** *Data Not Available In This Format*
3. **Creation of New Infrastructure Programs** *Data Not Available In This Format*
4. **Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)** *Data Not Available In This Format*
5. **Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)** *Data Not Available In This Format*
6. **Programs and Projects that Were Completed in FY01** *Data Not Available In This Format*
7. **Other Indicators of Progress in Building Research Infrastructure Not Captured Above** *Data Not Available In This Format*

OTHER INDICATORS – CAPACITY BUILDING METRICS FOR MH/HD				
NAME/DESCRIPTION OF PROGRAM*	MH/HD-RELATED METRIC	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Increasing Under-represented Minorities in Alcohol Research	Total Number of Minority Investigators	19	26	38%
	Total Minority Supplements	13	13	0.0%
Research Development and Health Disparities Programs	Number of Collaborative Minority Institution Alcohol Research Development (CMIARD) programs	3	3	0%
	Number of New Contracts to Assess the Feasibility of Collaborative Research Projects with Minority-Serving Institutions	0	4	1 st year
	Number of publications in peer-reviewed journals resulting from CMIARD-supported research	2	7	250%
	Number of presentations at national meetings and published abstracts from CMIARD-supported research	9	13	44%

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

Data Not Available In This Format

2. New MH/HD Outreach Projects Created in FY2001

Data Not Available In This Format

3. MH/HD Outreach Projects Completed in FY2001

Data Not Available In This Format

4. Other Indicators of MH/HD Outreach Progress Not Captured Above

OTHER INDICATORS – TRAINING AND INFORMATION DISSEMINATION				
PROGRAM	MH/HD-RELATED METRIC	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Increasing Under-represented Minorities in Alcohol Research	Total Number of Minority Investigators	19	26	38%
	Total Minority Supplements	13	13	0.0%
Facilitating the Dissemination of Alcohol-related Information to Hispanic Populations	Number of NIAAA Materials Newly Published in Spanish	2	3	50%
Health Education Initiatives	Number of Planning Meetings	4	6	50%
International & Health Education Programs Branch (OCR)	Number of Training Sessions	0	11	1 st year



NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS (NIDCD)

Established in 1988, NIDCD conducts and supports biomedical research and research training on normal mechanisms as well as diseases and disorders of hearing, balance, smell, taste, voice, speech, and language that affect 46 million Americans.

A. RESEARCH

1. **Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio** *Data Not Available In This Format*
2. **Progress Within Individual MH/HD Research Projects** *Data Not Available In This Format*
3. **MH/HD Scientific Breakthroughs or Advances in FY 2001**

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
Research to explore the possibility of a genetic basis for increased susceptibility to otitis media (middle ear infection) in Native Americans.	An NIDCD-supported scientist is conducting a study to identify genes associated with susceptibility to chronic and recurrent otitis media in families. When genes linked to otitis media are found in this study, additional research will determine if genes interact to cause this disease. Specific functions controlled by the genes will be identified. The role of environmental factors on gene damage that could be associated with otitis media will also be studied.	The knowledge gained from this study will help in the understanding of the genetic susceptibility of otitis media and lead to better treatment and prevention strategies. Otitis media has a particularly high prevalence and associated disabilities among Native Americans. Although Native Americans are not a part of the population sample in the current study, there are plans for future inclusion.

4. **New MH/HD Research Projects Created (Funded) in FY 2001** *Data Not Available In This Format*
5. **MH/HD Projects Completed in FY2001** *Data Not Available In This Format*
6. **Other Indicators of MH/HD Research Progress Not Captured Above** *Data Not Available In This Format*

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. **Individual Training/Manpower-Focused Endeavors** *Data Not Available In This Format*
2. **Institution-Focused Endeavors** *Data Not Available In This Format*

3. **Creation of New Infrastructure Programs** *Data Not Available In This Format*

4. **Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)** *Data Not Available In This Format*

5. **Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)** *Data Not Available In This Format*

6. **Programs and Projects that Were Completed in FY 01**

NAME/DESCRIPTION OF PROGRAM/PROJECT	SITE IF RELEVANT	SIGNIFICANCE	START DATE
<p>Evaluation of the NIDCD Partnership Program. In 1999 the NIDCD began an evaluation to identify the Partnership Programs strengths and the educational and career trajectories of applicants and participants of the program to determine the impact of the program on later educational status and career development.</p>	<p>NIDCD</p>	<p>In 1994, the NIDCD launched <i>The Partnership Program</i> with the support of the NIH Office of Research on Minority Health. The program is designed to enhance opportunities for under-represented minority individuals attending academic institutions throughout the nation to participate in fundamental and clinical research in hearing, balance, smell, taste, voice, speech, and language that is conducted in NIDCD Division of Intramural Research. The evaluation revealed a strong indicator of the program success in the number of respondents seeking advanced degrees after participation in the program. In addition, 62% of the respondents are currently employed; many in the areas of biomedical and social sciences, with a proportion still pursuing advanced degrees.</p>	<p>1999</p>

7. **Other Indicators of Progress in Building Research Infrastructure Not Captured Above** *Data Not Available In This Format*

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

Data Not Available In This Format

2. New MH/HD Outreach Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
<p>Expansion of the WISE EARS! Campaign to a national level. The NIDCD, in partnership with the National Institute for Occupational Safety and Health, are joined by a coalition of national, regional, and local organizations; voluntaries; and state and local government agencies in a national campaign to prevent noise-induced hearing loss called WISE EARS!</p>	<p>The WISE EARS! message has reached people in 41 states and the District of Columbia through a variety of approaches such as the following: 1) exhibits at conferences/meetings sponsored by such groups as the National Hispanic Medical Association, National Hispanic Heritage Association, National Hispanic Medical Conference, and the National Urban League; 2) direct dissemination of materials through such organizations as the Migrant Clinicians Network and Indian Health Service, and; 3) a wide range of media sources including national press, trade journals, and professional journals, to reach the broader "American public" audience. The Campaign received press coverage by affiliates of the Associated Press, CBS, NBC, ABC, and FOX and articles in such notable publications as The Washington Post, Parade Magazine, U.S. News and World Report, Consumer Reports, and the L.A. Times. Through the North American Precip Syndicate, Inc., the NIDCD disseminated more than 1,064 newspaper articles intended for rural, Hispanic, and other audiences, on the importance of preventing noise-induced hearing loss throughout 32 states, potentially reaching 92.6 million people.</p> <p>In addition, a WISE EARS! objective-reducing noise-induced hearing loss among children, adults, and workers--was included as part of the Healthy People 2010 initiative, the nationwide health promotion and disease prevention agenda of the HHS.</p>
<p>First phase evaluation of the WISE EARS! Campaign.</p>	<p>The NIDCD developed a first phase evaluation of the WISE EARS! Campaign in industrial workers, Hispanic/Latino/Latina individuals, Native American youths, and African-American women to determine the effectiveness of outreach activities on noise-induced hearing loss in minority populations. The information obtained from these focus group participants should prove to be useful in assisting the NIDCD with developing and disseminating health information to other members of these groups.</p>

3. MH/HD Outreach Projects Completed in FY2001

Data Not Available In This Format

4. Other Indicators of MH/HD Outreach Progress Not Captured Above

Data Not Available In This Format



NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Established in 1973, NIDA leads the nation in bringing the power of science to bear on drug abuse and addiction through support and conduct of research across a broad range of disciplines and rapid and effective dissemination of results of that research to improve drug abuse and addiction prevention, treatment, and policy.

The NIDA systematically and aggressively addressed minority health and health disparities (MH/HD) research in 2001. The Institute's progress is reflected through a number of efforts and activities, which were outlined in NIDA's Strategic Plan on Reducing Health Disparities.

First, NIDA's portfolio of minority health and health disparities research had significant growth in 2001. The Institute's research projects devoted to minority health and health disparities research increased by 28% between 2000 and 2001. Additionally, a multitude of researchers expressed interest on focusing their research on minority health and health disparities. In 2001, forty-three research projects focusing on minority health and health disparities were started.

Second, NIDA, along with support from the National Center on Minority Health and Health Disparities (NCMHD), released a Request for Application (RFA) entitled "Health Disparities: Drug Use and its Adverse Behavioral, Social, Medical, and Mental Health Consequence." The intent of the RFA was to stimulate epidemiological, prevention, treatment, and services research that addresses issues relating to differential drug use patterns and their associated behavioral, social, medical and mental health consequences within and across racial and ethnic minority populations. Eight grants were awarded in response to this RFA. In addition to this RFA, NIDA released two RFAs, which contained implications for health disparities.

Third, NIDA, along with support from NCMHD, organized the Institute's first health disparities conference to address drug abuse research in ethnic minority populations. The conference, "Bridging Science and Culture to Improve Drug Abuse Research in Minority Communities," was held in Philadelphia, Pennsylvania. The conference provided a forum for nearly 500 researchers, practitioners, community providers, and others to share research needs, concerns, and opportunities. Plenary sessions and workshops covered such topics as treatment, epidemiology, interaction of culture, race, ethnicity and science, pharmacological and behavioral treatments with minority patients, prevention and treatment in correctional settings, challenges of minority and majority researchers and grants development. NIDA staff members conducted roundtables on various NIDA programs, research opportunities, and areas of drug abuse research.

Finally, NIDA staff involvement in activities related to minority health and health disparities research increased significantly. The staff actively encouraged researchers to focus on minority health and health disparities research and kept them abreast of opportunities such as the Research Supplements for Underrepresented Minorities, Minority Institutions Drug Abuse Research, and Summer Research with NIDA programs. Staff also informed researchers on RFAs related to minority health and health disparities. NIDA staff were instrumental in the overall planning of the national conference, as they had a number of roles. Additionally, many NIDA staff were members of NIDA's Consortium on Minority Concerns and Health Disparities Committee. Respectively, these groups review Research Supplements for Underrepresented Minorities applications and oversee the Institute's minority health and health disparities activities. Staff also frequently attended the semi-annual meetings of NIDA's extramural minority work groups.

While it was difficult to display progress in individual research projects in 2001, NIDA’s progress was visible in the overall increase of minority health and health disparities projects and activities. The following report reflects detailed progress in NIDA’s minority health and health disparities activities.

A. RESEARCH

1. Evaluation of the Overall MH/HD Research Portfolio

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
# of MH/HD related RFAs	0	3	(+)	
# of MH/HD related	124	159	(+) 28%	
# of targeted studies	53	55	(+) 4%	
# of MH/HD related papers	37	54	(+) 46%	

2. Progress Within Individual MH/HD Research Projects

This section seems to address clinical trials. Our clinical trials network was started in 2000. Therefore, we don’t have an ongoing record of clinical studies and are unable to address this section at this time.

3. MH/HD Scientific Breakthroughs or Advances in FY2001

NAME/DESCRIPTION OF PROJECT*	DESCRIPTION OF BREAKTHROUGH/ADVANCE	SIGNIFICANCE OF BREAKTHROUGH OR ADVANCE
Project Toward No Drug Abuse Components Analysis R01DA13814	There was a subgroup of Latino youth who were anxious, perceived they achieved peer approval by using drugs, and who tended to use hard drugs	It is suggested that this population may be particularly in need of intervention, which can be tailored to address psychosocial factors contributing to their increased risk
Drug Resistance Strategies R01DA05629	In a study of 2,622 African-American, Mexican-American and White-American seventh graders, it was found that: Mexican Americans received more offers, used more drugs, and were more likely to be offered drugs by peer family members and at parties; European Americans were more likely to receive drug offers from acquaintances and at friend’s homes and on the street; African Americans were more likely to receive offers from dating partners and parents, and in the park, and were more likely to resist offers by using explanations.	In this study, ethnicity had significant effects on use and offer process, which may have key implications for tailoring of interventions and development of prevention strategies.
Pretreatment for African-American Crack Abusers R01DA11517		Preliminary findings from this study demonstrated cost-effectiveness of an enhanced intervention for people with substance abuse problems at risk for HIV
Crack & Health Service Use – A Natural History Approach R01DA10099	The specific purpose of this study is to examine the effectiveness of a strengths perspective case management model. Subjects in the study are 75% African American and 25% White American	Dr. Siegal, the Principal Investigator of the project, was able to examine the correlates of physical attack among crack users and demonstrate the much higher rates of physical attack among untreated crack users.

4. New MH/HD Research Projects Created (Funded) in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
The Positive Action Program: Outcomes and Mediators R01DA13474	This project conducts a randomized efficacy trial of the “Positive Action Program”: a multi-year, multi-grade program designed to prevent drug use, violence, and other negative behaviors while also promoting positive academic and social development.	5 years
Research Program on Drug Abuse Interventions R24DA13579	This project is designed to implement a social work development infrastructure program at the University of Texas for drug abuse intervention and service that targets African Americans and Mexican Americans	5 years
Determinants of Latino/Euro American Youth’s Substance Use R03DA14371	This project identifies factors contributing to substance use by Latino and European American youth, two adolescent groups at high risk for using substances	2 years
A Parent Intervention to Prevent Latino Youth Drug Use R21DA14617	This study develops and tests a culturally specific parenting intervention for Latino families and youth at risk for drug abuse, school failure, incarceration, and poor health outcomes	3 years
HIV Prevention for Adolescents: Research to Practice R01DA14715	This randomized control trial targets drug abusing adolescents (mostly minority low-income population, 160 males, 160 females), in an enhanced-cognitive behavioral HIV prevention intervention, augmented by components focused on social influence and psychiatric factors	5 years
Neurocognitive Prerequisites for Preventing Drug Abuse R01DA14813	This study identifies specific underlying neurocognitive components of psychosocial risk factors related to adolescent (mostly minority populations) drug abuse and assesses their moderating effects on ability to process prevention materials under laboratory conditions	3 years
Drug Use and Health Disparities in 2 Indian Populations R01DA14817	This study examines drug use, its health consequences (including HIV risk), and access to services in two American Indian populations.	3 years
Homeless Women – Drugs, Race/Ethnicity, and Health Care R01DA14835	This study examines two existing databases to explore the drug use, health care and ethnicity/race connection among homeless women. HIV-related issues are a significant aspect.	3 years
Differential Effectiveness in Drug Prevention Programs R01DA14958	This project conducts a longitudinal follow-up of 890 at-risk adolescents who participated in a randomized control trial of an indicated prevention program, reconnecting youth, to evaluate its long-term efficacy and to examine the relationship between components of the program and outcomes	2.5 years
Ethnic Differences in Competence and Adolescent Drug Use R03DA14964	This study elucidates how competence skills influence the initiation, escalation, and maintenance of drug use during adolescence by examining mediational and moderational models and cross-validating them across ethnic and gender subgroups	2 years
Partnerships and Culturally Specific Drug Prevention R21DA15333	This study is designed to evaluate and expand cultural elements that have been found to contribute to the effectiveness of a family alcohol and drug prevention program among Ojibwe people on three reservations in Minnesota	3 years
Research to Practice: An Indicated Prevention Program R01DA13666	This study conducts an effectiveness trial of reconnecting youth; a prevention program designed to reduce high-risk behaviors among adolescents (mostly from minority populations).	5 years

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Haitian Youth: Risk of Drug Use and HIV Infection R01DA13898	This study is an epidemiological investigation designed to examine how cultural factors, combined with structural variables, including immigration processes, influence risk behaviors in Haitian youth.	2.5 years
Autonomy/Relatedness in Families of Drug Abusing Teens R03DA14526	This study investigates the developmentally salient process of parent-adolescent autonomous-relatedness functioning in inner city, ethnic minority families of adolescents exhibiting serious problem behaviors.	1 year
Drug Attitudes and Behavior on the US/Mexico Border R01DA14794	This study is designed to improve knowledge and understanding of disparities in drug use and related attitudes, perceptions, and behaviors relating to drug use and treatment utilization among Hispanic and non-Hispanic populations living in both rural and urban areas near the US/Mexico border.	4 years
Race/Ethnicity and the Process of Smoking Cessation R01DA14818	This study examines differential predictors of an trajectories to temptations, lapse and relapse in smoking behavior between African Americans and White Americans	5 years
Drug Resistance Strategies: The Next Generation R01DA14825	This study conducts analysis of data collected from the drug resistance strategies program, a prevention program for youth (including minorities) that has been shown to be successful in middle schools in Phoenix.	1 year
Club Drug Use in Young, Low Income Women R03DA14841	This study proposes to use both qualitative and quantitative methods to identify the natural history, patterns, risk factors (including HIV &STD sexual risk), and ethnic/cultural differences in club drug use among young low-income women.	3 years
Club Drugs/Resource Inequity/Health Risk in Urban Youth R01DA14863	This study involves a longitudinal assessment of the diffusion of club drug use in one urban community using ethnographic and epidemiological methods. It proposes to identify the contextual, sauce-cultural, and psychological factors that influence urban youth.	5 years
Community-Based Correlates of Adolescent Substance Use R01DA14984	This study examines the influence of exposure to community violence and ethnic identity development on psychological functioning and substance use in a high school sample of African-American youth aged 14-18 years	3 years
Dynamic Models of Adolescent Drug Use Prevention R01DA15337	This project conducts secondary analysis of a program of research on the efficacy of life skills training, a mullet-component, school-based prevention program for middle school youth (White, Hispanic and African-American).	2.5 years
Cognitive Effects of Substance Use in Native Americans K23DA00494	This project evaluates possible cognitive impairment among Native Americans who have used peyote for religious purposes, or abused alcohol	4 years
Ambivalence and Addiction Among Adolescents F31DA05966	This research examines the physiological reactivity (or arousability) as a risk factor for abuse and recovery, the role of biological arousal in ambivalence, and the relations between ambivalence and drug use among adolescents in Bogota, Columbia	
Women's Prison TC— Outcomes, Process & Economic Analysis R01DA14370	This project is designed to conduct an evaluation of the effectiveness of prison TC treatment for substance abusing women offenders; investigate the treatment process for the target populations and to explore the relationship between the process and outcome of treatment.	5 years
Culture in Congruence and Substance Treatment Access R03DA14398	This research focuses on the interrelationships of culture, assessment and congruence in service access to substance using, high-risk Native American youth	1 year

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
Zuni Pueblo Veteran Project K23DA00506	This project assesses and maps the occurrence of post-traumatic stress disorder and substance use symptoms across the life span of Zuni, Pueblo, American Indian, and Vietnam veterans. It also assesses the impact of the aforementioned conditions on the individuals, their spouse, children, and community.	5 years
Antecedents of Drug Abuse and Dependence F31DA14437	This project examines the impact of first grade aggressive behavior, adolescent social bonds and drug use, and neighborhood on drug abuse in adulthood. This projects uses data from a 25 year epidemiological longitudinal study of a cohort from Woodlawn, an African-American community in Chicago	
Neighborhoods, Networks, and Drug Use Frequency F31DA14447	This research employs multi-level techniques to determine the individual, network, and neighborhood level factors that may influence frequency of illicit drug use among a sample of African American adult active drug users.	
HIV Risk Reduction Among Asian Women R01DA13896	This project is designed to conduct: (1) an epidemiologic study of drug use and HIV-related behaviors among Asian female sex workers at massage parlors; and (2) an intervention study evaluating the efficacy of certain interventions (massage parlor owner education and peer/professional counseling programs) and identifying determinants of HIV-related risk and protective behaviors.	4 years
Alternative Strategies in the Prevention on HIV/AIDS R01DA14231	This study evaluates an intervention to reduce sexual risk behavior among 750 crack users (including minority populations) in south Florida.	5 years
Neurobehavioral Model of HIV in Injecting Drug Users R01DA14498	This project evaluates causal associations between neuropsychological executive dysfunction and HIV infection among youth (including minority populations) injection drug users.	5 years
Substance Use/HIV in 3 DC Southeast Asian Communities R01DA14512	This study investigates the characteristics, prevalence, and cultural context of substance use/abuse and HIV-related risk practices among the Vietnamese, Cambodian and Laotian communities of the Washington, DC, metropolitan area.	4 years
Reducing Youth Drug Related HIV/STD Risk in Thailand	This study assesses the efficacy of peer educator intervention vs. HIV voluntary counseling and testing on transition to injection drug use among methamphetamine users.	5 years
Sociocultural Factors on Syringe Sharing and HIV Risks R03DA14705	This pilot study is designed to develop a comparative examination of social, cultural, and environmental factors in syringe sharing behavior among intravenous drug users (IDUs) in Guandong, China	2 years
Drug Use and HIV Infected Female Adolescents' Care Use R01DA14706	This multi-site study examines associations among substance sue, mental health disorders, and other impediments to engagement in care for HIV-infected adolescent females (including minority populations).	4 years
Drug Abuse and AIDS Research Center at U. Miami P30DA13870	This project is designed to establish a center that creates a relationship among drug abuse and HIV/AIDS research and treatment projects at the University of Miami School of Medicine. The center's overall goal is to reduce race, ethnicity, and income and gender disparities.	3 years
HIV Risk Among Older African-American/Latino Drug Users R03DA14487	This project utilizes focus groups and in-depth interviews to investigate HIV risk behaviors among older African-American and Latino drug users.	2 years

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	# YRS
IDU Access to HIV/HCV Prevention R01DA14853	This project assesses racial and gender discrimination in access to pharmacy syringes in Rhode Island as a strategy for the prevention of HIV and other blood-borne diseases, to syringe disposal information, and to pharmacy referral to drug treatment.	3 years
HIV Risk Reduction for Drug Dependent Black Men R01DA13894	This project refines and tests efficacy and mechanisms of change of a theoretically and empirically-based, cultural specific HIV/AIDS risk reduction intervention program designed for drug dependent African-American men.	5 years
Women's Risk Networks: Resources, Infection and Change R01DA14523	This project investigates relationships among socioeconomic factors, egocentric risk networks, and individual behaviors on risk of HIV infection in a sample of African-American women.	4 years
HIV Risk Reduction and Drug Abuse Treatment in Malaysia R01DA14718	This clinical trial in Malaysia combines drug abuse and HIV risk reduction counseling with opioid agonist maintenance treatment using buprenorphine or antagonist maintenance treatment with naltrexone to determine efficacy of manual-guided HIV risk reduction and drug counseling.	4 years
Zinc Therapy in Zinc Deficient HIV+ Drug Users R01DA14966	This clinical trial is designed to determine if Zinc therapy would slow HIV disease progression in Zinc deficient HIV-infected drug abusers (African Americans and Hispanics) in the Miami area	5 years
Opioid Addiction in Primary Care Chronic Pain Patients R01DA13686	This study examines the current and lifetime prevalence of drug use and dependence in patients receiving chronic narcotics from their primary care provider	2 years

*Number of years varies depending on the length of award for specific grants funded.

5. MH/HD Projects Completed in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE	START DATE
Community-Based HIV Partner Notification Study R01DA09231	This study developed a comprehensive partner notification model targeting HIV+ injecting drug users and their sexual or needle sharing partners (including minority populations). The efficacy of combining community-based outreach and prevention activities with partner notification was evaluated	09/1995
Field-Based Treatment Model for Hispanic Cocaine Users R01DA10829	This study developed stage 1 brief behavioral motivational enhancement therapy that is culturally relevant and specific for Hispanic cocaine abusers.	06/1998

6. Other Indicators of MH/HD Research Progress Not Captured Above

Data Not Available In This Format

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Research Supplements for Underrepresented Minorities	Funded applications	31	38	(+) 23%
Summer Research with NIDA	Student placements	32	40	(+)25%
NIDA IRP Minority Research Training Program	Trainees	24	26	(+) 8%

2. Institution-Focused Endeavors

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Minority Institutions Drug Abuse Research Development Program (MIDARP) R-24	Funded	5	6	(+)20%
*Historically Black College and University (HBCU) Research Scientist Award (U24 Cooperative Agreement)	Funded	3	3	0

* Awards resulted from RFA issued during FY 98, for the purpose of HBCUs to recruit senior drug abuse research scientists to strengthen research capacity at their respective institutions.

3. Creation of New Infrastructure Programs

Data Not Available In This Format

4. Capital Improvement Projects at Minority-Serving Institutions (Including Equipment)

Data Not Available In This Format

5. Capital Improvement Projects at Other Institutions of Higher Education (Including Equipment)

Data Not Available In This Format

6. Programs and Projects that Were Completed in FY 01

Data Not Available In This Format

7. Other Indicators of Progress in Building Research Infrastructure Not Captured Above

OTHER INDICATORS
In addition to the institution-focused programs noted above, NIDA also co-sponsored an RFA, "Clinical Scientist Training Program at Minority Serving Institutions", initiated by NIAMS. Six institutions were funded through the RFA. NIDA's HBCU Research Scientist Program was fully implemented, as Research Scientists were recruited at Howard, Morgan and North Carolina Central Universities. The institutions have benefited from the ongoing research that the recruited investigators brought with them. Additionally, the universities developed collaborations and partnerships with major institutions, allowing opportunities for students and faculty and the strengthening of curriculum.

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Spanish Publications	# In Print	5	10	(+)100%

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Spanish Publications	# Distributed	179,769	316,391	(+)76%
Native American Calendar	Printed/Distributed	100,000	200,000	(+)100%
African-American Post Cards	Printed/Distributed	N/A	40,000	N/A
Spanish Educational Post Cards	Printed/Distributed	418	165,600	(+)3,9517%
Spanish TV Public Service Announcements (PSAs) Hispanic	Ad Value Air Plays	N/A	\$4.6 million 43,000	N/A
Spanish Radio PSAs Hispanic	Ad Value Air Plays	N/A	\$500,000 3,000	N/A
Mailings to Hispanic Press	# of Mailings Packets Sent	N/A	6 350	N/A
Mailings to Native American/Alaska Native Press	# of Mailings Packets Sent	N/A	1 100	N/A

2. New MH/HD Outreach Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE – AUDIENCE
Cocaína, adicción y abuso - Serie de reportes de investigación. Folleto (2001)	Professionals & Public
Abuso de Inhalantes - Serie de Reportes de Investigación. Folleto (2001)	Professionals & Public
La Metanfetamina, Abuso y Adicción - Serie de reportes de investigación. Folleto (2001)	Professionals & Public
Medicamentos de Prescripción Abuso y Adicción - Serie de Reportes de investigación. Folleto (2001)	Professionals & Public
Principios de tratamiento para la drogadicción: Guí basada en la investigación. Folleto (2001)	Technology Transfer
2002 Walking a Good Path Calendar (2001)	Native Americans/Alaska Natives
Juventud Latina - Hable con Sus Hijos Sobre las Drogas y Sus Peligros. Folleto (2001)	Families & Educators
Juventud Latina - 6 Radio PSAs	Families & Educators
Keep Your Brain Healthy - Radio PSAs Hispanic	Hispanic Teens
Keep Your Brain Healthy - TV PSAs Hispanic	Hispanic Teens
Educational Post Card - Intramural Research Program's TTATRC (2001)	African-American Young Tobacco Smokers
2001 Walking a Good Path Calendar	Native Americans/Alaska Natives
2003 Walking in Wisdom Calendar	Asian Americans & Pacific Islanders
Press Kit Mailings to Hispanic Press	Hispanic Health Journalists
Press Kit Mailings to Native American/Alaska Native Press	NA/AN Journalists

3. MH/HD Outreach Projects Completed in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE – AUDIENCE	START DATE
Cocaína, adicción y abuso - Serie de reportes de investigación. Folleto (2001)	Professionals & Public	10/1/2000

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE – AUDIENCE	START DATE
La Metanfetamina, Abuso y Adicción - Serie de reportes de investigación. Folleto (2001)	Professionals & Public	10/1/2000
Medicamentos de Prescripción Abuso y Adicción - Serie de Reportes de investigación. Folleto (2001)	Professionals & Public	10/1/2000
Principios de tratamiento para la drogadicción: Guía basada en la investigación. Folleto (2001)	Technology Transfer	10/1/2000
2001 Walking a Good Path Calendar	Native Americans/Alaska Natives	10/1/2000
Juventud Latina - Hable con Sus Hijos Sobre las Drogas y Sus Peligros. Folleto (2001)	Families & Educators	10/1/2000
Juventud Latina - 6 Radio PSAs	Families & Educators	10/1/2000
Keep Your Brain Healthy - Radio PSAs Hispanic	Hispanic Teens	10/1/2000
Keep Your Brain Healthy - TV PSAs Hispanic	Hispanic Teens	10/1/2000

4. Other Indicators of MH/HD Outreach Progress Not Captured Above

OTHER INDICATORS
In addition to the projects and activities outlined above, NIDA continued partnerships and linkages with organizations involved in minority health and health disparities. Through meeting and conference support given to organizations such as the Latino Behavioral Health Institutes (LBHI) and the National Asian Pacific American Families Against Substance Abuse, Inc. (NAPAFASA), NIDA effectively reached the respective populations with information on drug abuse research, treatment, services, and prevention.



NATIONAL LIBRARY OF MEDICINE (NLM)

Established in 1956, the NLM collects, organizes, and makes available biomedical science information to investigators, educators, and practitioners and carries out programs designed to strengthen medical library services in the United States. Its electronic data bases, including MEDLINE and MEDLINEplus are used extensively throughout the world by both health professionals and the public.

A. RESEARCH

Data Not Available In This Format

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

Data Not Available In This Format

C. OUTREACH

1. Increases in Outreach Capacity, Volume, Efficacy, and Quality

NLM is directing many of its efforts toward remedying the disparity in health opportunities experienced by important segments of the American population. These efforts are based on the belief that improving access to affordable and easy-to-use health-related information (in the form of published literature, databases, and the authoritative content of others) can help solve health disparities. Collection and database development is critical to this. The advanced information products and services of the NLM are built on the foundation stone of its unparalleled collections. The Library today is seen as a principal source of biomedical information and the NLM's many high-technology programs are infused with the confidence and competence resulting from a century and a half of experience in filling the information needs of health professionals. The Library continues to place primary emphasis on its role as acquirer, organizer, and disseminator of health-related information.

The Library is devoting considerable attention and resources to improving access by health professionals, patients, families, community-based organizations, and the general public to information, with special emphasis on rural, minority, and other underserved populations. NLM firmly believes that improved access to health information in MEDLINE, MEDLINEplus, *ClinicalTrials.gov*, and the Library's other computerized databases will result in higher quality health care for the Nation's citizens.

In the following areas of emphasis, NLM utilizes a number of strategies to ensure access to health-related information:

- Improving the information infrastructure and communications capabilities of minority communities.
- Employing communication methods that are racially and culturally sensitive and appropriate.
- Increasing the scope of information products and services to include cultural, psychological, behavioral, social, gender-based, and environmental influences.
- Building partnerships with community-based and professional organizations.

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Improve delivery of web-based information, through the development of easy-to-use information resources such as MEDLINEplus and ClinicalTrials.gov that are sensitive to cultural diversity issues, educational level, and language.	# of additional links to Spanish language materials	154	275	79%
	# of additional Spanish language interactive tutorials provided	0	4	
	# of additional English language interactive tutorials provided	0	86	
	# of additional links to materials in health disparity focus areas	785	1613	105%
	# of additional links to other non-English materials	4	6	50%
Promote improved access to HIV/AIDS information to health professionals, patients, the affected community and their caregivers, as well as the general public in minority communities	# of community-based organizations submitting proposals	45	49	9%
	# faculty, staff and students trained from minority educational institutions	123	80	-35%
Expand activities with the Historically Black Colleges and Universities (HBCUs) to provide information about toxicology, environmental health, and hazardous waste to include more broadly members of minority and low socioeconomic communities	# of faculty, staff, students, community members trained	155	112	-28%
	# of conferences sponsored	1	1	0
	# of new projects developed	1	1	0
Train minority health professionals, information professionals, and community members to use NLM and other quality health information resources	Number trained	35	50	43%
	# of training sessions	19	25	32%
	Feedback from pre- and post- training surveys	Consistently positive	Consistently positive	
Improve the Internet infrastructure for American Indians and Alaska Natives in selected geographic areas so as to facilitate or upgrade tribal access to web-based biomedical and health information	# of reports completed: planning, implementation, evaluation.	1	1	0%
	# and type of persons engaged in tribal/site level planning.	1	1	0%
	# and type of special activities supported: outreach activities, pow-wows, health fairs.	0	5	
	Number and type of participants in special activities	0	4000	
Explore the use of new information technologies to enable diabetes patients to manage their disease and avoid or delay the onset of costly and debilitating complications, especially patients from minority and medically underserved populations	# of reports completed: planning, implementation, and evaluation	2	3	50%
	# and type of persons enrolled in studies		Patients 15 Med. students 160 Physicians 3 Total 178	
	# and type of participants in training sessions		178	

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
Reduce/eliminate barriers inherent to the grant program	# of contacts made to community-based, faith-based, and professional organizations whose services benefit minorities, disadvantaged or underserved populations	Not avail.	11	
	# of letters of intent for Request for Application (RFA) from community-based, faith-based, or professional organizations	Not avail.	119	
	# of letters of intent for RFA from HBCU/Minority Institutions	Not avail.	0	
	# of letters of intent for RFA from community health networks, clinics	Not avail.	89	
	# of letters of intent for RFA from federal, state, and local agencies	Not avail.	31	
Increase the number of applications for projects that benefit minority populations (African American, Native American, Latino, Asians, etc. mentioned in text)	# connection/access applications of this type from community-based, faith-based, or professional organizations	Not avail.	9	
	# connection/access applications of this type from HBCU/Minority Institutions	Not avail.	0	
	# connection/access applications of this type from community health networks, clinics	Not avail.	16	
	# connection/access applications of this type from federal, state, and local government agencies	Not avail.	11	
	# connection/access applications of this type from other organizations	Not avail.	5	
Increase the number of successful applications for projects that benefit minority populations (African American, Native American, Latino, Asians, etc. mentioned in text)	# successful connection/access applications of this type from community-based, faith-based, or professional organizations	Not avail.	3	
	# successful connection/access applications of this type from HBCU/Minority Institutions	Not avail.	0	
	# successful connection/access applications of this type from community health networks, clinics	Not avail.	4	

NAME/DESCRIPTION OF PROGRAM*	METRIC USED	FY2000 NUMBER	FY2001 NUMBER	% CHANGE
	# successful connection/access applications of this type from federal, state, or local government agencies	Not avail.	8	
	# successful connection/access applications of this type from other organizations	Not avail.	1	
Increase the number of applications for projects that benefit underserved / disadvantaged populations (rural or urban settings, minority groups not mentioned)	# connection/access applications of this type from community-based, faith-based, or professional organizations	Not avail.	6	
	# connection/access applications of this type from HBCU/Minority Institutions	Not avail.	0	
	# connection/access applications of this type from community health networks, clinics	Not avail.	21	
	# connection/access applications of this type from federal, state, and local government agencies	Not avail.	8	
	# connection/access applications of this type from other organizations	Not avail.	26	
Increase the number of successful applications for projects that benefit underserved/disadvantaged populations (rural or urban setting, minorities not mentioned)	# successful connection/access applications of this type from community-based, faith-based, or professional organizations	Not avail.	1	
	# successful connection/access applications of this type from HBCU/Minority Institutions	Not avail.	0	
	# successful connection/access applications of this type from community health networks, clinics	Not avail.	7	
	# successful connection/access applications of this type from federal, state, or local government agencies	Not avail.	1	
	# successful connection/access applications of this type from other organizations	Not avail.	15	

2. New MH/HD Outreach Projects Created in FY2001

NAME/DESCRIPTION OF PROJECT	SIGNIFICANCE
Develop a set of population-specific mini web sites that focus on the issues of particular populations or geographic areas	Special populations have special needs for health information. The NLM has created a Web site aimed at the special needs of the inhabitants of the Arctic (http://arctichealth.nlm.nih.gov). This web site provides access to evaluated health information from hundreds of local, state, national, and international agencies, as well as from professional societies and universities. The site has sections devoted to chronic diseases, behavioral issues, traditional medicine, environment/pollution, and environmental justice, as they apply to populations of the arctic region. The NLM is now working with the Regional Medical Library at the University of Washington in Seattle to have ArcticHealth maintained by a university already working with issues important to the Arctic region. This is first in a series of planned health information Web sites for special populations. Others planned include sites for Asian/Pacific Islander Health and Hispanic Health.
Develop an internship program for community leaders	NLM's experience with community organizations indicates that these organizations are ill equipped to initiate and carry out information service activities. They are not likely to have the expertise required to apply for funding or provide training in the use of information resources and services. An information internship for staff from minority organizations may provide the needed experience and understanding to enable these organizations to take advantage of government programs and resources.
Develop a plan to enhance the competitiveness of minority organizations and institutions and those that serve minority and underserved populations in seeking NLM funding	NLM offers various funding opportunities through many of its divisions, i.e. Extramural Programs, Specialized Information Services, Telemedicine initiatives, and the NN/LM. NLM plans to increase its efforts to provide assistance to minority organizations and institutions and organizations that serve minority and underserved populations in applying for NLM funding and responding to Requests for Proposals (RFPs). The 4500 health sciences libraries in the NN/LM, which are a key component in NLM's outreach efforts to address the health disparities in minority and underserved populations, can provide valuable assistance in these efforts. The NN/LM can work with program areas to develop and provide assistance in conducting technical assistance workshops. Particular attention will be paid to finding ways to expand NLM Information Access and Internet Connections grant programs to improve information access and internet connectivity for minority-serving institutions and organizations.

3. MH/HD Outreach Projects Completed in FY2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	START DATE
Expand mailing list for Internet Connection RFA to reach more organizations that serve minorities and disadvantaged populations	The NIH Guide to Grants & Contracts is familiar to academic communities but not the best communication mechanism for reaching non-academic health related organizations. By building a special mailing list, communication with these organizations will be improved, which should lead to an increase in applications.	Completion April 2001
Streamline the application for Internet Connection grants	PHS 398, the form that is used for all NIH grants, is a complex form that is primarily aimed for use by research investigators. First time applicants from non-academic institutions often make errors in completing the application that impede their ability to compete successfully. Clear, specific instructions and a simplified application form should lead to an increase in accurate, complete applications	Completion December 2001

NAME/DESCRIPTION OF PROJECT*	SIGNIFICANCE	START DATE
<p>Explore the use of new information technologies to enable diabetes patients to manage their disease and avoid or delay the onset of costly and debilitating complications, especially patients from minority and medically underserved populations</p>	<p>Children’s Hospital (Los Angeles) project provided user feedback on the effectiveness of MEDLINEplus as an information resource for teenage Type 1 diabetes patients, including those from minority and other underserved populations.</p>	<p>July 2001</p>

**4. Other Indicators of MH/HD Outreach Progress
Not Captured Above**

Data Not Available In This Format



WARREN GRANT MAGNUSON CLINICAL CENTER (CC)

Established in 1953, CC is the clinical research facility of the National Institutes of Health. As a national resource, it provides the patient care, services, and environment needed to initiate and support the highest quality conduct of and training in clinical research.

In the year between Government Fiscal Years 1999 and 2000, we increased the number of callers in every ethnic minority category among the 36% of callers who were willing to state their ethnicity. African-American contacts increased by 80.10%; American Indian/Alaskan Native contact increased by 78.80%; Asian/Pacific Islander contacts increased by 62.10%, and Hispanic contacts increased by 36.60%. These figures also are for telephone contact only.

A major accomplishment was conceptualizing and producing an advertisement that lists diseases studied by the CC. The purpose of the ad was to generate awareness of the breadth of diseases studied at the CC and help erase the myth that the CC studies only rare diseases and patients who have exhausted all other options. The ads (with four different disease lists) appeared 8 times in the spring and 8 times in the fall in the *Washington Post*. It was our most effective way of generating contacts. We also advertised in minority newspapers and on minority radio stations. Our greatest success was on Spanish language radio stations. The month after the ad aired for 1 week, calls from Spanish-speaking individuals increased dramatically.

In our minority outreach program, we contacted 54 minority professional associations and added 56 new community organizations to our existing database. We maintained our partnership with the National Medical Association and established a new partnership with the Washington, DC Department of Health. These partnerships offer us opportunities to extend the reach and credibility of our outreach efforts.

We held our first Web-based audio teleconference on the topic of *Advances in the Prevention, Acute Management, and Rehabilitation of Stroke*. The course was a 2-hour Web-based session that included a 1-hour live telephone conference call during which faculty discussed their slides, while participants viewed them on the Web. We had 122 registrants from 28 states and Washington, D.C. A total of 54 people from 17 states ultimately participated. About 40% of the participants were from rural areas, and they were grateful to have access to continuing medical education without having to travel. Of the 30 participants who answered the ethnicity questions, 15 were minorities. There were 19,768 hits to the site with a 0.23% error rate (all errors were user errors).

We initiated the development of a Spanish-language brochure. A three-member committee of our Alliance is advised us on this effort. To ensure a quality product that is both culturally and linguistically accurate, we tested the first draft, including photographs, in Spanish-language focus groups with target audience members, had it reviewed by several Spanish-speaking professionals, and conducted one-on-one interviews on the second draft. The brochure was published last year.

We held three meetings of our Community Outreach Leadership Alliance, and our members, who are compensated for meeting time only, were very active between meetings. In addition to helping with the

development of the Spanish-language brochure, members helped in establishing the D.C. Health Department partnership, and in reaching numerous audiences to which we made presentations.

In Year 4, we plan to continue with our focus on minority outreach and minority media. We will emphasize outreach to Hispanics, Asians, and Native Americans. We plan to hold a meeting with minority media representatives to show them the CC, have them speak to NIH research and clinical staff, and advise us on media channels. We have planned two more Web-based audio teleconferences to reach physicians and other health professionals.



OFFICE OF AIDS RESEARCH (OAR)

The OAR formulates scientific policy for, and recommends allocation of research resources for, AIDS research at NIH.

A. RESEARCH

1. Evaluation of the Overall Minority Health/Health Disparity (MH/HD) Research Portfolio

METRIC DESCRIPTION	NUMBER IN FY2000	NUMBER IN FY2001	% CHANGE	COMMENTS
OAR Prevention Science Initiative Supplements	0	7	+700%	These OAR supplemental awards provided funding for minority investigators and/or studies conducted in minority populations

2. Progress Within Individualized MH/HD Research Projects

Not applicable, as the Office of AIDS Research does not have grant making authority.

3. Itemize MH/HD Scientific Breakthroughs or Advances in FY2001 *Not applicable*

B. RESEARCH INFRASTRUCTURE (RESEARCH CAPACITY)

1. Individual Training/Manpower-Focused Endeavors *Not applicable*

2. Institution-Focused Endeavors *Not applicable*

3. Itemize Creation of New Infrastructure Program *Not applicable*

4. Itemization of Capital Improvement Projects at Minority Serving Institutions (Including Equipment) *Not applicable*

5. Itemization of Capital Improvement Projects at Other Institutions of Higher Education *Not applicable*

6. Itemize Programs and Projects that Were Completed in FY2001 *Not applicable*

7. List Other Indicators of Progress in Building Research Infrastructure *Not applicable*

C. OUTREACH

- 1. **Increases in Outreach Capacity, Volume, Efficacy and Quality** *Not applicable*
- 2. **Itemize New MH/HD Outreach Projects Created in FY2001** *Not applicable*
- 3. **Itemize MH/HD Outreach Projects Completed in FY2001**

NAME/PROJECT DESCRIPTION	SIGNIFICANCE	FOCUS
OAR Web Site	Provides the NIH Strategic Plan for AIDS Research Addressing Racial and Ethnic Minorities, OAR minority initiatives, Members of the OAR Racial and Ethnic Minority Working Group, and reports of OAR sponsored meetings.	1,770 – 2,473 hits per month
OAR Regional Workshops	Disseminate new AIDS research findings to healthcare providers and patients in minority communities with information on their potential applications for prevention, care and treatment of HIV-infected individuals, using existing and innovative methods.	Minority communities – begun in 1990
OAR Regional Technology Transfer Program	Exchange of basic and applied research information at community, regional, national and international conferences and workshops. Meetings have been targeted to Hispanic, Native American, and African American communities, and an upcoming meeting on Asian and Pacific Islander communities.	Minority communities – begun in 1988
Epidemiological Video Series	In collaboration with the National Minority AIDS Council, targeted to specific audiences (e.g., minority communities, health care providers, adolescents, older populations, drug users, and other hard-to-reach populations) with relevant HIV information.	Minority communities, especially front line providers and community-based organizations (CBOs). First video (African Americans and HIV) was distributed to over 10,000 individuals/sites in 1999. Additional videos for Hispanic populations.
OAR Initiative in Latin America and the Caribbean	OAR has collaborated for the past 10 years with the Office of Continuing Medical Education at the University of Puerto Rico and the AIDS Education and Training Centers of Puerto Rico on a series of meetings on key AIDS research topics. In 2000, in response to Congressional appropriations language encouraging attention to AIDS in the U.S. Virgin Islands, OAR hosted a meeting on the island of St. Thomas. Plenary sessions were broadcast by satellite to other Caribbean islands, including the Bahamas, Jamaica, Trinidad and Tobago, and Barbados. Most of the plenary and workshop sessions were	

	captured on videotape and made available for broader viewing and posted on the OAR Website. Plans are underway for additional meetings this year.	
United States Conference on AIDS	Build and enhance partnerships among CBOs and basic, clinical, and behavioral researchers to encourage exchange of information and experience. Sponsored by the National Minority AIDS Council and co-sponsored by OAR, this meeting is the largest annual AIDS conference in the U.S.	Providers, CBOs, persons living with HIV and AIDS in minority communities
NIH AIDS Research Program Exhibit	Disseminate educational information to enhance understanding of HIV and basic and clinical research processes by health care providers, community-based HIV/AIDS service organizations, social service organizations, policymakers.	Minority communities, conferences, workshops
Equal Access Initiative	Cross-collaborations of HIV/AIDS information providers to develop more integrated and comprehensive information dissemination approaches. This initiative provides computers, Internet access, and computer training for minority communities to facilitate learning, collaboration, and dissemination of patient and provider information.	CBOs serving minority communities and/or minority CBOs
Meet the Expert Sessions	Provide state-of-the-art HIV/AIDS information and updates to community-based organizations, health care workers serving the minority community, and minority persons living with HIV and AIDS.	Links with the Equal Access Initiative – clinics and CBOs with computers can access these sessions with their clients in real time
Collaboration with National Community-Based Organizations	Work with community-based organizations to develop and promote effective methods of information dissemination in target populations.	Integration of information dissemination approaches in minority communities
AIDS Information Kiosks	Provide online access to AIDS research and information, including full text of research abstracts and other information. OAR has developed AIDS Information Kiosks that have been placed in strategic locations for access by at-risk populations, including in community college settings, at the University of Puerto Rico, through grassroots organizations working with youth, and with faith-based organizations. These computer kiosks allow directed searching through the Internet to learn more about HIV and AIDS. The home page and links created for this site direct the user through information on topics they query in English or Spanish.	Support to minority community providers, especially where information is only trusted if it comes directly from the providers. Site allows for personalization of all materials.