

INSIDE NIMHD

National Institute on Minority Health and Health Disparities

April-May 2016

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The *Inside NIMHD* newsletter is produced as an organizational news source for NIMHD staff. For questions or to submit information, please contact Gerda Gallop-Goodman, M.P.H., managing editor, at gallopgoodmangd@mail.nih.gov. Many thanks to the *Inside NIMHD* Newsletter Committee Members!

Director's Message



April is my eighth month as NIMHD Director, and I am continuously energized by the scientific opportunities and the contributions that we are making to the field. I am very appreciative of your hard work and on the importance of representing our mission for all of NIH.

Recently, the suggestion box contained a question about the promotion process and history at NIMHD. There is a document that describes the process of how individuals progress at NIH that we will share. The essential factors relate to initial appointment category, level of responsibility (especially supervisory role), quality of work, and longevity. I have approved some overdue promotions and urge supervisors to consider eligible people so that this is an ongoing, transparent, and continuous process at NIMHD. The distribution of bonuses as cash or step increases was completed, and Kimberly M. Allen, Deputy Executive Officer,

did a great job of dividing the pie.

I have reviewed the results of the FEVS (Federal Employee Viewpoint Survey) from the past three years, and many of the responses reflect a level of discontent and dysfunction that are unacceptable—although our staff also had a very low response rate overall (under 50%), so we may not be getting an accurate measure. I want to reiterate that NIMHD has zero tolerance for any form of bullying, yelling, or disrespectful behavior. I have met with the EDIR (Equity, Diversity, Inclusion, and Respect) group, who will continue as a subgroup of the Worklife Committee. The full report from the FEVS will be shared with the EDIR group and will be a topic for conversation at the next All-Hands Meeting. A proposal for a set of recommended trainings has been developed and will be promoted. I always welcome your suggestions, questions, and critiques via the suggestion box, direct e-mail, or in-person visits when I am in the office with an open door.

In June, NIMHD will launch a process to develop an NIH-wide strategic plan on minority health and health disparities. On April 22, we hosted a workshop on measurement and methods; we will hold a second workshop, on etiology and interventions, on May 19 and 20. Many staff have worked hard to make these sessions productive, and I expect there will be products that will define the field for years to come. I see this as completing an important phase of the science visioning that began nearly two years ago under the leadership of Dr. Irene Dankwa-Mullan, former Acting Deputy Director of the Division of Extramural Scientific Programs, whom we will miss, as she recently left Federal service. On March 31, I presented a succinct plan to the IC Directors that helped set the table for definitions of minority health and health disparities, categorization of grants, and the scientific content within each IC. I look forward to engaging all NIMHD scientists in this important task and collaborating with all ICs.

We examined the NIMHD portfolio for 2015 to compare the proportion of Principal Investigators by race/ethnicity at our IC to that of NIH as a whole. I was pleasantly surprised to see that NIMHD is more likely than the rest of NIH to fund African American (19% vs. 2.3%) and Latino (13% vs. 4%) scientists. These data are held confidentially and kept separate from the review



process, so they probably reflect the institutions, topics, and programs that NIMHD funds. As we develop a more robust program in investigator-initiated grants, I would expect to sustain and improve on diversity of our funded scientists.

April has been a busy month, and I have been making more visits to Congress. I met with California's Congresswoman Barbara Lee, who is very interested in health disparities and a longtime friend of Cuba. I had a one-on-one meeting with her fellow Californian, Congressman Xavier Becerra, and we talked for over an hour about Latino health care issues and NIMHD's vision regarding minority health and health disparities. I also met with both Senate and House staff from key committees. Also in April, I visited the Mount Sinai School of Medicine and presented at the Family Medicine Grand Rounds, met with the dean and other leaders, and observed a well-functioning community clinic in Harlem. My visit to the University of Alabama helped me understand how the groups we fund help promote quality science in minority health and health disparities. I also visited the Centers for Disease Control and Prevention to talk about issues in Latino health and made a similar presentation at the National Hispanic Medical Association's annual conference on April 23. The NIMHD vision and agenda are being disseminated!

At the All-Hands Meeting in April, I showed slides and shared my thoughts about my recent trip to Cuba. In March, I met with the delegation from Cuba's Ministry of Health and leading health organizations visiting NIH. I believe that there will be opportunities in the near future for NIMHD to collaborate. At the All-Hands Meeting in May, I will present on the topic of NIMHD's vision and agenda, and I will have time to discuss the FEVS results.



Research Spotlight

The Center for Asian Health Engages Communities in Research to Reduce Asian American Health Disparities

On February 23, 2016, NIMHD and the NIH Asian and Pacific Islander American Organization (APAO) co-sponsored a lecture, Health Disparity Research in Diverse Asian American Populations: Present and Future, by Dr. Grace Ma, Associate Dean for Health Disparities, Founding Director, Center for Asian Health (CAH), Laura H. Carnell Professor of Public Health, and Professor in Clinical Sciences at the Lewis Katz School of Medicine at Temple University.



At the lecture are APAO officers and members (from l) Bethanie Wang, Grace Ji, Phuong-Tu Le, Dr. Rina Das, guest speaker Dr. Grace Ma, APAO president Dr. Francisco Sy, Laura Wong and Jimmy Do.

In her presentation, Ma, an NIMHD grantee, discussed the driving force for Asian health disparity research, health disparities confronting Asian Americans, discoveries from research conducted at CAH, and research opportunities for reducing health disparities among Asian Americans and other underrepresented populations.

Asian Americans are comprised of very diverse ethnic groups and face substantial challenges, according to Ma. For example, more than 70 percent of Asian Americans are foreign-born, and thus many have limited English proficiency. Other challenges include differing cultural beliefs and behaviors and unfamiliarity with the Western health system. In addition, Asian Americans have the most difficulty understanding instructions in a doctor's office, are the least satisfied with cancer care coordination, and experience unique health disparities from other ethnic populations.



“There is more recognition of these issues that is documented in the literature, even though this population is very much understudied,” said Ma.

Asian Americans face health disparities in cancer, chronic diseases, such as heart disease, hypertension, and diabetes, mental health, and among the elderly. It is the only U.S. population suffering cancer as the leading cause of death. In particular, Asian Americans have the highest incidence and mortality rates of liver and stomach cancers--the most preventable cancers--largely due to high prevalence of related infections such as hepatitis B. In addition, Asian Americans have the lowest cancer screening rates and are typically diagnosed at a later stage compared to other racial and ethnic groups.

There is very limited data on cardiovascular disease in Asian Americans, and few studies of cardiovascular disease have examined Asian American subgroups separately, Ma explained.

“This is important information for guiding targeted interventions,” she said. “Not all groups have similar rates of incidence and prevalence of cardiovascular disease. It’s very important to tailor future prevention and intervention.”

Ma added that more than half of Asian Americans with diabetes don’t know they have the disease, and they are more likely to develop type-2 diabetes compared to whites despite having lower body weight and body mass index (BMI). Unique risk factors for diabetes among Asian Americans include insulin resistance, differential body fat distribution, genetics and emerging risks, such as metabolic syndrome, acculturation and a traditional diet high in sodium and carbohydrates, and physical inactivity.

She shared compelling statistics to dispel the myth that mental illness is rare in the Asian American community. Suicide is one of the leading causes of death for Asian Americans--those aged 20-24 have the highest suicide rate and Asian Americans have the highest suicide rate among females of all racial and ethnic groups aged 65-84. There is an association between depression and diagnoses of diseases and management. Asian Americans often consider expression of mental illness a personal weakness and are more likely than whites to express emotional distress through physical symptoms.

“Cancer patients, especially those with infection-related diseases, may experience shame and stigma that could affect their job and others may look down on them,” said Ma. “We have so few linguistically competent practitioners, and cultural barriers prevent many from seeking help. Through education and awareness we can convey that this is about an infectious disease, not a sexually-transmitted disease. Culturally-tailored messages are important.”

Mental health issues, especially related to depression, is just one area of understudied disparities among elderly Asian Americans, according to Ma. Others include limited access to culturally/linguistically appropriate health care, Alzheimer’s disease and burden of family members as caregivers, self-management of chronic conditions, and lack of medication adherence.

CAH’s mission is to reduce health disparities and improve health equity among Asian Americans and under-represented ethnic populations through intervention research, training, community engagement through cancer and health programs, partnership building (with churches, community organizations, etc.), dissemination, and clinical support/patient navigation for culturally and linguistically appropriate comprehensive health services. Ma shared highlights from community needs assessment studies as well as NIH-, PCORI-, and CDC-funded studies



in cervical cancer, smoking cessation, hepatitis B and liver cancer, cardiovascular disease, and translational health (clinical trial education and bio-banking research).

Founded in 2000, CAH has a long tradition of excellence that promotes and supports community-based participatory research (CBPR) and patient-centered outcomes research (PCOR). The expanded mission of CAH is to foster collaborative transdisciplinary research that comprehensively integrates social, behavioral, environmental, and biological factors within a multilevel framework in addressing the determinants of health and health disparities.

Ma described an NIMHD-funded grant that uses CBPR for the dissemination of an evidence-based hepatitis B screening and vaccination intervention in Korean churches. CAH is also pilot testing multi-language mHealth technology applications such as interactive text messaging and web-based interventions in hepatitis B screening and management, and hypertension through sodium reduction for African American, Latinos, and Asian Americans.

“We should continue to emphasize prevention and early detection,” said Ma about hepatitis B. “It would really help to reduce disparities.”

Lastly, she outlined research opportunities for reducing health disparities in Asian Americans and underrepresented populations that include:

- Emphasize the importance of Asian subgroup disaggregated data to demonstrate how various sociocultural, socioeconomic, genetic, and behavior risk factors affect health conditions to inform targeted interventions
- Emphasize prevention, early detection, and treatment adherence research in reducing cancer, chronic diseases, mental health, and other health disparity conditions (understudied)
- Improve access and quality of care
- Use of innovative approaches in health disparity research (e.g., mHealth)
- Use of CBPR in various settings
- Randomized controlled trials (RCTs) for testing effective and culturally appropriate interventions to reduce cancer and health disparities in diverse Asian Pacific Islanders (APIs) and underrepresented populations
- Dissemination and implementation of evidence-based interventions
- Promote team science with transdisciplinary expertise and approaches (behavior, clinical, and basic science) to address social determinants of health disparities
- Engage communities to increase the participation of diverse underrepresented APIs and other ethnic populations in clinical trials, biomedical research, and tissue donation to advance precision medicine
- Comorbidity issues (e.g., healthy lifestyle and cancer, hypertension, diabetes, mental illness)
- Increase mentored research training for the next generation of diverse and underrepresented population scientists in health disparity research to advance health equality.

For more information, contact [Dr. Francisco Sy](#) or visit <https://cah.temple.edu>.



Updates from Program Committees, Offices, and Working Groups

Grants Management Advisory Committee (GMAC)

[NOT-OD-16-067](#) NIHs Implementation of the Federal Awardee Performance and Integrity Information System (FAPIS) Requirements

NIH officials are now using information in the Federal Awardee Performance and Integrity Information System (FAPIS) as part of the risk assessment process for making grant awards. Grantees with more than \$10M in awards from all federal agencies must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a federal award.

[NOT-OD-16-064](#) Impact of Grant Application Form Update (FORMS-D) on Late and Continuous Submission Applications

The submission due date determines the form package that should be used. For continuous submitters, they should use the due date they would have been held to if not eligible for continuous submission.

For more information, contact [Ms. Priscilla Grant](#).

Science Vision

On February 8, 2016, NIMHD hosted a Pre-Council working session on the Science Vision, led by the members of the Advisory Council working group. The purpose of the working session was to discuss the Science Vision planning efforts, facilitate discussions on the implementation process, and invite feedback on preliminary findings on the state-of-the-science. Highlights and outcomes included a presentation of the research framework for minority health and health disparities research. Discussion generated promising scientific areas of opportunity based on the outcomes of the foundational pillars.

Trans-NIH working groups have been established for the three foundational pillars – (1) etiology of health disparities, (2) methods and measurements and (3) interventions. The working groups have been charged with helping to draft a state-of-the-science background summary paper, which will be used as the basis to identify innovative strategies and opportunities to advance the science of health disparities.

Two science vision workshops have been planned for April and May. The workshops will involve external experts. Attendance to the workshops is by invitation only. A summary of the findings will be presented during the Advisory Council session in June.

Methods and measurement workshop – April 22, 2016
Etiology and interventions workshop – May 19-20, 2016



Scientific Program Updates

Program Leadership Committee

I. NIH Policy Preview on the Use of a Single IRB from Multi-Site Research

The purpose of this policy is to increase the use of single Institutional Review Boards (IRB) for multi-site studies funded by the National Institutes of Health (NIH). Its goal is to enhance and streamline the process of IRB review and reduce inefficiencies so that research can proceed efficiently without compromising ethical principles and protections.

Final Policy Proposal

- Domestic sites of NIH-funded multi-site studies conducting the same protocol will be expected to use a single IRB.
- IRB review can be included in the award as a direct cost.
- Exceptions allowed if (1) local IRB review is required by federal, tribal, or state laws or regulations; or exceptions is granted by funding IC.

Proposed effective date: January 2017

II. Online Partnership to Accelerate Research (OnPAR)

Background

Leidos Health's Life Sciences division has partnered with the NIH to accelerate the biomedical research and development enterprise by matching high-scoring, unfunded NIH proposals with private biomedical foundations and/or industries seeking to fund promising research via the Online Partnership to Accelerate Research (OnPAR). Via OnPAR, foundations and industries will obtain access to peer-reviewed research proposals that directly relate to their funding priorities. Unfunded applicants with strong research proposals will receive a second opportunity to secure funding, and NIH will realize a larger return on their peer review investment.

Only unfunded applicants can submit materials via OnPAR to be considered for funding (NIH staff are not permitted to submit any information on behalf of applicants).

Resources

NIH extramural staff should send questions to OEPMailbox@nih.gov.

Other Policy Updates

This notice reminds the biomedical and health services research communities of announced changes to grant application policies and instructions for due dates on or after January 25, 2016 (NOT-OD-16-004).



The changes focus on the following areas:

- Rigor and transparency in research grant applications (including small business and complex research grant applications) - [NOT-OD-16-011](#) and [NOT-OD-16-012](#)

Note: Similar changes for institutional training and individual fellowship applications will be implemented in FY2017 ([NOT-OD-16-034](#))

- Vertebrate animals (NIH only) - [NOT-OD-16-006](#)
- Definition of child (NIH only) - [NOT-OD-16-010](#)
- Research training - changes outlined within [NOT-OD-16-004](#)

Resources

In honor of Black History Month, the American Society for Biochemistry and Molecular Biology put together a [timeline](#) of noteworthy black researchers and their contributions to the life sciences. Dr. William G. Coleman, former NIMHD Scientific Director, and Dr. Gary H. Gibbons, NHLBI Director, are included! Dr. Coleman is noted as being the first Black Scientific Director in the history of the NIH Intramural Research Program.

Events/Announcements

NIH/NIMHD Events

- Upcoming Extramural Staff Meetings (eighth-floor conference room)
Thursday, May 19, 2016, 10 a.m.–12 p.m.
- Upcoming All-Hands Meetings (eighth-floor conference room)
Tuesday, May 10, 2016, 9 a.m.–10:30 a.m.
Wednesday, June 1, 2016, 10:30 a.m.–12 p.m.
- Upcoming Council Dates
Monday-Tuesday, June 6-7, 2016, Building 31-6C, Rooms 6 & 7
Monday-Tuesday, September 12-13, 2016, Building 31-6C, Rooms 6 & 7
- Upcoming INSPIRD Talk (eight-floor conference room)
Thursday, May 26, 2016, 1 p.m. – 2 p.m.
Presenter: Monica Basco, CSR



- Panel discussion, Diverse Career Pathways of Asian Pacific American Scientific and Administrative Workforce at NIH: Extramural and Intramural Perspectives, on Wednesday, May 4, 2016, 12:30 p.m.-1:30 p.m. in Building 1, Wilson Hall. Dr. Francisco Sy, an NIMHD program director in the Division of Extramural Scientific Programs, will serve as one of the panelists.
- OBSSR Behavioral and Social Sciences Research Lecture Series, "[How You Think: Structural Network Mechanisms of Human Brain Function](#)," Thursday, May 5, 2016, 2:00 p.m.–3:00 p.m., Balcony C, Building 45, Natcher Conference Center
- 8th Annual take a Hike Day, Thursday, June 4, 2016, 11:30 a.m.-1:30 p.m., Bldg. 1 Front Lawn and designated off-campus satellite locations. Click [here](#) to register.
- Deputy Director for Management (DDM) Seminar Series, "[The Puzzle of Motivation](#)," Thursday, June 16, 2016, 11 a.m.–12:30 p.m., Building 10, Masur Auditorium. Dan Pink, author of five provocative books about business, work, and behavior including three long-running New York Times bestsellers: *A Whole New Mind*, *Drive*, and *To Sell Is Human*.

Dr. John Ayanian Discusses Insights on Health Disparities at NIMHD Director's Lecture



Dr. John Ayanian

Dr. John Z. Ayanian, the new director of the Institute for Healthcare Policy and Innovation at the University of Michigan and a long-time colleague of NIMHD Director Dr. Eliseo J. Pérez-Stable, was the invited speaker for the NIMHD Director's Lecture on April 6, 2016. Dr. Ayanian discussed his insights on health disparities and his new role at the University of Michigan.

"John is a clinician-scientist who I've known for 35 years," said Dr. Pérez-Stable. "His scientific work has been remarkable."

Dr. Ayanian has spent much of his career focused on health disparities with an emphasis on disparities in insured and uninsured populations.

"It's not enough to just describe the problem, we need to understand the mediators and decide what are effective interventions to alleviate disparities," said Dr. Ayanian.



Noteworthy

The April 2016 issue of the *American Journal of Public Health* features commentary from NIMHD. "[Addressing Health Disparities Is a Place-Based Issue](#)," an editorial by **Dr. Irene Dankwa-Mullan**, former Acting Deputy Director of the Division of Extramural Scientific Programs, and **Dr. Eliseo J. Pérez-Stable**, NIMHD Director, describes evidence-based strategies and approaches for implementing place-based interventions to address health disparities and improve population health.

Dr. Regina James, Director of the Clinical and Health Services Research Branch, Division of Extramural Scientific Programs, served as a panelist for a session on Advancing Health Equity through Precision Medicine and Health IT Innovation at the annual meeting of the Healthcare Information and Management Systems Society in March.



Left to right: Drs. Luis Belen, Julian Goldman, Regina James and Mark Johnson

Dr. Thomas LaVeist, an NIMHD grantee, is the executive producer and writer for the feature documentary film, [The Skin You're In](#), which investigates the astonishing African American health disparity—why it exists and what can be done about it. Dr. LaVeist also recently became [Chair of the Department of Health Policy and Management](#) at the George Washington University's Milken Institute School of Public Health.

Dr. Kirsten Bibbins-Domingo, an NIMHD grantee, was recently appointed by the U.S. Preventive Services Task Force as chair of the Task Force. She was appointed to this position by the director of the Agency for Healthcare Research and Quality (AHRQ). Dr. Bibbins-Domingo has served as a member of the task force since July 2010 and was previously appointed vice chair in March 2014. She is the Lee Goldman, M.D., Endowed Chair in Medicine and professor of medicine and of epidemiology and biostatistics at the University of California, San Francisco (UCSF). Dr. Bibbins-Domingo is a general internist, attending physician, and director of the UCSF Center for Vulnerable Populations at Zuckerberg San Francisco General Hospital. She is also the director of the UCSF Clinical and Translational Science Institute's training programs.



NIMHD grantees **Drs. Cassandra Bolar, Tabia Akintobi, Natalie Hernandez, Glenda Wrenn, Latrice Rollins, Martha Okafor, Ms. Aneeqah Ferguson, Mr. Calvin McAllister, Mr. David Collins,** and Smart and Secure Children Parent Mentor Mr. Clem Thomas co-authored [Context matters: A community-based study of urban minority parents' view on child health](#), in the *Journal of the Georgia Public Health Association*. The article focuses on a CBPR study to reduce health disparities among low-income, minority children and their families at the Satcher Health Leadership Institute and Prevention Research Center at the Morehouse School of Medicine.

Staff Highlights



Dr. Patrice Armstrong

Dr. Patrice Armstrong has joined the Office of Science Policy, Strategic Planning, Analysis and Reporting, where she will assist with scientific reporting, planning, and policy. Dr. Armstrong has directed and served as a technical expert for collaborative research projects in the U.S., Europe, and Latin America between the government, academia, and industry.

Prior to joining NIH, Dr. Armstrong was a senior nutrition scientist at Danone Research Center and Sorbonne University, Paris, France. In 2009, she received a Fulbright Award, from the U.S. Department of State, as the principal investigator to conduct a nutrition and healthcare evaluation in rural communities in Venezuela. She is passionate about improving the nutritional, environmental, and health status of underserved ethnic communities in the U.S. and globally.

She returns to NIH after initiating her training in biomedical research at NICHD while attending high school and during her undergraduate career. Dr. Armstrong received her bachelor's degree in biology from the University of Maryland Baltimore County, her master's in public health in environmental health science from Columbia University, and her Ph.D. in nutrition with a minor in statistics and epidemiology from the University of California, Davis.



Employee Profile: Q&A with Dr. Maryline Laude-Sharp



Dr. Maryline Laude-Sharp

Education: Ph.D., immunology, M.S., human biology, B.S., biochemistry/immunology hematology, University of Paris, France

Hometown: I grew up on a farm, in a very small village, one hour north of Paris. I also spent many years away in boarding school in a town just a few miles from my home.

My title at NIMHD is ... Scientific Review Officer in the Office of Extramural Research Administration's Scientific Review Branch.

What attracted you to work at NIMHD? I worked at NCMHD in 2003 for 3 months as a contract review officer. I learned about minority health and health disparities at that time and understood that the objectives, although not what I had pursued until then, were of great significance for the future. When I had the opportunity in 2009 to come back, I took it with the sense that I would be part of something important.

My major responsibilities are ... to manage the first level of review of applications coming to NIMHD in response to a funding opportunity announcement (FOA).

My typical workday involves ... reading applications, asking people to be reviewers, determining any potential conflict between applications and reviewers, attending review meetings, and being part of committees, such as the human subjects committee.

I chose this career because ... I worked in research and development for many years and being part of preventing diseases and promoting health seems natural.

What I like best about my work ... after a review meeting if all went well, and having the feeling that the job that took several weeks or months, has been well done. It also allows me to go out of my shell.

When I'm not working I like to ... go hiking, some bicycling, watch old movies, be with my family.



Most people don't know/would be surprised to learn that ... After so many years in the U.S., I most often still count in French.

What is something you cook well? Cheesecakes, crêpes, and rustic French food.

What I like most about living in the DC area is ... access to different countrysides, museums, and the change in seasons.

My favorite quote is ... If you don't ask, you don't get. Stevie Wonder (I think)

My favorite author/book is ... I like to read [Isabel Allende's](#) novels.

My secret ambition is to be ... a historian.

In the next issue of *Inside NIMHD*, Dr. Francisco Sy, a Program Director in the Division of Extramural Scientific Programs, will share insights from his public health career.

