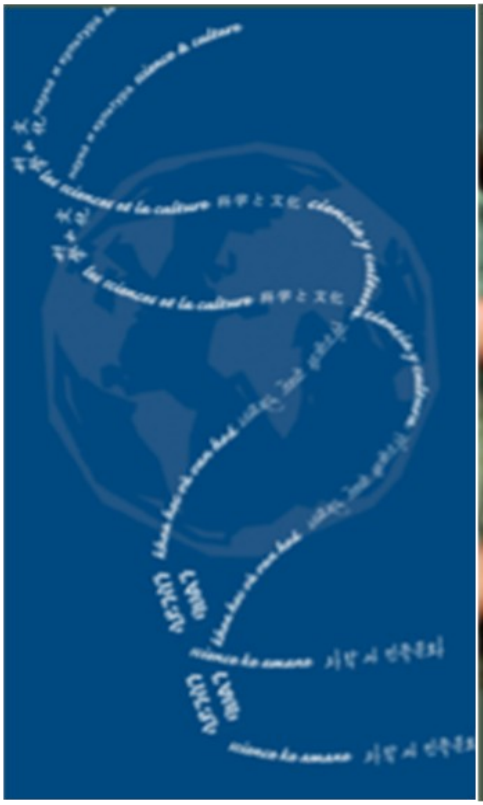

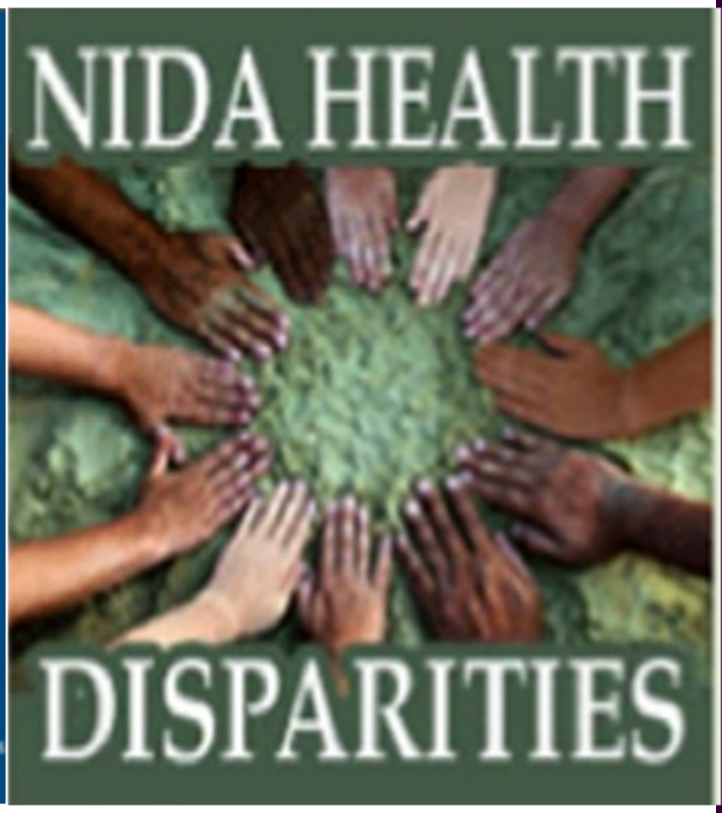

Report of the Diversity and Health Disparities Council Review Work Group

National Institute on Drug Abuse

2011

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Nora Volkow MD, Director
National Institute on Drug Abuse
6001 Executive Blvd
Rockville MD 20892

Dear Dr. Volkow,

I am pleased to submit to you the report of the 2011 Diversity and Health Disparities (DHD) Council Review Work Group that was created at your request by the National Advisory Council on Drug Abuse in September 2010. This report reflects the consensus view of the Work Group members.

NIDA's commitment to increasing the diversity of its investigators is impressive. There is a clear commitment to increasing the diversity of subjects recruited into NIDA sponsored research. The 2005 Council Work Group Recommendations were reviewed. Several recommendations have been solidly implemented and others have been partially addressed.

Our recommendations are as follows: (1) Develop a plan for coordinating and leading NIDA's diversity and health disparities efforts; (2) Explore options for organizational restructuring of the activities related to enhancing diversity in the extramural research community; (3) Provide applicants from diverse communities with opportunities to engage with the entire grant application review process; (4) Maximize the role of the REM work groups through improved coordination and collaboration; (5) Develop a tracking system for monitoring participants in NIDA's diversity efforts (including Diversity Supplements, DIDARP, REM work groups, etc.). (6) Enhance the dissemination of research findings on minority health disparities; and (7) Enhance support for translational studies in minority populations to support the adaptation of evidence-based interventions for those populations.

NIDA's continued support of minority health and health disparities is critical for promoting health equity among substance abusing populations and/or those at risk for substance use.

Finally, on behalf of our entire workgroup, I would like to thank you for supporting the time and effort that NIDA staff expended in order to prepare and organize information for our deliberation. Staff from throughout NIDA were available and responsive. Special appreciation goes to Meenaxi Hiremath PhD for her extraordinary effort in supporting this project.

Sincerely,

Anita Everett MD, Section Director
Community Psychiatry
Johns Hopkins School of Medicine

Report of the Diversity and Health Disparities Council Review Work Group

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VOLUME II. Supporting Documents

SUMMARY AND RECOMMENDATIONS

The Diversity and Health Disparities Council Review Work Group (DHD Work Group) was tasked by the Director of the National Institute on Drug Abuse (NIDA) to (1) examine NIDA's efforts at supporting minority investigators and at recruiting minority subjects into NIDA-funded research studies and clinical trials, and (2) explore the extent to which NIDA has implemented each of the recommendations from the 2005 report of a previous council review work group on racial/ethnic minority health disparities (the 2005 Work Group). The DHD Work Group heard presentations and discussed issues at two in-person meetings held in January and May 2011. Between and after these meetings, DHD Work Group members received additional source documents and responses to their specific requests for information. They also participated in five conference calls to discuss issues and formulate the findings and recommendations presented here.

Major sections of the report are devoted to detailed reviews and DHD Work Group commentary on NIDA's support of minority investigators (Section II), NIDA's progress in recruiting minority subjects in NIDA-funded studies (Section III), and the four racial/ethnic minority work groups (REM work groups) supported by NIDA funding to advise NIDA, promote recruitment and career advancement of racial/ethnic minority researchers and scholars in the field of substance abuse, and promote substance abuse research in or particularly important to their respective racial/ethnic communities (Section IV and Appendix A). The four REM work groups are the African American Researchers and Scholars Work Group, Asian American/Pacific Islander Researchers and Scholars Work Group, Native American/Alaska Native Researchers and Scholars Work Group, and the National Hispanic Science Network. Section V contains the DHD Work Group's evaluation of NIDA's response to the 2005 Work Group's recommendations, organized under the six summary recommendations from the 2005 Work Group's report.

NIDA has been supporting various programs, including REM work groups, Diversity-promoting Institutions Drug Abuse Research Program (DIDARP), Research Supplements to Promote Diversity in Health-Related Research, Special Populations Research Development Seminar Series, NIDA Summer Research Program, and NIDA Intramural Minority Recruitment and Training Program, in efforts to increase the diversity of the drug abuse research work force. However, little rigorous data from formal assessments currently exists on the impact of these programs on increasing the number of NIDA extramural researchers. Objective assessment as to the impact of each of NIDA's diversity efforts cannot occur unless there is reliable data on the successes of minority applicants and grantees supported through the programs. While it is not readily evident which diversity promoting programs might be contributing and to what extent, data analyses of the racial/ethnic diversity of NIDA investigators from FY2005 to FY 2010 suggest that NIDA efforts toward increasing the number of applicants have been modestly successful for some groups. It may also be possible that NIDA's diversity promoting efforts are contributing to increased fellowships awards among Black and Hispanic applicants and increased research career awards among Hispanic and Asian/Pacific Islander applicants. These conclusions must be interpreted with caution, given the limitations of the data, particularly the small numbers of applicants and awards for some minority groups.

NIDA has been successful in including minorities in its funded studies. The DHD Work Group is encouraged that the number of minorities included in NIDA's studies is comparable to overall NIH

inclusion numbers. Further, inclusion rates for several minority groups exceed the minority population rates as reported by the Bureau of the Census for 2010.

The four REM work groups have been effective in fostering the professional development of young investigators as well as in creating a forum that enables information to move from community needs to research proposals and also from research results to community services. While the REM work groups are distinct in their missions and approaches as they relate to the needs of their specific communities, they are all committed to mentoring and career development of junior investigators who have an interest in the health inequities within their communities. Increased collaboration and coordination among the REM work groups, facilitated by NIDA, may improve the mentoring and career development efforts, improve dissemination of research findings on health disparities, and spur research collaborations.

The DHD Work Group examined NIDA's efforts to implement the 2005 Work Group's recommendations. The DHD Work Group findings are summarized below:

For 2005 Work Group Recommendation 1 (*Utilize the Scientific Opportunities of the NIH Roadmap*), the DHD Work Group is satisfied with NIDA's efforts toward utilizing the NIH Roadmap to encourage interdisciplinary teams and approaches to studying drug abuse. NIDA is encouraged to maintain its efforts in maximizing research relevant to drug abuse through NIH Common Fund and other trans-NIH initiatives, particularly those programs that foster interdisciplinary teams focused on addressing substance abuse health disparities. It is also evident that the CTN remains a strong example of a re-engineered clinical research enterprise that has embraced drug abuse community treatment programs as the front line of drug abuse treatment. Ongoing NIDA support of CTN efforts will further the development of evidence-based treatments, improve implementation of evidence-based treatments in community treatment programs, and engage treatment providers in the research process in efforts to improve the adoption of research results. The CTN is a vibrant translational mechanism that has solidly embraced health equity for all groups.

The 2005 Work Group Recommendation 2 (*Ensure Alignment of the* NIDA Strategic Plan *and the* NIDA Strategic Plan on Reducing Health Disparities*)* requested a collaborative development of the *NIDA Strategic Plan on Reducing Health Disparities* and alignment of the *NIDA Strategic Plan on Reducing Health Disparities* with the *NIDA Strategic Plan.* However, the DHD Work Group discovered that this has not been implemented. There is a need to increase NIDA coordination and planning to reduce health disparities. This coordination should be a formal effort that involves all programs and divisions within NIDA and includes input from the extramural research community. Specifically, formal input from NIDA's REM work groups is recommended. The importance of addressing health disparities in substance abuse is a NIDA priority; therefore, it should not be a challenge to begin planning, implementing, and disseminating NIDA's strategy for approaching substance abuse health disparities in such a manner that it ensures alignment of the *NIDA Strategic Plan on Reducing Health Disparities* with the *NIDA Strategic Plan*.

For 2005 Work Group Recommendation 3 (*Enhance NIDA Organization and Collaboration*), the DHD Work Group concludes that a priority for improved coordination and collaboration within NIDA has not been established. Limited interdisciplinary scientific expertise is present within the SPO, and scientific expertise from other components of NIDA is not organizationally coordinated through the SPO to effectively develop, implement, and monitor a systematic research plan to address substance use health disparities. All of NIDA's four REM work groups have evolved from being advisory to NIDA about substance abuse issues specific to their communities to now also fostering research in the communities

and mentoring the next generation of scientists to address health disparities in these communities. While some efforts to increase collaboration and coordination among NIDA Staff and the REM work groups are clearly present, substantially increased collaboration and coordination are still needed.

In response to 2005 Work Group Recommendation 4 (*Training Minority Researchers*), the DHD Work Group applauds NIDA's continued support of the Diversity Supplements program and the DIDARP Program. While the additional specific programs mentioned in the report of the 2005 Work Group have not been developed, NIDA's commitment to the development of scientifically strong minority investigators is evident. Since 2005, NIDA has utilized the REM work groups, used co-funding opportunities, supported grant writing programs, and engaged CTN leadership to cultivate scientifically strong minority researchers. It is noted that a formal tracking method to monitor NIDA-supported minority trainees, as recommended, does not yet exist. It is critical that NIDA develop a system to track the minority researchers that it is supporting through its diversity efforts in order to ascertain which programs are most successful.

For 2005 Work Group Recommendation 5 (*NIH Policies on Minority Inclusion*), the DHD Work Group concludes that NIDA is cognizant of the importance of developing and applying new analytic strategies specific to small-population samples. NIDA has made great strides toward this recommendation. The DHD Work Group encourages NIDA to continue the development and application of small group methodologies to address health disparities. Additionally, the DHD Work Group encourages additional support for translational studies that may support the adaptation of evidence-based interventions for minority populations.

The 2005 Work Group Recommendation 6 (*Research Needs and Priorities*) identified specific scientific areas that needed to be prioritized, including research gaps within the Native American populations, efforts to better understand consequences of drug use that significantly impact minority populations, and diversification of the minority populations and contexts or delivery systems through which treatment and prevention interventions are developed, implemented, and delivered. The DHD Work Group notes that NIDA has made significant efforts to prioritize the research gaps within the Native American populations. These efforts demonstrate an appreciation for the substantial additional challenges and unique complexities that apply to conducting research with Native American populations, Nations, and tribes. Efforts are in place to increase the number of Native American researchers and to address the cultural difficulties in conducting research in this population. Also, NIDA has made great strides in efforts to better understand and address HIV infection and criminal justice system involvement as consequences of drug abuse. Research support continues for the development of new prevention interventions in different contexts, for efficacious treatments, and for effectiveness studies including research designs that are inclusive of particular racial/ethnic minority groups. The DHD Work Group is satisfied that research supported by NIDA is addressing effective models of health services delivery to specific racial/ethnic minority subgroups. Much of this research does incorporate an understanding of the community and the cultural contexts in which the services are delivered. Overall, it is evident that NIDA has adequately prioritized and addressed the research gaps identified by the 2005 Work Group.

The new recommendations of the DHD Work Group, presented below, are based on the content presented in Sections II through V and on the DHD Work Group's deliberations on ways to continue and improve NIDA's efforts at supporting minority investigators from diverse communities, recruiting subjects from diverse communities into its studies, and promoting health equity within substance abusing populations or those at risk for substance use.

Recommendation 1. Develop a comprehensive implementation plan for coordinating and leading NIDA's diversity and health disparities efforts.

NIDA Office of Special Populations (SPO) should more actively engage with NIDA and with other NIH institutes and centers (ICs). It is not clear that there are routine and regular mechanisms in place for the SPO to learn about the latest scientific findings from ongoing NIDA-supported research (i.e., the extramural programs in the NIDA Divisions, the trials conducted by the NIDA Clinical Trial Network [CTN], and the Intramural Research Program) and NIH-wide scientific efforts (i.e., the NIH Common Fund and other trans-NIH efforts). Also, the SPO must take better advantage of guiding documents such as the *NIH Health Disparities Strategic Plan and Budget* and the *NIDA Strategic Plan.* Further, it is not clear how the SPO maximizes the utility of scientific findings and the strategic plans. An implementation plan is needed to provide guidance on these coordination and leadership issues, designate those parties responsible for these activities, and ensure that adequate time and resources are provided. Periodic monitoring of progress in coordination efforts and assessment of deliverables, such as efforts made to set and accomplish priorities, is essential to success and may highlight unmet needs. The SPO should be included in funding recommendations for applications that focus on diversity or health disparities.

Recommendation 2. Explore options for organizational restructuring of the activities related to enhancing diversity in the extramural research community.

Organizational restructuring of the NIDA SPO may facilitate increased coordination, focus, and attainment of goals. Specifically, all groups and activities concerning minority populations should be under the purview of the SPO. Organizational uncertainties may be contributing to a lack of coordination between the SPO and other structural components of NIDA. This may have contributed to the apparent lack of integration between the *NIDA Health Disparities Strategic Plan* and the *NIDA Strategic Plan*. It may also be causing confusion about roles, goals, and availability of effort and resources for the Asian American/Pacific Islander Researchers and Scholars Work Group and the Native American/Alaska Native Researchers and Scholars Work Group. More evaluation is needed of the leadership, personnel required, organization, and management of the SPO program, the office, and the ancillary activities. The SPO should be actively involved in this effort.

Recommendation 3. Provide applicants from diverse communities with opportunities to engage with the entire grant application review process.

Early investigators, especially those from diverse backgrounds may be reluctant to actively engage with the grant application review process. This may be due to limitations in understanding how the process works and what kinds of contacts within the review process are possible and instructive in preparing submissions and resubmissions. Frustrations, especially among junior investigators, with the entire peer review and funding process may prematurely dissuade some applicants. More advice on dealing with the rigors of the NIH review process may help applicants maximally utilize those resources that are available to them, including resources available in the unlikely event that there is evidence of bias.

The already successful coordination of efforts among the SPO, the Office of Extramural Affairs, and the Racial/Ethnic Minority Work Groups (REM work groups) should be expanded as an effective means for productively informing junior minority applicants about the entire competitive review and funding process. The REM work groups, which have been supported by NIDA to provide inreach into

communities of current and potential minority investigators, are likely a prime resource for this effort. The SPO, in its management of the REM work groups, is uniquely poised to increase ongoing efforts of the Office of Extramural Affairs to support the mentoring of young investigators among the REM work groups.

Recommendation 4. Maximize the utility of the REM work groups through improved coordination and collaboration among them and with NIDA.

Currently, the efforts and goals of the REM work groups are diverse and appear to vary greatly in level of funding support, outcome, impact, and quality. Some variation is productive, and differences in the minority communities being served may justify some differences in activities undertaken and distinct approaches from one REM work group to another. The purpose of the REM work groups as they are currently operating is two-fold: (1) to advise NIDA on the health disparities and needs of the communities represented by the work group and (2) to foster the next generation of researchers to address the needs of these communities in efforts to prevent and treat substance abuse. While the first objective may result in variation among the REM work groups based on the community represented, there are likely aspects of what is learned within one community that would be informative to the other communities. The second goal of the work groups, increasing the number of scientists from diverse backgrounds, is common to each work group, to NIDA, and to NIH. There may be opportunities for increased effectiveness in increasing the diversity of the pool of scientists through collaboration and coordination. The isolation in which each of the work groups currently seems to function has probably resulted in missed opportunities. Integrating key scientific program staff from the NIDA Divisions with each of the work groups may ensure better coordination with NIDA's mission and strategic plans. The yearly deliverables of the work groups should be clearly articulated, and a solid plan should be established for evaluating the impact of these deliverables. Evaluation, perhaps by an outside evaluator, to assess the quality and impact of each group's activities is essential and encouraged.

Recommendation 5. Develop a tracking system for monitoring and evaluating the submission and funding metrics of applicants who are supported through NIDA's diversity efforts (including Diversity Supplements, DIDARP, REM work groups, etc.). The evaluation should include how well each program has met its established goals, as well as participant satisfaction.

Accurate assessment of the diversity of NIDA's investigator pool is challenging because the NIH does not mandate ethnic and racial self-identification of applicant investigators. Given the challenges for tracking the diversity of NIDA's entire grant portfolio, it is highly recommended that NIDA implement a plan for monitoring the success of each awardee and/or trainee supported by or through a NIDA diversity-promoting effort. Currently, these efforts include: the Researchers and Scholars Expert Work Groups, the National Hispanic Science Network (NHSN), the Diversity-promoting Institutions Drug Abuse Research Program (DIDARP), Special Populations Research Development Seminar Series, Research Supplements to Promote Diversity in Health-Related Research, and the NIDA Summer Research Program. While publications and presentations are important for the career trajectories of individual scientists, the gold standard for measuring the success of these programs should be the total numbers and rates of supported awardees/trainees who apply for and receive a research grant within five years of support through diversity-promoting efforts. Career trajectories of all individuals supported by NIDA's diversity effort should be tracked and followed. Objective assessment about the impact of each of NIDA's diversity

efforts cannot occur unless there is reliable data on the successes of minority applicants and grantees supported through the programs. A longitudinal career tracking system is essential for evaluating the success of each of the NIDA diversity programs and for informing NIDA about which programs to continue and expand and which ones to modify or terminate.

Recommendation 6. Develop a focused strategy to enhance the dissemination of research findings on minority health disparities.

NIDA currently compiles and disseminates research findings on minority health disparities through its website as well as in scientific publications and other written materials. Because minority populations are disproportionately affected by substance abuse, dissemination of NIDA-sponsored research findings on minority populations is essential. The REM work groups could have a more pivotal role in both disseminating the research findings to the members of the work groups and in integrating the findings in subsequent studies conducted by investigators who are engaged with the work group. NIDA significantly invests in the REM work groups in efforts both to increase the diversity of extramural drug abuse researchers from these communities and to address the health disparities and needs of the communities represented by researchers within the work groups. Finding more effective means for integrating and disseminating significant health disparities research findings through the work groups could help ensure that cutting edge minority and health disparities research is occurring. The NIDA website should provide links to the REM work group websites, and the REM work group websites should link back to the NIDA site.

Recommendation 7. Enhance support for translational studies on substance use problems in minority populations to support the adaptation of evidence-based interventions for those populations.

Integration of basic science findings into clinical practice is critical for advancing substance abuse prevention and treatment through application of evidence-based practices. The emerging field of translational science can also employ lessons learned from the successes and failures of interventions to inform and guide new developments in scientific proof of concept, thereby translating to new clinical studies and ultimately to improved clinical standards of care and evidence-based practice. Minority populations may present environmental and sociocultural challenges to translation that differ in varying degrees from translation experience for the general population. Therefore, success in substance abuse prevention and treatment in these subpopulations may depend on translational studies that either focus on them or include them in sufficient numbers to permit statistically valid subpopulation(s) analyses. The DHD Work Group recommends that more of these types of studies be supported.

I. INTRODUCTION: WORK GROUP CHARGE AND STUDY PROCESS

In November 2010, the Director of the National Institute on Drug Abuse (NIDA), Nora D. Volkow, M.D., convened the Diversity and Health Disparities Council Review Work Group (DHD Work Group) to evaluate NIDA's progress in addressing racial/ethnic minority health disparities in NIDA's mission areas and in fostering greater participation of underrepresented racial/ethnic minorities in the research community investigating substance use and abuse issues and in clinical studies for the prevention or treatment of drug abuse. Appendix A lists the DHD Work Group members and their affiliations. An orientation teleconference for the members was held on November 29, 2010.

The DHD Work Group was charged by Dr. Volkow with the following tasks:

1. Examine NIDA's efforts at supporting minority investigators and at recruiting minority subjects into NIDA-funded research studies and clinical trials.
2. Explore the extent to which each of the recommendations in the 2005 report of the previous Racial/Ethnic Minority Health Disparities Council Review Work Group (the 2005 Work Group) was implemented.

In the DHD Work Group's report in response to these tasks, Dr. Volkow asked the members to address how NIDA can do the best job in recruiting and sustaining minority/diversity researchers, given the challenging budgetary environment that the Institute is facing. She also asked the DHD Work Group to identify those areas in which there has or has not been improvement since the 2005 report and to be bold in recommending any changes that might be needed to advance these goals.

At its initial meeting on January 31–February 1, 2011, the DHD Work Group heard summary presentations on diversity efforts across the National Institutes of Health (NIH), the mission and portfolio of the National Institute on Minority Health and Health Disparities (NIMHD), and the NIDA Special Populations Office (SPO). Various NIDA staff members then briefed the Work Group on NIDA activities since 2005 relevant to each of the six summary recommendations in the 2005 Work Group's report (NIDA, 2005). The DHD Work Group members had the opportunity to discuss each of the presentations with the presenters. An executive session format was used to facilitate candid discussions within the DHD Work Group. On February 1, 2011, the DHD Work Group discussed NIDA's Racial/Ethnic Minority Work Groups (REM work groups) with a representative of the leadership from each group, either via telephone conference or in person.

DHD Work Group conference calls on March 11 and April 4, 2011, provided opportunities to follow up on issues from the first meeting, discuss information received in response to Work Group requests, and prepare a focused agenda for the second face-to-face meeting. During this interim period, NIDA staff prepared responses to DHD Work Group questions and collected and analyzed data on minority investigator participation in the extramural research programs both within NIDA and for the NIH as a whole.

The DHD Work Group held its second meeting on May 10, 2011. The Director of the NIDA SPO gave two presentations responding to information requested after the first meeting. Staff from NIDA's Office of Extramural Affairs gave presentations on numbers of minority investigators in NIDA's extramural grant application and the role of peer review in relation to NIDA support for racial/ethnic minority investigators in the extramural research program. The NIDA Acting Deputy Director briefed the DHD

Work Group on inclusion of racial/ethnic minorities as subjects in NIDA's clinical grants. The project officers in the SPO for each of the REM work groups responded to a set of questions about the organization and operation of the REM work groups that had been formulated by the DHD Work Group to follow up on the discussions during the first meeting. The DHD Work Group members discussed and revised their draft recommendations and their evaluation of NIDA success in implementing the 2005 Work Group's recommendations.

Additional teleconferences to review and revise sections of the draft report were held on June 10 and July 25, 2011. The final report was approved by the DHD Work Group members on July 25, 2011. Detailed agendas for the two formal meetings of the Work Group are included as Appendixes B and C. A separate Volume II of this report contains copies of key NIH and NIDA reports on racial/ethnic minority health disparity research, including the full text of the 2005 Work Group's report (NIDA, 2005).

II. NIDA's Support of Minority Investigators

Background

In 1993, the NIDA Special Populations Office (SPO) was established within the Office of the Director to address issues related to minority populations. The specific goals of the SPO are to (1) increase the number of underrepresented scholars participating in drug abuse research and (2) ensure that minority/health disparity issues are adequately and appropriately represented in NIDA's extramural research program.

The SPO has several office objectives that guide the overall thrust of the office:

- Demonstrate commitment to diversity including racial/ethnic minority populations
- Focus on racial/ethnic minority concerns
- Coordinate institute-wide efforts to address minority/health disparities issues
- Facilitate access to research support for students and investigators from racial/ethnic minority populations or institutions

To increase the number of underrepresented scholars engaged in drug abuse and addiction research the SPO:

- Encourages racial/ethnic minority and other underrepresented students and scientists to become involved in drug abuse research and pursue grants, and encourages NIDA staff and Principal Investigators (PIs) to become involved in research development activities relevant to underrepresented minorities
- Facilitates research experiences to prepare underrepresented scholars for research careers
- Provides research opportunities and support through various funding announcements

Extant Programs to Support Minority Investigators

NIDA supports several programs that encourage new and minority researchers to enter the substance abuse research field. Increasing the number of minority drug abuse researchers in the minority extramural research community may help promote basic understanding, prevention, and treatment of substance use and abuse in underserved communities. NIDA has been supporting minority investigators through various programs. These include: Researchers and Scholars Expert Work Groups, the National Hispanic Science Network (NHSN), the Diversity-promoting Institutions Drug Abuse Research Program (DIDARP), Research Supplements to Promote Diversity in Health-Related Research, the Special Populations Research Development Seminar Series, the NIDA Summer Research Program, and the NIDA Intramural Minority Recruitment and Training Program. Each program is described in greater detail below.

Researchers and Scholars Expert Work Groups. The African American Researchers and Scholars Work Group (AA Work Group), Asian American/Pacific Islander Researchers and Scholars Work Group (AA/PI), and the Native American/Alaska Native Researchers and Scholars Work Group (AI/AN) advise the NIDA Director on drug abuse research and research development needs of their respective populations and provide mentoring to new investigators interested in drug abuse and addiction within the respective population groups. These work groups are described and discussed in greater detail in the Section IV of this report, entitled "NIDA's Racial/Ethnic Minority Work Groups" and in Appendix A.

National Hispanic Science Network. The mission of the NHSN is to improve the health of Hispanics by: (1) increasing the amount and quality of interdisciplinary translational research on drug abuse; and (2) fostering the development of Hispanic scientists in drug abuse research. The NHSN is described and discussed in greater detail in the Section IV of this report, entitled "NIDA's Racial/Ethnic Minority Work Groups" and in Appendix A.

Diversity-promoting Institutions Drug Abuse Research Program (DIDARP). This grant mechanism, described in greater detail in announcement PAR-11-060 (http://grants.nih.gov/grants/guide/pa-files/PAR-11-060.html), encourages Resource-Related Research Project Grant (R24) applications from institutions that serve economically disadvantaged students and communities. These applications should propose to develop or strengthen the drug abuse research infrastructure at the institution and foster the research career development of a diverse cadre of faculty, students, and staff who are currently underrepresented in drug abuse research. Each DIDARP grant application has a thematic research focus from which all research and training activities are planned. Health disparities research themes are encouraged; examples of prior themes include the intersection of drug abuse/HIV/AIDS and criminal justice, neurobiology of addiction, effects of in-utero cocaine exposure, epidemiology of stress and its mediators, and prevention research and methamphetamine abuse in HIV. Generally, funding is limited to no more $350,000 per year in direct costs. Five years of support may be requested. Awards are renewable through competing applications.

Currently, NIDA has eleven active DIDARP projects. Since 2005, NIDA has supported 15 DIDARP awards, seven of which were awarded to institutions not previously supported through this mechanism. DIDARP program accomplishments are primarily assessed through outcome measures such as increased or enhanced substance abuse research curricula, increased numbers of faculty and students trained in substance abuse research, publications, presentations, and independent funding/grant application submissions of faculty. These assessments are made from periodic review of progress reports. The SPO notes that these methods of assessment miss other indicators of impact such as the training efforts that lead to increased diversity of investigators and students continuing and completing graduate degrees and becoming involved in substance research in roles other than Principal Investigator.

Special Populations Research Development Seminar Series. These seminars are technical assistance workshops on research grants development and mentoring provided to underrepresented scholars interested in drug abuse research. The seminar series is supported by a portion of the logistical contract in the amount of $450,000 in fiscal year (FY) 2010 that provided support for a variety of activities including two to four annual grants development technical assistance workshops for new researchers and other meeting support (e.g., the "Health Disparities in Boys and Men" conference, held in FY 2010), travel awards for students to participate in the annual meeting of the College on Problems of Drug Dependence (CPDD), travel support for grantees to participate as speakers on minority health and health disparities issues at national meetings, production of Summer Research with NIDA recruitment materials, and other special activities such as the production of the resource guide (see below for details for some of these other activities). However, detailed outcomes or successes of the trainees who participated in the research development seminar series were not available.

Research Supplements to Promote Diversity in Health-Related Research. This program (commonly referred to as the "Diversity Supplements program") is described in greater detail in announcement PAR-08-190 (http://grants.nih.gov/grants/guide/pa-files/PA-08-190.html). It was established by the NIH in

1989 to improve diversity in the scientific research workforce, specifically by supporting and recruiting students, postdoctoral fellows, and investigators from groups that have been shown to be underrepresented in the sciences. Through the use of this mechanism, the NIH aims to improve the quality of the educational and training environment, to balance and broaden the perspective in setting research priorities, and to improve the capacity to address and eliminate health disparities. Funding is provided to current NIH research grantees to support eligible candidates who wish to pursue careers in the biomedical and behavioral sciences through research experiences with NIH-funded investigators. Candidates for the Diversity Supplements program include individuals from underrepresented racial and ethnic groups, individuals with disabilities, and individuals from disadvantaged backgrounds. Asian Americans are eligible for participation in the Diversity Supplements program if they express interest in pursuing clinical research. NIDA has participated in the program since its inception, and since 1994 NIDA has dedicated annual funding to the program. In 2005, the NIH broadened eligibility for the program to include disability and disadvantaged categories. From 1994 to 2010, NIDA has awarded 588 diversity supplements, 210 of which were new supplements awarded between 2005 and 2010 (approximately $11.5 million of direct costs in new awards).

Participation in the Diversity Supplements program has enabled students of all levels, postdoctoral fellows, and faculty investigators to acquire and improve their research skills so they may become competitive in applying for and receiving independent funding support from the NIH and other agency sources. A list of 20 individuals who were recipients of NIDA diversity supplements was provided to the DHD Work Group. These individuals, examples of underrepresented students and investigators supported through this program, have become successful independent investigators, representing all areas of substance abuse research. They have received funding from NIDA and other NIH and U.S. Public Health Service (PHS) agencies, and many of them have become devoted mentors to future generations of underrepresented students and investigators pursuing research careers.

NIDA Summer Research Program. This program, a component of the Diversity Supplements program, provides summer research experiences in the field of drug abuse and addiction to underrepresented high school and undergraduate students. The experience includes providing students with mentorship from an experienced NIDA grantee and includes guidance, education, and performance feedback. It also includes the opportunity for students to engage in, and become an integral part of, the research at their assigned site. NIDA solicits grantees to participate in the program through an open call to all NIDA grantees. Approximately 100-130 investigators offer their labs each year. Between 2005 and 2009, 329 students had been supported through this summer experience.

For the Sumer Research Program, NIDA recruits and selects students, then matches them with NIDA grantees. Students are solicited primarily from the honors programs of diversity-serving institutions, internship fairs, student organizations, and various high school honors or enrichment programs. Selection criteria include career goals, interests, academic achievements, and faculty recommendations.

NIDA grantees provide students with 8 to 10 weeks of research experiences. Investigators have an option to provide research experiences to as few as one or two students or to participate as a mini-program by providing as many as three or four students with research experiences. The summer placement experience may include formal courses, participation in meetings, data collection activities, data analysis, laboratory experiments, manuscript preparation, library research, and other enrichment activities. For some student interns, a program of this type may be their first formal research internship experience.

Assessment of this program has been conducted through questionnaires given to student participants and PIs/Mentors. The Summer Intern Questionnaire (SIQ) elicits students' feedback regarding research program activities, mentoring, interaction with other summer interns, and program impact. The Program Assessment of NIDA Grantees (PANG) elicits grantees' feedback regarding the research experiences that were provided to interns, mentoring, student interns' performance, expected future contact with student interns, student interns' strengths and weaknesses, and satisfaction with the NIDA Summer Research Program. These questionnaires are returned to the NIDA SPO for analysis.

The SPO summarizes the data and prepares a report. Reports were prepared in 2009 and 2010. Results are used to inform the SPO on program strengths and needs. The SPO uses results from the PANG to make changes that improve the administration of the program. For example, changes have been made in the processing of awards, student requirement clarifications (e.g., more detailed description of the PIs' requirements for students), and the approval of student-site matches with the PIs. Experiences provided to students that have appeared to be useful have been shared with PIs at a workshop held in 2009. There are plans to distribute a summary of best program experiences and outcomes identified through the assessments to each PI/Mentor participating in the 2011 program, with encouragement to consider incorporation of some of the practices and ideas into their programs.

The annual combined direct cost for support of the NIDA Diversity Supplements program, including the Summer Research Program component, amounts to approximately $2.5 million.

NIDA Intramural Minority Recruitment and Training Program. Summer research placements with NIDA Intramural Research Program scientists are available for students and faculty. While this is a NIDA effort that contributes to the diversity of researches conducting substance abuse research, the program is coordinated through the NIDA Intramural Research Program, rather than through the SPO and was not addressed by the DHD Work Group.

DHD Work Group Assessment of NIDA's Diversity-Promoting Programs

NIDA support of the diversity-promoting programs described above demonstrates NIDA's commitment to increasing the diversity of substance abuse researchers. While the NIDA programs described above are designed to increase the diversity of the drug abuse research work force, and several candidates at various career stages have been supported by and/or through them, only anecdotal evidence of success stories from these programs was presented to the DHD Work Group. Little rigorous data from formal assessments currently exists on the impact of these programs on increasing the number of NIDA extramural researchers. A recent Institute of Medicine review of NIH minority programs (IOM, 2005) made recommendations to the Director of NIH about improving data collection to ensure useful and valid evaluations of the programs. The NIDA SPO has participated in meetings with other NIH institutes and center (IC) representatives in efforts to respond to the recommendations and provide guidance to the NIH Director. Thus far, no NIH-wide actions have been instituted on these issues. The DHD Work Group Recommendation 5 addresses the need for a tracking system to monitor the success of NIDA's various efforts to promote diversity within the extramural research community and to evaluate how well each program has met its stated goals.

Data Analysis of Minority Investigators and NIDA Applications

In an effort to determine whether the representation of race and ethnicity among NIDA applicants and grantees had changed since 2005, race and ethnicity data on NIDA applicants were obtained from the

NIH Division of Information Services by the NIDA Office of Extramural Affairs. Changes in the extramural applicant and grantee pool may also provide insight on NIDA's efforts at supporting minority investigators. The DHD Work Group requested data to: (1) assess NIDA application submission rates by race/ethnicity for FY 2005-2010; (2) assess NIDA application success rates for submitted applications by race/ethnicity for FY 2005-2010; and (3) among NIDA awardees in FY 2005-2010, examine trends in investigators' racial/ethnic distribution by funding mechanism types.

There was a two-fold approach to the data analyses. First, the success rates of competing applications by fiscal year were determined; i.e., how many research project applications were submitted versus the number subsequently funded. Second, the racial/ethnic distribution of the awardee pool, which includes newly awarded grants and extant active grants, was examined by fiscal year. The awardee pool changes by roughly 25% per year, as some applicants complete their last year of support and newly funded applicants enter the pool.

Data for these analyses were extracted by NIH from the *Research and Related Personal Data* forms that are submitted with grant applications. These data contain confidential and personally identifiable information (including race/ethnicity) about the PI named in the grant application. For these reasons, these data are not readily available, and in order to obtain them, NIDA Office of Extramural Affairs staff were required to undergo clearance and approval through the NIH Office Research Information Services.

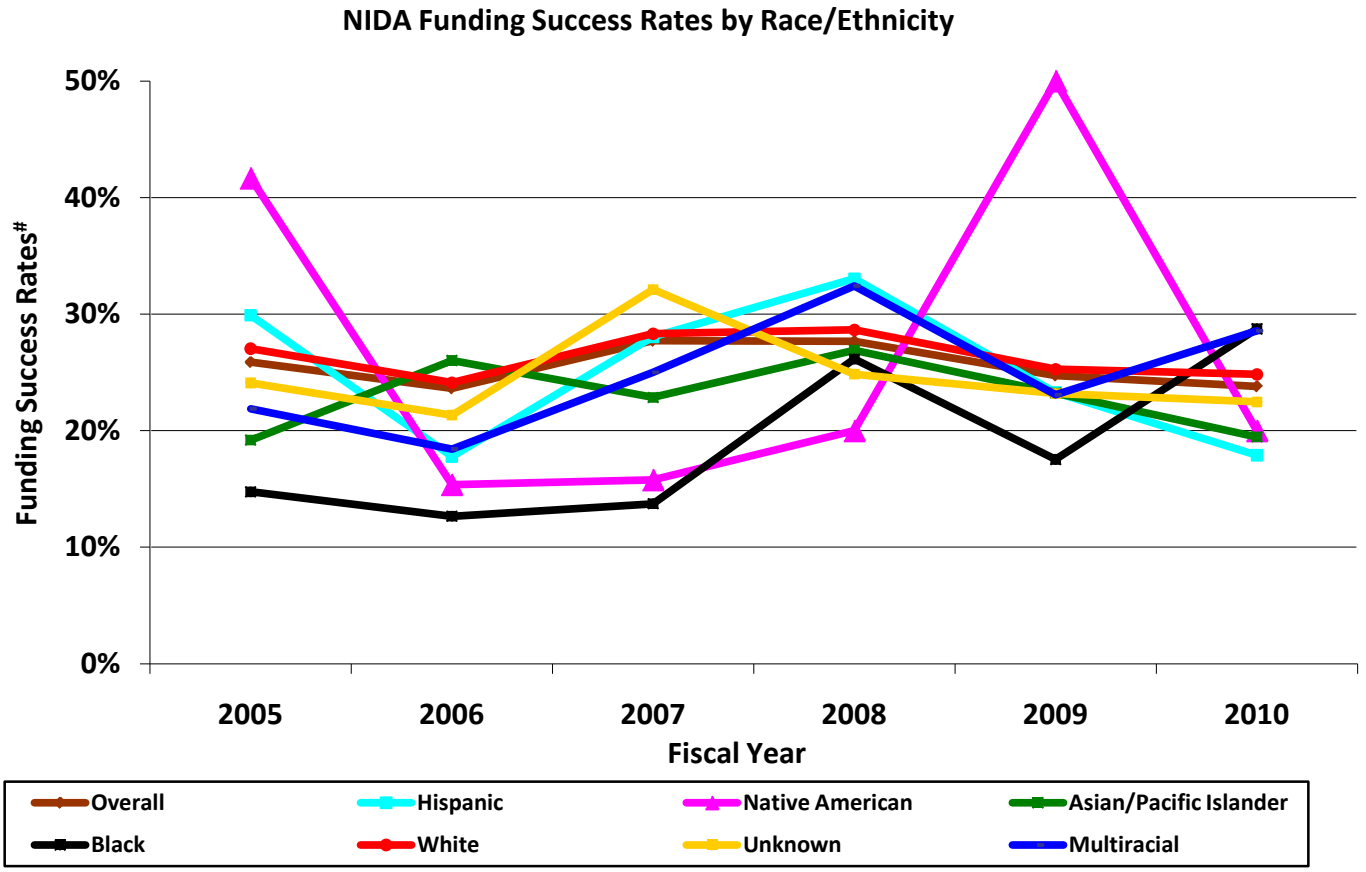
The nature of the data and limitations must be understood. In the analyses summarized here, data for grants funded through the American Recovery and Reinvestment Act of 2009(ARRA) were excluded. On the *Research and Related Personal Data* form, PIs are allowed to select more than one race or to intentionally withhold their racial/ethnic status. PIs with multiple racial/ethnic identifications are counted under each racial/ethnic identity claimed. For these analyses, PIs with multiple submissions/awards were counted once for each of their submissions/awards. Also, only data for the PIs named in applications were made available; data on fellows or trainees supported within an application were not provided. For the purposes of this assessment, racial/ethnic categorization was in accordance with the Asian/Pacific Islander, Black/African American, Hispanic, and Native American NIDA work groups. Finally, and perhaps most importantly, it must be emphasized that the numbers of grantees are so small in some cases that great caution must be exercised in drawing any conclusions.

Since FY 2005, the number of applications assigned to NIDA as the primary Institute has been increasing. In FY 2010, the number of NIDA primary applications had increased by almost 25% above FY 2005 NIDA primary application submissions. Despite the increase in number of submitted applications, the percentage of submissions by racial/ethnic minorities appears to have remained relatively steady. In other words, it appears that racial/ethnic minority applicants are also increasing their number of submissions. There also appears to be a slight decrease in the rates of submissions from White applicants (80.58% in FY 2005 to 69.61% in FY 2010) and an increase in submission rates from those who do not wish to declare their racial/ethnic status (8.71% in FY 2005 to 17.68% in FY 2010).

For FY 2005 to 2010, funding success rates by race/ethnicity were examined (Figure 1 and Table 1). The data indicate that the success rate of White investigators mirrors the Overall success rate. The success rate of Native Americans is highly variable, presumably due to low submission numbers. The Black investigator success rate seems to be improving. The Asian/Pacific Islander success rate seems to be declining slightly recently. Success rates of applicants who do not provide racial information, those that

are multiracial, and those of Hispanic ethnicity have success rates that follow the overall success rate trends, though with greater variability.

Figure 1.



The percentages on the y-axis are a reflection of the number of funded applications divided by total number of applications received. For example, in 2005, the overall number of funded applications was 580, while the number of applications received was 2240. Thus, the overall success rate for 2005 is 580 divided by 2240, which represented as a percentage is 25.9%.

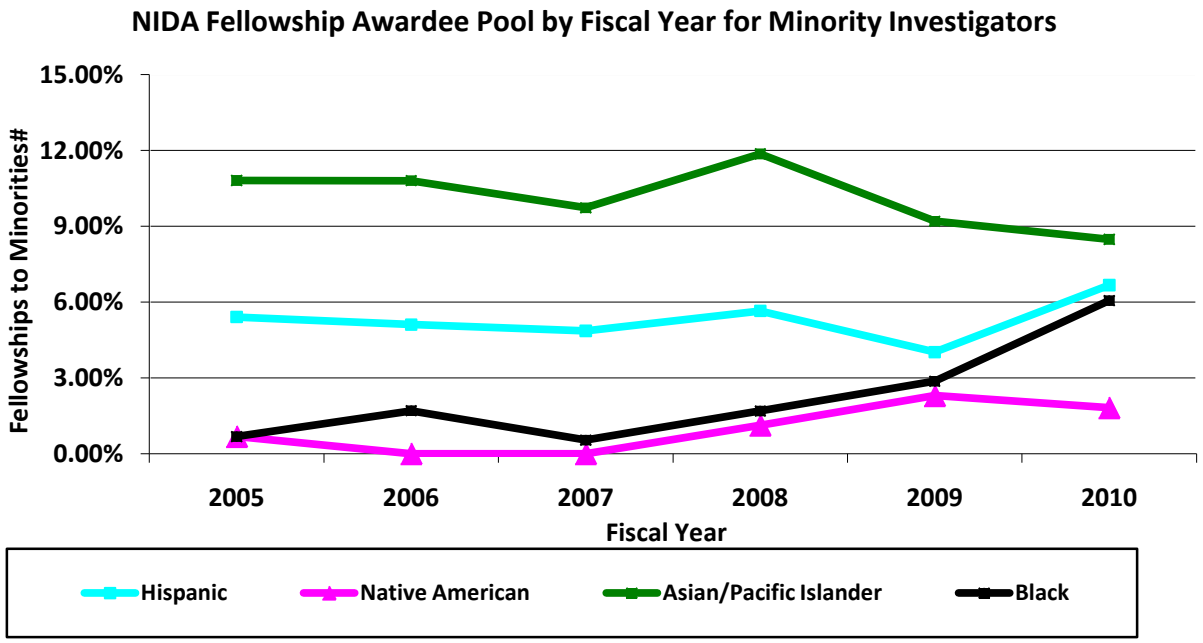
Table 1. NIDA Awarded applications/Submitted applications by fiscal year

Fiscal year	Overall	Hispanic	Native American	Asian/Pacific Islander	Black	White	Unknown	Multiracial
2005	580/2240	29/97	5/12	38/198	9/61	488/1805	29/146	7/32
2006	558/2361	16/90	2/13	64/257	10/79	441/1828	48/225	7/38
2007	642/2317	30/107	3/19	61/267	7/51	499/1762	79/246	7/28
2008	669/2417	37/112	4/20	81/301	17/65	494/1724	84/338	12/37
2009	632/2556	27/116	8/16	72/310	10/57	466/1844	86/371	9/39
2010	665/2794	22/126	5/25	59/303	25/87	483/1945	111/494	16/56

Data about NIDA's awardee pool by funding mechanism types -- fellowships (F grants), research career grants (K grants), and research project grants -- were also prepared for FY 2005 to 2010. These data capture awardees at specific points in time; in other words, those whose awards have terminated and those

in consideration for award are not included. To see a change in the awardee pool between fiscal years, there must be either more new awardees than terminated awardees (an increase in the pool) or more terminated awardees than new awardees (a decrease). In the past 5 years, the pool of White fellowship recipients has been declining, while the pool of the racial/ethnic minorities receiving fellowships has been increasing. Specifically, although there is a recent slight decline in new awards to Asian Americans/Pacific Islanders, there are trends for increases in the pools of Black, Hispanic, and Native American fellowship recipients (Figure 2 and Table 2), suggestive of a greater increase in new awardees than those whose awards have terminated. However, great caution in drawing conclusions is essential, given the very small numbers of grantees in some racial/ethnic groups.

Figure 2.



The percentages on the y-axis are reflective of the number of fellowship awards made to a particular racial/ethnic minority group divided by the total number of fellowship awards made that fiscal year. For example, in 2005, eight of the 148 fellowships awarded, or 5.4%, went to individuals who self-identified themselves as Hispanic.

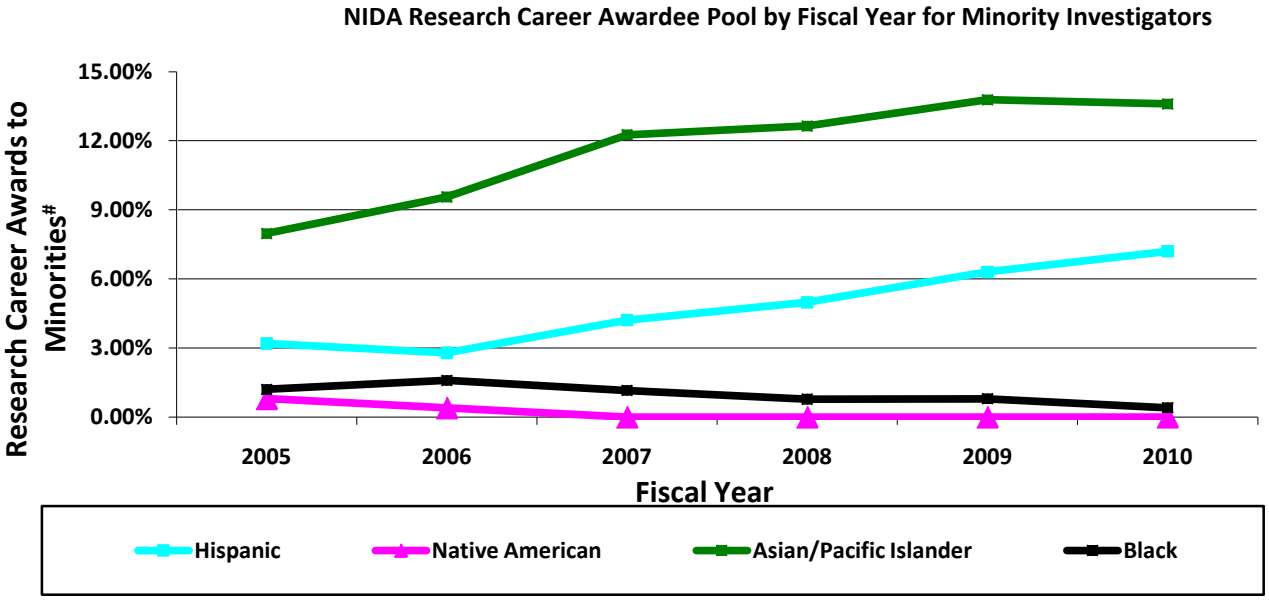
Table 2. NIDA fellowships by race or ethnicity

Fiscal year	Hispanic	Native American	Asian/Pacific Islander	Black	White	Total*
2005	8	1	16	1	117	148
2006	9	0	19	3	134	176
2007	9	0	18	1	140	185
2008	10	2	21	3	124	177
2009	7	4	16	5	110	174
2010	11	3	14	10	98	165

*Note the total column reflects the total number of fellowships by fiscal year at the point in time that data were extracted from the NIH system. Fellowships represented in the total column, in excess of those in the racial/ethnic categories, are representative of those PIs who did not identify their race and/or ethnicity.

The research career (K) awardee pool also showed a trend for a decline in White recipients and trends for increases in minority recipients. The pool of Asian/Pacific Islander and Hispanic research career awards has increased during the past 5 years, while the pool of research career awards received by Black and Native American applicants appears to have remained steady (Figure 3 and Table 3). Again, a steady pool suggests that the number of new awardees is about the same as the number of awardees who have come to the end of their awards, while an increase in the pool suggests an increase in new awardees relative to awardees whose grants have terminated.

Figure 3.



The percentages on the y-axis are reflective of the number of research career awards made to a particular racial/ethnic minority group divided by the total number of research career awards made that fiscal year. For example, in 2005, eight of the 251 research career awards granted, or 3.1%, of the awarded research career awards went to individuals who self-identified themselves as Hispanic.

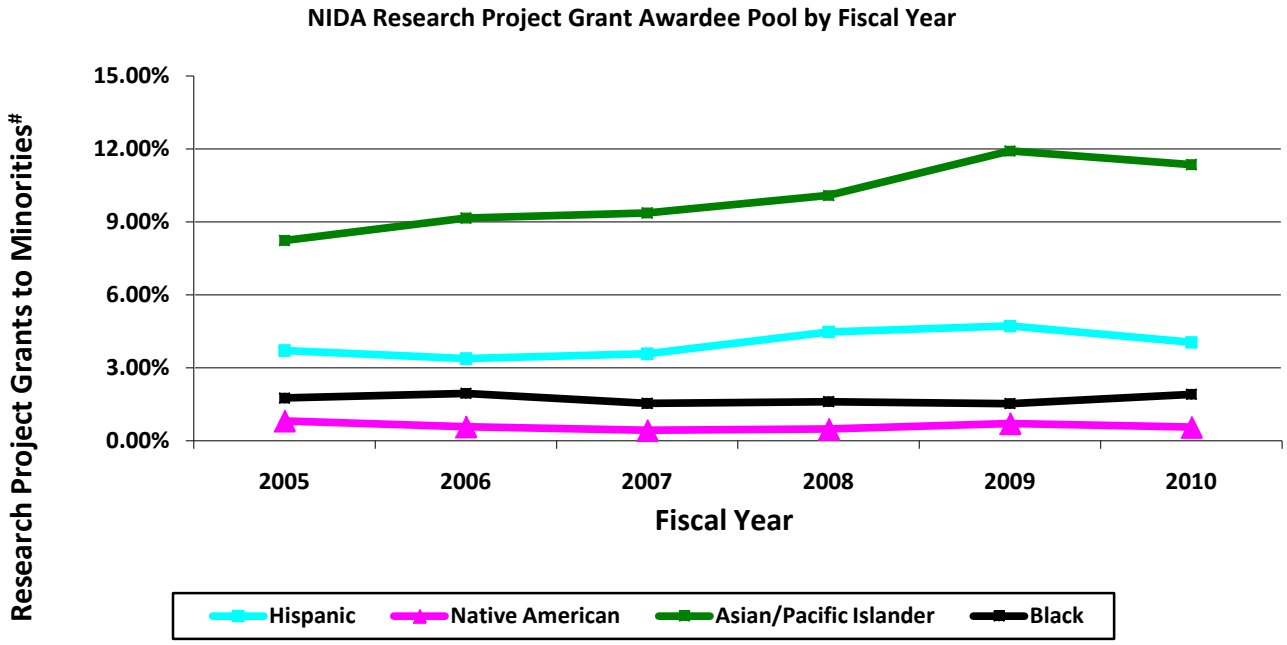
Table 3. NIDA research career (K) awards by race or ethnicity

Fiscal year	Hispanic	Native American	Asian/Pacific Islander	Black	White	Total*
2005	8	2	20	3	206	251
2006	7	1	24	4	201	251
2007	11	0	32	3	202	261
2008	13	0	33	2	198	261
2009	16	0	35	2	187	254
2010	18	2	34	1	177	250

*Note the total column reflects the total number of research career awards by fiscal year at the point in time that data were extracted from the NIH system. Research career awards represented in the total column, in excess of those in the racial/ethnic categories, are representative of those PIs who did not identify their race and/or ethnicity.

The research project grants show an increase in the number of minority award recipients. The percentages of Asians/Pacific Islanders and Hispanics in the awardee pool each fiscal year have been increasing with a slight downturn for Hispanics and Asian/Pacific Islander in FY2010, while the percentages of Blacks and Native Americans in the awardee pool have remained somewhat steady over the past five years (Figure 4 and Table 4). Here too, a steady pool suggests that the number of new awardees is about the same as the number of awardees that have come to an end, while an increase in the pool suggests an increase in new awardees relative to awardees whose grants have terminated.

Figure 4.



The percentages on the y-axis are reflective of the number of research project grant awards made to a particular racial/ethnic minority group divided by the total number of research project grant awards made that fiscal year. For example, in 2005, 59 of the 1590 research project grants awarded, or 3.7%, went to individuals who self-identified themselves as Hispanic.

Table 4. NIDA research project grant awards by race or ethnicity

Fiscal year	Hispanic	Native American	Asian/Pacific Islander	Black	White	Total*
2005	59	13	131	28	1345	1590
2006	52	9	141	30	1294	1539
2007	58	7	152	25	1354	1622
2008	75	8	169	27	1355	1675
2009	80	12	202	26	1329	1695
2010	72	10	202	34	1366	1778

*Note the total column reflects the total number of research project grants by fiscal year at the point in time that data were extracted from the NIH system. Research project grants represented in the total column, in excess of those in the racial/ethnic categories, are representative of those PIs who did not identify their race and/or ethnicity.

Summary of NIDA's Support of Minority Investigators

There has not been much movement in funding success rates among Hispanic and Asian/Pacific Islander investigators. These rates hover around 20% and 30% over the past 5 years and are similar to the White and overall success rates, though the Hispanic rates are more volatile than those of Asian/Pacific Islander or Whites. There has been an increase in success rate among Black investigators. The numbers of submissions and awards from Native American investigators are so small that it is difficult to derive meaningful conclusions (Figure 1 and Table 1).

While it is not readily evident which diversity promoting programs might be contributing and to what extent, it seems plausible that NIDA efforts toward increasing the number of applicants have been modestly successful for some groups. It may also be possible that NIDA's diversity promoting efforts are contributing to increased fellowships awards among Black and Hispanic applicants and increased research career awards among Hispanic and Asian/Pacific Islander applicants. These conclusions must be interpreted with caution, given the limitations of the data discussed earlier, particularly the small numbers of applicants and awards for some minorities.

To further increase the diversity among NIDA extramural scientists, it will be necessary to increase the number of incoming applications and/or increase the number of minority awardees. To increase the number of incoming applications, factors such as pipeline, lifestyle, and competing professional demands for time need to be considered. Factors affecting success rates include the persistence needed with the NIH application process, shrinking NIH and NIDA budgets, the experience and qualifications needed to become an NIH investigator, and a research environment that is supportive of minority investigators.

To further achieve increased diversity among the NIDA extramural research community, both NIH and NIDA as well as the extramural scientific community must collectively support efforts to promote mentoring and career development of new investigators, ensure adequate recognition of all investigators responsible for successful implementation of a research project, and be realistic about expectations and priorities. DHD Work Group Recommendation 3 partially addresses this goal of increasing investigator diversity.

III. Recruiting Minority Subjects in NIDA-Funded Studies

The DHD Work Group was charged with assessing how well NIDA projects recruit minority subjects in its funded studies. Recommendation 5 of the 2005 Work Group report (NIDA, 2005) focused on providing incentives to promote valid analyses of minority populations within studies. The DHD Work Group's assessment of NIDA's implementation of that recommendation is addressed in Section V of this report, entitled "Implementation Status of the 2005 Recommendations on Minority Health Disparities." The DHD Work Group's assessment of the general inclusion of minority populations in NIDA-funded studies is based primarily on information found in the report *2011 Biennial Advisory Council Reports Certifying Compliance with the NIH Policy on Inclusion Guidelines*, which was presented at the DHD Work Group's May 2011 meeting by Acting Deputy Director of NIDA, Dr. David Shurtleff, and in a presentation about NIDA's minority health and health disparities portfolio by the NIDA SPO Director, Dr. Lula Beatty.

The NIH Revitalization Act of 1993, Public Law 103-43, directed the NIH to establish guidelines for inclusion of women and minorities in clinical research. In response to this law, NIH has established policies and guidance to promote the inclusion of women and minorities in its clinical studies and trials (see http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm). Briefly, women and minorities must be included in all clinical research studies. Women and minorities must be included in Phase III clinical trials, and the trial must be designed to permit valid subgroup analysis. Cost is not a valid reason for exclusion of women and minorities from NIH-funded clinical studies and trials. Further, NIH will support outreach efforts to recruit and retain women, minorities, and their subpopulations in clinical studies.

The *2011 NIDA Biennial Advisory Reports Certifying Compliance with the NIH Policy on Inclusion Guidelines* was reviewed by the National Advisory Council on Drug Abuse (NACDA) for implementation of the NIH guidelines for inclusion of women and minorities in clinical research. On February 2, 2011, the NACDA determined that NIDA has successfully implemented the NIH guidelines. The data in the *Biennial Advisory Reports* show that NIDA's enrollment of minorities and women in clinical trials roughly parallels the overall NIH enrollments. Inclusion rates in NIDA extramural research are greater than the percentages in the general U.S. 2010 census population for African Americans (17.5% versus 12.6%), American Indians and Alaska Natives (4.59% versus 0.9%), and those identifying themselves as two or more races (4.76% versus 2.9%). As described in the *Biennial Advisory Reports*, NIDA complies with the NIH Revitalization Act of 1993 and the *NIH Policy on Inclusion* through NIDA staff involvement in implementing the policies and procedures, non-issuance of award for applications without and adequate inclusion plan, barring of issuance of non-competing grant awards until program officer determination of adequacy of inclusion, and through thorough review of proper design of Phase III Clinical Trials.

In the fall of 2009, an NIH task force was formed to advise the NIH Director on the most effective ways to respond to the NIH Revitalization Act of 1993. That task force was charged with considering the strengths and weaknesses of the current NIH approach and developing potential alternative approaches for accomplishing the goals of NIH's current policy for including women and minorities in all NIH-funded clinical research, including Phase III clinical trials. The task force's review of NIH's guidelines for inclusion determined that the current process for reviewing extramural grants worked well. However, it might be desirable to capture additional metrics on the number of applications that are not funded

because of unacceptable plans and the number of applications that need to be modified to make their inclusion plans acceptable. Providing additional training for applicants, reviewers, and NIH staff involved in scientific administration of grant applications would enhance implementation of policy. There was a suggestion to conduct periodic assessments and examination of applications and summary statements for adequacy of inclusion plans, reviewer evaluations of plans, and program adjustments to improve inadequate plans. Evidence from that assessment could be used to evaluate NIH's effectiveness in meeting the goals of the inclusion policies, prior to award, and inform changes to the implementation of policy as needed.

The NIH task force recommended improving the monitoring of the inclusion processes to identify potential policy compliance problems. Its report cites both the need to establish electronic systems that provide an efficient way to compare yearly accrual with originally planned target data and the need to established standards across NIH for determining whether accrual is sufficiently consistent with currently approved targets. Also, the Phase III clinical trials checklist needs to be more relevant to annual progress reporting and monitoring of inclusion in Phase III clinical trials. Specifically, NIH needs to re-examine the current definition of "valid analysis" and provide a clearer definition to help applicants, reviewers, and agency staff determine the effectiveness of efforts to meet the goals of inclusion for Phase III trials. The NIDA leadership has kept informed about the NIH task force efforts and will continue to follow guidelines and implement relevant NIH policy.

Data on NIDA's Health Disparities Research (coded as "HD") and Minority Health Research (coded as "MH") were also presented to the DHD Work Group. NIH has defined Health Disparities Research to include basic, clinical, and social sciences studies that focus on identifying, understanding, preventing, diagnosing, and treating health conditions such as diseases, disorders, and other conditions that are unique to, more serious, or more prevalent in subpopulations in socioeconomically disadvantaged (i.e., low education level, live in poverty) and medically underserved rural and urban communities. Overall, health disparities research includes three components: 1) Minority health research and related activities; 2) Rural health research and related activities; and 3) Research and other activities related to the socioeconomically disadvantaged in the urban setting. Minority Health Research is correlated to the numbers of minorities (American Indians [including Alaska Natives, Eskimos, and Aleuts]; Asian Americans, Native Hawaiians, and other Pacific Islanders; Blacks; and Hispanics) included within a clinical study. The coding of NIH projects as minority health and/or health disparities research is complex, and this coding leads to the project listings in these research areas. Furthermore, the NIH definition of health disparities is still evolving. Current NIH policy prefers the term "health equity" rather than focusing on health disparities. Health equity represents the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

The data on NIDA's Health Disparities Research and Minority Health Research portfolio (that is, projects coded "HD" and "MH," respectively) provide an approximate measure of NIDA's efforts in including diverse populations in its funded studies. The table below depicts the percentages and dollar amounts (in thousands) of the annual NIDA budget that are officially reported as dollars attributed to Health Disparities or Minority Health.

NIDA Minority Health and Health Disparities Portfolio by Fiscal Year

FY	Total NIDA Budget (in thousands)	Minority Health Dollars (in thousands)	Minority Health as a percentage of NIDA Budget	Health Disparities Dollars (in thousands)	Health Disparities as a percentage of NIDA Budget
2005	$1,006,419	$96,125	9.55%	$131,947	13.11%
2006	$998,858	$97,591	9.77%	$133,162	13.33%
2007	$1,000,014	$98,908	9.89%	$130,512	13.05%
2008	$1,006,022	$128,432	12.77%	$131,196	13.04%
2009	$1,032,457	$135,461	13.12%	$137,936	13.36%
2010	$1,059,266	$151,805	14.33%	$154,316	14.57%

The DHD Work Group finds that NIDA is successful in including minorities in its funded studies. The DHD Work Group was pleased to discover that the number of minorities included in NIDA's studies is comparable to overall NIH inclusion numbers. Further, inclusion rates for several minority groups exceed the minority population rates as reported by the Bureau of the Census for 2010. Clearly, NIDA has an effective implementation plan for adherence to inclusion requirements as established by the NIH Revitalization Act of 1993 and NIH policies and guidelines for inclusion of women and minorities in clinical research.

NIDA is involved in new NIH efforts to improve and enhance compliance with the NIH Revitalization Act of 1993. The DHD Work Group is aware of NIDA's efforts to actively include minority populations within the NIDA Clinical Trials Network (CTN) protocols (McCarty et al., 2008) and NIDA's Diversity Supplements program, which aim to support inclusion and analyses of minority populations within a protocol (see Section V, "Implementation Status of the 2005 Recommendations on Minority Health Disparities," for more information). It also appears that proportionate allocation of funds for Minority Health has increased while the proportionate allocation of funds for Health Disparities has remained steady. The DHD Work Group encourages NIDA to foster health equity among the population of drug abusers, who are disproportionately disadvantaged.

IV. NIDA'S ETHNIC/RACIAL MINORITY WORK GROUPS

NIDA currently sponsors four racial/ethnic minority (REM) work groups:

- African American Researchers and Scholars Work Group (AA Work Group)
- National Hispanic Science Network (NHSN)
- Native American/Alaska Native Researchers and Scholars Work Group (AI/AN)
- Asian American/ Pacific Islander Researchers and Scholars Work Group (AA/PI)

NIDA established REM work groups for the purpose of providing guidance and recommendations to NIDA on drug abuse and addiction research development and training needs within four major racial/ethnic minority populations in the United States, namely African Americans, American Indians/Alaska Natives, Asian Americans/Pacific Islanders, and Hispanics. Each REM work group currently comprises researchers and scholars with expertise in drug abuse and addiction and in the health concerns of the particular population that work group represents.

The REM work groups were constituted at different times. The Hispanic work group, now called the National Hispanic Science Network, was the first group established. It was convened by the former Office of Science Policy, Education and Legislation (OSPEL, which is currently known as the Office of Science Policy and Communications) to assist in NIDA's community outreach efforts just over 20 years ago. A meeting of African American scholars was convened in 1994 by OSPEL to discuss drug abuse research concerns and needs in the African American population. Program oversight of these two groups was subsequently moved to the NIDA SPO. The AA/PI was established in response to the 1999 Executive Order 13125, which directed increased participation of Asian Americans and Pacific Islanders in Federal programs. Soon afterwards, the AI/AN was constituted.

Until 2006, all REM work groups except the Hispanic work group met about twice a year to identify and discuss issues relevant to the populations of concern. These meetings and occasional special activities were convened and supported through a SPO logistics contract or special funding from the National Institute on Minority Health and Health Disparities (NIMHD). The Hispanic work group provided meetings and research training through a subcontract until the establishment of the NHSN. In 2001 a contract was awarded to the University of Miami to establish the National Hispanic Science Network, and that support for the NHSN has been maintained. In 2008, contracts were awarded to support primarily research development for investigating substance abuse within populations of that community and to mentor new researchers with interest in serving the needs of that community.

The four REM work groups operate under NIDA guidelines for Racial/Ethnic Minority Work Groups. Namely, their function is to engage in deliberations and activities to (1) identify drug abuse, addiction, and related issues of concern to their respective population group, (2) disseminate scientific information on drug abuse and addiction in their respective populations, and (3) provide to their respective population group research development and mentoring activities for, and seek to increase the numbers of, early career and other scholars interested in drug abuse research careers. Membership in each work group consists of nine to twenty members from the extramural research community. The REM work group should reflect: (1) expertise in drug abuse and addiction as these affect the specific population group; (2) expertise in clinical and basic science; (3) expertise in drug abuse research, (4) research funding from NIDA and/or other NIH institutes; and (5) diversity in sex, geography, institutional affiliation, disciplines and career backgrounds. Each REM work group is to have a Chair and Co-chair, to be selected by the work group and approved by NIDA. The chairs, who serve renewable 2-year terms, not to exceed two

consecutive terms, share responsibility in convening the work group, conducting meetings, developing agendas, and maintaining contact with the SPO/NIDA staff. Each work group meets as a full body at least once per year. The SPO and REM work groups work together to identify candidates for membership, except in the case of the NHSN, which functions differently due to the terms of its creation. For the NHSN, a Membership Subcommittee manages nominations and applications for membership. Members may resign from any REM work group at any time by indicating their desire to do so orally or in writing to the SPO or their work group Chair. Alternatively, members may be terminated if they do not participate in work group meetings and activities consistently for a one year period. Summaries of each REM work group's history and its recent activities can be found in Appendix A of this report.

DHD Work Group Assessment of the REM Work Groups

The four REM work groups have been effective in fostering the professional development of young investigators as well as in creating a forum that enables information to move from community needs to research proposal and also from research results to community services. The REM work groups are distinct in their missions and approaches as they relate to the needs of their specific communities. A major common theme, threaded though each of the REM work groups, is the desire to foster the mentoring and career development of junior investigators who have an interest in the health inequities within their communities. There is a possibility for greater efficiency and impact if the REM work groups coordinate and collaborate more on these mentoring and career development efforts. Joint conferences of more than one REM work group could also spur research collaboration and coordinated activities. Also, the work groups may benefit from an outside independent evaluation of their impact and deliverables. This assessment is the basis for DHD Work Group Recommendation 4. Further, improved coordination and collaboration between and among the REM work groups and NIDA may improve the dissemination of research findings on minority health disparities, as suggested in DHD Work Group Recommendation 6.

V. IMPLEMENTATION STATUS OF THE 2005 RECOMMENDATIONS ON MINORITY HEALTH DISPARITIES

NIDA's Implementation of 2005 Work Group Recommendation 1. *Utilize the NIH Roadmap Approach to Address Minority Health Disparities*

In its first recommendation, the 2005 Work Group recommended that NIDA utilize the scientific opportunities presented by the NIH Roadmap to encourage development of interdisciplinary research teams to capitalize on opportunities to translate from bench to bedside the findings with relevance for reducing health disparities and to use clinical findings to inform basic research. Further, there was some concern that NIDA's best example of a re-engineered clinical research enterprise, the Clinical Trials Network (CTN), was in danger of being converted into a traditional clinical research enterprise if it moved away from the kind of collaborative research-practice model recommended by the Institute of Medicine report titled *Bridging the Gap Between Practice and Research: Forging Partnerships with Community-Based Drug and Alcohol Treatment* (Lamb, Greenlick & McCarty, 1998). The 2005 Work Group was concerned that if the CTN shifted its focus from drug abuse community treatment programs to traditional clinical research practice, opportunities to both serve the large samples of minority drug using clients and train culturally competent clinical researchers in unique settings would be lost.

The NIDA Director of Program Integration, Dr. Christine Colvis, presented information to the DHD Work Group about NIDA's involvement in NIH Roadmap (now referred to as the NIH Common Fund) activities. The Common Fund programs are often administered by an institute regardless of the scientific fit with that institute. Therefore, not all Common Fund grants administered by NIDA are NIDA-relevant and not all NIDA-relevant grants are administered by NIDA. Between 2006 and 2010, NIH funded 1,285 Roadmap/Common Fund applications. Of those applications, only five applications had 50% or more relevance to health disparities, according to the NIH Research, Condition, and Disease Categorization (RCDC) assessment. By narrowing the assessment threshold to 25% RCDC relevance to health disparities, 31 funded applications had a focus on health disparities research.

The DHD Work Group was presented a list of 113 NIDA-administered Roadmap/Common Fund grants for 2006-2010. Of these 113 grants, 32 were products of the Common Fund's Interdisciplinary Research Program. Of these 32 grants, one grant from University of Michigan at Ann Arbor (1R21DA024273-01 PI Diez-Roux) had a significant focus on health disparities according to the RCDC assessment. This application came in under RFA RM-07-004, Facilitating Interdisciplinary Research via Methodological and Technological Innovation in the Behavioral and Social Sciences (R21), which was looking for applications to develop new/innovative measures, methods, and technologies that support the interdisciplinary integration of human social and/or behavioral science with other disciplines across varying levels of analysis. The DHD Work Group would like to see these new methods applied toward the study of substance abuse.

The DHD Work Group was also presented a list of 68 NIDA-funded PIs who were also recipients of Common Fund awards. Of these grantees, there is one application from Yale (1PL1DA024859-01 PI Sinha) that has moderate relevance to health disparities by the RCDC assessment. This Common Fund application is part of a NIDA co-funded larger consortium entitled "Interdisciplinary Research Consortium on Stress, Self-Control & Addiction," which utilizes interdisciplinary research teams to improve understanding of the role of stress in drug addiction.

The DHD Work Group is satisfied with NIDA's efforts toward utilizing the NIH Roadmap to encourage interdisciplinary teams and approaches to studying drug abuse. While the number of Common Fund grants that focus on development of interdisciplinary teams to address health disparities is low (5/1285 with high RCDC health disparities categorization or 31/1285 with moderate health disparities RCDC categorization), it is promising that NIDA is involved in administering two of the applications. NIDA is encouraged to maintain its current efforts in maximizing research relevant to drug abuse through NIH Common Fund initiatives. Because substance abuse is overrepresented in minority populations, it remains important for NIDA to promote research in these populations. There appear to be additional trans-NIH initiatives that may focus on or inform health disparities research (e.g., OppNet and Neuroscience Blueprint) in which NIDA is actively involved. NIDA is further encouraged to develop or support additional programs that foster interdisciplinary teams focused on addressing substance abuse health disparities.

In response to the 2005 Work Group's concern about the CTN, the NIDA Director of the Clinical Trials Network, Dr. Betty Tai, discussed with the DHD Work Group the current status of the CTN and whether it remains a model of re-engineered clinical enterprise for drug abuse treatment. Dr. Tai asserted that the Minority Interest Group (MIG) of the CTN maintains a leadership role in providing the CTN with a framework to ensure that special populations receive appropriate focus. This group has developed guidelines that enhance the inclusion of special populations in research and define the handling of research data collected from ethnic minorities. The CTN MIG has been instrumental in assisting the CTN research community in efforts to recruit and train minority researchers. For example, recommendations from the MIG spurred the CTN to support and produce several multi-study secondary analyses focused on minority populations, and six of these analyses have been completed. The MIG has recommended training sessions on the analysis of small samples, one of which was held in March of 2009. Also, the MIG is currently leading the publication of multiple CTN-based articles in a journal to highlight the CTN's work in minority populations. This group's ongoing efforts ensure that the CTN continues to be attentive to the needs of minority patients and mindful of any gaps in addressing ethnic-centered treatment development. Additionally, the CTN established an American Indian/Alaska Native Special Interest Group (AI/AN SIG) in 2007 to specifically address the substance abuse issues of this population.

The CTN maintains efforts to include minority populations in its protocols through the following procedures:

- Training on NIH policies regarding minority inclusion is required for all investigators in all CTN protocols.
- During protocol site selection, consideration is given to the candidate sites' ability to provide adequate representation of minorities.
- CTN tracks the recruitment of special populations by site on a monthly (now daily) basis and provides feedback to investigators.

To further ensure appropriate focus on special populations, the CTN has provided funding for a number of large- and small-scale minority-specific studies, including funding for secondary data analysis of minority subpopulations within larger studies. Examples include:

1. CTN-0014 Brief Strategic Family Therapy
2. CTN-0020-A-1 Job Seekers' Training for Clients/Relatives with Drug Dependence (Specific to the Na'Nizhoozhi Center, Inc., in New Mexico)
3. CTN-0021 Motivational Enhancement Treatment to Improve Treatment Engagement and Outcome for Spanish-Speaking Individuals Seeking Treatment for Substance Abuse
4. CTN-0033-Ot Methamphetamine Use among American Indians

5. CTN-0034-Ot Developing Research Capacity and Culturally Appropriate Research Methods: Community-based Participatory Research Manual for Collaborative Research in Drug Abuse for American Indians and Alaska Natives
6. CTN-0035-Ot Access to HIV and Hepatitis Screening and Care among Ethnic Minority Drug Users in and out of Drug Treatment
7. CTN-0036-Ot Epidemiology and Ethnographic Survey of "Cheese" Heroin Use among Hispanics in Dallas County
8. CTN-0038-Ot Barriers to Substance Abuse Treatment among Asian Americans and Pacific Islanders
9. CTN-0044-A-2 Acceptability of a Web-delivered, Evidence-based, Psychosocial Intervention among Individuals with Substance Use Disorders who Identify as American Indian/Alaska Native
10. CTN-0045-Ot Rates of HIV Testing and Barriers to Testing in African Americans Receiving Substance Abuse Treatment
11. CTN-0041-S The Relationships between Demographic Characteristics of Patients and Therapists, Measures of Therapeutic Process and Therapeutic Alliance, and Outcomes
12. CTN-0042-S The Efficacy of Motivational Enhancement Therapy for African Americans
13. CTN-0043-S Substance Abuse Treatment Outcomes in Racial/Ethnic Minority Populations

The CTN has also promoted participation by minority investigators through support of several protocols that have either been led by or have had substantial leadership from minority investigators. Junior minority investigators are encouraged to join current CTN study teams and obtain training in the development and implementation of multi-site clinical trials and in writing and publishing results. The CTN remains a viable platform for minority investigators to use as they apply for NIH funding, including Diversity Programs, Health Disparities supplements and regular Funding Opportunity Announcements (FOAs). Several CTN investigators have received Diversity Supplements or summer training. Staff members within community treatment programs are of diverse racial and ethnic backgrounds, and through their CTN participation they have the opportunity to receive training on protocol-specific and treatment assessments. The community treatment program workforce is 22% African American, 11% Hispanic or Latino, 3% multiracial, 1% Asian American/Pacific Islander, and 1% Native American (McCarty et al., 2007).

It is evident that the CTN remains a strong example of a re-engineered clinical research enterprise that has embraced drug abuse community treatment programs as the front line of drug abuse treatment. The CTN continues to serve large samples of minority drug-using clients and is a unique resource for training culturally competent clinical researchers. Ongoing NIDA support of CTN efforts will further the development of evidence-based treatments, improve implementation of evidence-based treatments in community treatment programs, and engage treatment providers in the research process in efforts to improve the adoption of research results. The 2005 Work Group concern that NIDA's CTN might be in danger of being converted into a pre-NIH Roadmap traditional clinical research enterprise has not borne out. The CTN is a vibrant translational mechanism that has solidly embraced health equity for all groups.

NIDA's Implementation of 2005 Work Group Recommendation 2. *Ensure Alignment of the* NIDA Strategic Plan *with the* NIDA Strategic Plan on Reducing Health Disparities

The second recommendation of the 2005 Work Group called for careful harmonization of the *NIDA Strategic Plan on Reducing Health Disparities* with the *NIDA Strategic Plan*. Because reduction in health disparities in drug abuse is a NIDA-wide priority, it was recommended that the subsequent *NIDA Strategic Plan on Reducing Health Disparities* be developed in close collaboration with Division and Center Directors and include input from scientific experts on drug abuse and minority health disparities. It was further recommended that NIDA's four REM work groups be collaborators in developing the plan.

The DHD Work Group was presented with the current *NIDA Strategic Plan (2010)* [see Volume II of report] and *NIDA Minority Health Disparities Strategic Plan (2009)* [see Volume II of report]. The Director of the NIDA Special Populations Office, Dr. Lula Beatty, was consulted about efforts to harmonize the two plans. Also, the Chairperson of each of NIDA's four REM work groups (Dr. Patricia Molina for the NHSN; Dr. Martin Iguchi for AA/PI; Dr. Daniel Sarpong for the AA Work Group; and Dr. Dale Walker for AI/AN) was asked about NIDA efforts to collaborate with the work groups on the development of the *NIDA Minority Health Disparities Strategic Plan (2009).*

Regarding the alignment of the *NIDA Strategic Plan on Reducing Health Disparities* with the *NIDA Strategic Plan,* Dr. Beatty explained to the DHD Work Group that the former is part of the *NIH Minority Health Disparities Strategic Plan*, the current version of which is still under review (see Volume II of this report for the latest publicly available version). Development of the *NIH Minority Health Disparities Strategic Plan* is coordinated by NIMHD, and each NIH IC contributes to the plan according to a schedule established by NIMHD. Therefore, harmonization of the *NIDA Strategic Plan on Reducing Health Disparities* with the *NIDA Strategic Plan* can present a challenge. However, to the extent that health disparities are addressed in both plans and program staff from each of NIDA's programs and divisions has had opportunities to provide input to both plans, some synchrony between the plans is to be expected.

Dr. Beatty further explained that the *NIDA Strategic Plan on Reducing Health Disparities* is posted on NIDA's website. It is also distributed for comment by NIMHD as part of its review process for the overall *NIH Minority Health Disparities Strategic Plan*. NIDA's Health Disparities Committee serves as the monitoring group for the implementation of the *NIDA Strategic Plan on Reducing Health Disparities*.

DHD Work Group consultations with the Chairpersons of each of NIDA's four REM work groups, Drs. Patricia Molina, Martin Iguchi, Daniel Sarpong, and Dale Walker, revealed that while various members of the REM work groups may have been consulted about the development of the *NIDA Strategic Plan on Reducing Health Disparities,* there was no formal effort to consult with the REM work groups and receive formal input from them.

The second recommendation of the 2005 Work Group requesting a collaborative development of the *NIDA Strategic Plan on Reducing Health Disparities* and alignment of the *NIDA Strategic Plan on Reducing Health Disparities* with the *NIDA Strategic Plan* has not been implemented.

There is a need to increase NIDA coordination and planning to reduce health disparities. This coordination should be a formal effort that involves all programs and divisions within NIDA and includes input from the extramural research community. Specifically, formal input from NIDA's REM work groups is recommended. The importance of addressing health disparities in substance abuse is a NIDA priority. Therefore, it should not be difficult to begin planning, implementing, and disseminating NIDA's strategy for approaching substance abuse health disparities in such a manner that it ensures alignment of the *NIDA Strategic Plan on Reducing Health Disparities* with the *NIDA Strategic Plan*. DHD Work Group Recommendation 1 highlights the need for NIDA to develop a comprehensive implementation plan for coordinating and leading NIDA's diversity and health disparities efforts.

NIDA's Implementation of 2005 Work Group Recommendation 3. *Enhance NIDA Organization and Collaboration*

The third recommendation of the 2005 Work Group called for enhanced collaboration and teamwork on health disparities efforts within NIDA in order to systematically review and integrate racial/ethnic minority research on an ongoing basis. It was suggested that this effort be conducted by SPO staff with interdisciplinary research expertise or by a NIDA-wide coordinator for minority health disparities research. In order to enhance collaboration between NIDA and the four REM work groups, it was also recommended that a review be conducted of the composition, mission, and mechanisms of action for each of the four REM work groups to ensure their alignment with NIDA's mission.

The Work Group consulted with the SPO Director, Dr. Lula Beatty, and the chairpersons of each of the REM work groups (Dr. Patricia Molina for the NHSN; Dr. Martin Iguchi for AA/PI; Dr. Daniel Sarpong for the AA Work Group; and Dr. Dale Walker for AI/AN) about enhancements in NIDA organization and efforts to increase collaboration since the 2005 Work Group report.

Dr. Beatty explained that the sole NIDA-wide mechanism for coordinating NIDA-wide health disparities efforts was through the Health Disparities Committee, which she chairs. This committee's function is to oversee the implementation of the health disparities strategic plan and provides a forum for discussion on health disparities issues. The committee had not convened in over a year.

Regarding enhanced collaboration between NIDA and the four REM work groups, Dr. Beatty explained that NIDA originally established them for the purpose of providing guidance and recommendations to NIDA on drug abuse and addiction research development and training needs within major racial/ethnic minority populations in the United States. Now that the REM work groups all work under contracts, accomplishments are measured by deliverables defined in the contracts through assessments by the project officers of record.

Dr. Beatty reported that the SPO has supported joint REM work group meetings to provide an opportunity for the work groups to share concerns and discuss opportunities for collaboration. The REM work groups were advised that travel support for future joint meetings would have to come from their contracts. No joint meeting was held in 2010; the feasibility of having a meeting in 2011 is being explored. Meanwhile, NIDA leadership has participated in REM work group meetings and activities and has engaged in scheduled and informal conversations with work group chairs or members to discuss scientific needs and opportunities. Dr. Beatty further informed the DHD Work Group that members of the REM work groups were notified when NIDA's health disparities strategic plan was first developed and updated. Comments and suggestions from them were welcomed. As it now stands, the committee to review and update NIDA's health disparities plan is composed of NIDA staff only.

Collective feedback from the chairpersons of NIDA's REM work groups indicated that they believe their work groups did not participate in a review of their composition, mission, and mechanisms of action to ensure their alignment with NIDA's mission. There was a meeting where NIDA leadership discussed the scientific opportunities and invited the REM work groups to identify how they could be of greatest assistance. However, it was not clear if and/or how each of the REM work groups participated in that meeting. Since 2005, it appears that all of NIDA's four REM work groups have evolved from being advisory to NIDA about substance abuse issues specific to their communities to now also fostering research in the communities and mentoring the next generation of scientists to address health disparities

in these communities. Efforts to increase collaboration and coordination among NIDA staff and the REM work groups are clearly present, but increased collaboration and coordination between the work groups, as well as integrating key staff in the scientific program areas with the work groups, are still necessary.

The DHD Work Group concludes that coordination and collaboration (1) with the REM work groups and NIDA and (2) with the SPO and the rest of NIDA is not optimal. Limited interdisciplinary scientific expertise is present within the SPO. Furthermore, scientific expertise from other components of NIDA is not organizationally coordinated through the SPO to effectively develop, implement, and monitor a systematic research plan to address substance use health disparities. The thorough review, recommended in 2005, of the composition, mission, and mechanisms of action for each of the four REM work groups, to ensure their alignment with NIDA's mission, was not conducted.

DHD Work Group Recommendations 1 and 4 highlight the continued need for improved coordination and collaboration within NIDA and with the REM work groups and CTN in carrying out NIDA's health disparities efforts. Current NIDA efforts to integrate NIDA scientific program staff into health disparities efforts do not seem to be coordinated through the SPO. DHD Work Group Recommendation 2 supports exploring organizational restructuring to enhance collaboration and coordination in efforts to maximize efficiency and quality of NIDA's diversity promoting programs.

NIDA's Implementation of 2005 Work Group Recommendation 4. *Increase Training Opportunities for Minority Researchers*

The fourth recommendation of the 2005 Work Group called for targeted efforts to increase the number of minority investigators in the field of drug abuse. Specifically, continued support of the Research Supplements for Underrepresented Minorities and the Minority Institutions' Drug Abuse Research Development Program was recommended. Additional efforts for supporting research-rich environments for training of minority researchers, such as a national drug abuse research minority mentorship program, a visiting minority scholars program, minority career development K01 awards, a national minority research scholar's program to bring minority clinicians into research careers and "Minority Research Training Centers" in research-rich and minority-rich environments were recommended. Also, it was recommended that a means for tracking NIDA-funded minority trainees should be developed in order to ascertain whether and which programs help minority researchers' progress along the research career pipeline.

The SPO Director, Dr. Lula Beatty, discussed with the DHD Work Group the existing NIDA training opportunities that are designed to increase the number of minority researchers. These programs are described in greater detail in Section II, "NIDA's Support of Minority Investigators." Briefly, as it relates to NIDA's implementation of this recommendation, there has been continued support of the Diversity Supplements program (formerly known as the Minority Supplements program) and the Summer Research with NIDA program, a part of the Diversity Supplements program unique to NIDA. As recommended by the 2005 Work Group, NIDA also maintains support of the Diversity-promoting Institutions Drug Abuse Research Program (DIDARP) (formerly known as the Minority Institutions' Drug Abuse Research Development Program). However, NIDA does not currently participate in other FOAs specific to diversity issues, such as the diversity K01. Minority investigators are encouraged to compete scientifically for all FOAs in which NIDA participates.

NIDA does not currently operate or participate in several of the programs mentioned in the 2005 Work Group report, such as a national drug abuse research minority mentorship program, a visiting minority scholars program, minority career development K01 awards, a national minority research scholar's program to bring minority clinicians into research careers and "Minority Research Training Centers" in

research-rich and minority-rich environments. However, NIDA has supported research-rich environments to support minority investigators through expansion of the DIDARP program, contractual support of the four REM work groups with a focus on developing investigators that are attuned to the needs of minority populations, incorporating training of culturally competent and minority investigators through the CTN, and cofounding of diversity programs administered by other ICs, such as the NCRR Clinical Research Education and Career Development program, the NINDS Specialized Neuroscience Research Program, and the NIMHD Physician Scientist Training Program.

NIDA has not yet developed a formal tracking system for following NIDA-funded minority trainees in order to evaluate diversity programs that might be most useful for helping minority researchers to progress along the research career pipeline. As a result of an Institute of Medicine review, recommendations have been made to the NIH Director to improve the ability to obtain data to conduct useful and valid evaluations of NIH diversity programs. The NIDA SPO participated in meetings with other IC representatives to respond to the recommendations and provide guidance to the NIH Director. Thus far, no NIH-wide actions have been instituted on these issues. As of now, NIDA-specific diversity specific programs have only informally tracked the progress of participants using passive methods, e.g., searching through NIH's records and progress reports.

The DHD Work Group applauds NIDA's continued support of the Diversity Supplements program and the DIDARP Program. While the additional specific programs mentioned in the report of the 2005 Work Group have not been produced, NIDA commitment to the development of scientifically strong minority investigators is evident. Since 2005, NIDA has utilized the REM work groups, used co-funding opportunities, supported grant writing programs, and engaged CTN leadership to cultivate scientifically strong minority researchers. As noted, a formal tracking method to monitor NIDA-supported minority trainees does not yet exist. It is critical that NIDA develop a system to track the minority researchers that it is supporting through its diversity efforts in order to ascertain which programs are most successful. DHD Work Group Recommendation 5 highlights the need for developing a monitoring and tracking system as well as implementing careful evaluations of how well programs are meeting their goals to better inform decisions about programs that should be expanded and those that should be concluded.

NIDA's Implementation of 2005 Work Group Recommendation 5. *Create Incentives to Promote Valid Analyses on Minorities*

The fifth recommendation of the 2005 Work Group called for incentives for including sufficient minorities of a single racial/ethnic subgroup to promote valid subgroup analyses. Examples of suggested incentives included providing research supplements to augment specific minority subgroup sample size, supporting the development of new analytic strategies specific to small-population samples, or influencing priority rankings for studies that yield findings on specific racial/ethnic subgroups.

The SPO Director, Dr. Lula Beatty, addressed the DHD Work Group regarding specific programs or activities designed to encourage assessments of specific minority population groups. She mentioned NIDA's sponsorship of FOAs focused on minority populations such as:

- PA-07-114: Drug Abuse as a Cause, Correlate, or Consequence of Criminal Justice Related Health Disparities in African Americans
- PA-07-116: Health Disparities in HIV/AIDS: Focus on African Americans

NIDA has also supported the following administrative supplement programs focused on better understanding and addressing drug abuse and addiction among racial/ethnic minority populations:

- Administrative Supplements for Research on the Intersection of Drug Use and Criminal Justice Consequences in the African American Populations (*a Call for NIDA grantees*) (2005)
- Administrative Supplements for Research on Native American/Alaska Native and Asian American/Pacific Islander Populations (2007)

While there is no formal NIDA program for the development of new analytic strategies specific to small-population samples, NIDA has funded several grant applications that utilize small group methodologies. In addition, NIDA has provided technical assistance on alternatives to clinical trials for small group populations in multiple sessions at the October 2010 meeting "Building Bridges: Advancing American Indian/Alaska Native Substance Abuse Research." Several funded CTN protocols have also focused on small populations (see the subsection above on "NIDA's Implementation of 2005 Work Group Recommendation 1. *Utilize the NIH Roadmap Approach to Address Minority Health Disparities*). FOAs sponsored by NIDA frequently encourage subgroup analyses of clinical populations.

The DHD Work Group concludes that NIDA is cognizant of the importance of developing and applying new analytic strategies specific to small-population samples. NIDA has made strides toward this recommendation. The DHD Work Group encourages NIDA to continue the development and application of small group methodologies to address health disparities. Further, the DHD Work Group encourages additional support for translational studies that may support the adaptation of evidence-based interventions for minority populations. This is highlighted in DHD Work Group Recommendation 7.

NIDA's Implementation of 2005 Work Group Recommendation 6. *Address Research Needs and Priorities*

The sixth recommendation of the 2005 Work Group called for addressing specific research needs and priorities within NIDA's 2005 minority health and health disparities research portfolio. Specifically, NIDA was encouraged to conduct research in these priority areas: Native Americans; HIV infection and criminal justice system involvement as consequences of drug abuse; intervention research on prevention and treatment of drug abuse for specific minority subgroups; and effective models of health services delivery to specific racial/ethnic minority subgroups. It was anticipated that addressing these research gaps might hasten the reduction of minority health disparities.

Native Americans

In September 2009 NIDA formed the American Indian and Alaska Native Coordinating Committee, composed of representatives from across the NIDA divisions. This group is chaired by Dr. Kathleen Etz of NIDA's Division on Epidemiology, Services, and Prevention Research (DESPR), who is also the NIDA American Indian/Alaska Native Coordinator. At a DHD Work Group meeting, Dr. Etz described NIDA's recent efforts on research in Native American populations. The research needs of American Indians and Alaska Natives have been addressed at NIDA through three broad goals:

1. Increasing NIDA's accessibility to American Indian/Alaska Native communities and identifying research goals.
2. Providing additional training, technical assistance, and outreach and building the pipeline of American Indian/Alaska Native investigators and those interested in American Indian/Alaska Native drug abuse research.

3. Increasing funded research addressing American Indian/Alaska Native research questions and supporting mechanisms to increase research.

Several NIDA efforts have focused on increasing NIDA's accessibility to American Indian/Alaska Native communities and identifying research goals. For example, NIDA has continued support for the AI/AN. The AI/AN provides recommendations to NIDA for research that furthers understanding of substance abuse and addiction in American Indian/Alaska Native populations and mentors scholars on drug abuse research in American Indian/Alaska Native populations. In 2007, NIDA sponsored a meeting entitled "Methamphetamine Use Among American Indians and Alaska Natives" to explore the state of research on methamphetamine use among these racial/ethnic groups and to determine next steps for research in this area. Outcomes of this meeting included an increase in funding of American Indian/Alaska Native methamphetamine projects and a clearer sense of data potential.

To communicate past, current, and future research initiatives, accomplishments, and activities relevant to Native American communities, NIDA has participated in several meetings and conferences, such as the HHS Region V Bemidji Area Tribal Budget and Policy Consultation Session (April 2010), an Indian Health Service Behavioral Health Conference (July 2010), and a Health Research Advisory Council (HRAC) Presentation (March 2010). At these meetings, tribal leaders also presented their research priorities and concerns related to substance abuse research. These opportunities for communication addressed both perspectives on the importance of drug abuse research and the need to attain health equity for Native American populations. On May 5-6, 2010, an AI/AN meeting entitled "Developing and Implementing Community Prevention Systems in Indian Country: Opportunities, Challenges, and Future Directions" was convened to identify barriers and plan future directions to study the implementation of community prevention systems in American Indian/Alaska Native communities. Goals of this meeting focused on technical assistance, seeding relationships, providing a mentoring opportunity, identifying scientific gaps regarding intervention implementation, and increasing trust and NIDA accessibility among American Indian/Alaska Native researchers/communities.

NIDA has also made outreach efforts to Native American communities through site visits to Tribal Treatment Centers. In July 2008, Dr. Nora Volkow, NIDA Director, and other NIDA staff visited a treatment center associated with the Aberdeen Area Indian Health Board at the Pine Ridge Reservation. This was followed by an April 2010 visit by Dr. Volkow and colleagues to an adolescent treatment center in Acoma Pueblo, New Mexico. In March 2010, NIDA Goes to School materials were disseminated to 50 tribal high schools. To increase staff knowledge of American Indian/Alaska Native research and to provide outreach to investigators, NIDA sponsored two NIH seminars, entitled "Adapting Evidence-Based Treatment with American Indian/Alaska Natives" and "In Home Prevention of Drug Abuse in Native American Teen Families: Baseline Characteristics and Preliminary Outcomes." NIDA staff have also participated in the 2009 and 2010 HHS Tribal Budget and Policy Consultation Sessions to gain greater appreciation for barriers to conducting research within Native American communities.

Through several outreach efforts, NIDA has provided training and technical assistance to further support the education pipeline for American Indian/Alaska Native investigators and those interested in American Indian/Alaska Native drug abuse research. Examples of these efforts include the following:

- In 2007, 2008, 2009, and 2010, NIDA staff attended the Native Research Network conference. NIDA provided support for speakers and four students to attend the 2010 Native Research

Network meeting held in Rapid City, South Dakota, at which NIDA staff and NIDA-funded investigators conducted two drug abuse symposia.

- In 2008, 2009, and 2010, NIDA provided support for the Northwest Portland Area Indian Health Board Summer Research Training Institute for American Indian/Alaska Native Health Professionals. In 2010, NIDA staff taught in the Research Methods and Grant Development course and Drug Abuse Epidemiology course at this research training institute.
- In January 2010, NIDA provided support for an American Indian student to attend the Johns Hopkins Center for American Indian Health Winter Institute. NIDA also provided support for five students to attend a drug abuse epidemiology course at the Northwest Portland Area Indian Health Board Summer Research Training Institute for American Indian/Alaskan Native Health Professionals.
- On April 22-23, 2010, as part of the AI/AN's mentoring program activities at the 2010 Blending Addiction Science and Practice Conference in Albuquerque, New Mexico, 14 individuals were selected to participate in the mentoring program.
- In May 2010, funding was provided to support the International Network of Indigenous Health Knowledge and Development Conference and a preconference Grant Development Technical Assistance Workshop.
- On August 4-9, 2010, the AI/AN's mentoring program sponsored eight students to attend the 40th Annual Association of American Indian Physicians and the Pre-Conference Workshops at the Santa Ana Pueblo in Albuquerque, New Mexico.
- In September 2010, NIDA participated in the Native American Centers of Excellence Evaluation Summit led by the Center for Substance Abuse Prevention (CSAP) of SAHMSA to increase community capacity and infrastructure for research, to provide technical assistance, and to disseminate American Indian/Alaska Native culturally competent NIDA-funded research findings on substance abuse interventions.
- In October 2010, a 3-day conference with 140 attendees entitled "*Building Bridges: Advancing American Indian and Alaska Native Substance Abuse Research: A State of the Science and Grant Development Workshop"* was held. It featured 19 presentations highlighting the state of the science and technical assistance on grant development.

NIDA has utilized various mechanisms to increase Native American research and funding of research on American Indian/Alaska Native community needs. Mechanisms to increase Native American research include support for a 5-year series of conferences titled "The Native Children's Research Exchange II" and participation in the Native American Research Centers for Health (NARCH) Initiative. This program, led by the National Institute of General Medical Sciences (NIGMS) and with participation from multiple NIH ICs, is executed through a partnership with the Indian Health Service. The NARCH Initiative is unique in its potential to support both substance abuse science and investigator training. NIDA's support of ongoing NARCH programs include studies of community-based participatory research (CBPR), tribal college substance use, native mothers and substance use, the oral history of sobriety, factors related to methamphetamine abuse, physical activity and drug use, intentional injury, and a family listening intervention. NIDA also utilizes the CTN to support research in Native American communities.

NIDA has augmented funding of research on Native Americans. The following is a list of examples of NIDA grants focused on the needs of Native American communities (additional information on these projects can be found through the NIH RePORTER system at http://projectreporter.nih.gov/reporter.cfm):

- Advancing Science with Culturally Distinct Communities

- CBPR with Tribal Colleges-Universities: Alcohol Problems-Solutions
- Caring for Our Generations: Supporting Native Mothers and Their Families
- Native Pathways to Sobriety: Pacific Northwest Oral Life Histories
- Tobacco Cessation Treatment for Alaska Native Youth
- Factors Related to Substance use Development in Young American Indian Adolescents
- A Community Trial in Alaska to Prevent Youth's Use of Legal Products to Get High
- Drug Use among Young Indians: Epidemiology & Prediction
- Ecological Factors and Drug Use of Native Hawaiian Youth
- Ecological Factors and Drug Use of Native Hawaiian Youth (Supplement Award)
- Finding Strength in Culture: A Video Series for American Indian Parents
- Evidence-Based Practices and Substance Abuse Treatment for Native Americans
- Ojibwe Pathways Through the High School Years
- In-Home Prevention of Substance Abuse Risks in Native Teen Families
- Vulnerability to Drug Abuse: Effects of Stressors and Stress
- Community Partnership to Affect Cherokee Adolescent Substance Abuse
- Clinical Trials Network: Southwest Node
- Zuni MI/CRA Project
- Contextual Risk Factors for Substance Use in Adolescent Reservation-Dwelling American Indians
- Understanding Racial Disparities in Teen Methamphetamine Use
- Clinical Trials Network: Pacific Northwest Node
- Deep Sequencing Studies for Cannabis and Stimulant Dependence
- The Community Youth Development Study: A Test of Communities That Care (Supplement Award)
- Partnership for Public Health Research in the Oglala Sioux Tribe
- A Computer-based Drug Prevention Intervention for Native American Youth

The DHD Work Group assessment is that NIDA has made significant efforts to prioritize the research gaps within the Native American populations. These efforts demonstrate an appreciation for the substantial additional challenges and unique complexities that apply to conducting research with Native American populations, Nations, and tribes. Efforts are in place to increase the number of Native American researchers and to address the cultural difficulties in conducting research in this population.

HIV Infection and Criminal Justice System Involvement as Consequences of Drug Abuse

The Director of DESPR, Dr. Wilson Compton, addressed the DHD Work Group on NIDA's efforts to close the research gap on HIV infection and criminal justice system involvement as consequences of drug abuse. Most of NIDA's research portfolio on this topic resides within DESPR.

The grants within the Criminal Justice Epidemiology Research Portfolio are primarily for longitudinal studies and secondary data analyses investigating substance abuse in incarcerated or formerly-incarcerated youth and adults. Many of the grants included in this portfolio focus specifically on minority populations that are disproportionately represented in the criminal justice system (e.g., African American and Hispanic racial/ethnic groups). Grantees examine racial/ethnic and gender disparities; the effects of incarceration on the onset, persistence, desistence, and recurrence of drug abuse disorders; the dynamic relationships between patterns of drug use and disorder and adult social role performance; and how risk

and protective factors mediate patterns of drug use. Some studies within this portfolio also focus on the spread of sexually transmitted infections and HIV/AIDS within this population, with the aim of informing future strategies to reduce the spread of these diseases. Other grantees examine the effects of parental incarceration on children with regard to mental health and substance abuse outcomes. Of particular interest is the meritorious science being produced by long-standing studies of longitudinal cohorts such as the Northwestern Juvenile Project (PI: Teplin), Pathways to Desistance (PI: Mulvey) and The Woodlawn Project (PI: Ensminger) which produce unique and important data across the span of development from child to adult and throughout the life course. Ultimately, the funded studies follow high-risk incarcerated or formerly-incarcerated populations in an effort to inform policy and interventions to protect and/or reduce the risks to these groups from the burden of substance abuse disorders and other diseases.

The Prevention Research Branch (PRB) within DESPR provides guidance for potential funding related to drug abuse and HIV prevention for youth, adults, and their families who are at increased risk for and involved in the criminal justice system, including incarceration and reentry. The currently funded grants include a broad array of topics and populations. Several grants specifically target ethnic minorities including African American and Hispanic youth; these groups are overrepresented in the incarcerated youth population. Other grants target adolescent girls who are involved in the juvenile justice system, a population at particular risk for continued problem behaviors and victimization. As a whole, these prevention intervention grants attempt to identify and intervene with youth who are at risk for increasingly more intense levels of criminal justice involvement. Youth are identified for intervention through truancy records, teen courts, and jails. Strategies for intervention vary, but include education and empowerment activities, brief court-based substance use interventions, and motivational interviewing. The PRB is also interested in intergeneration criminal justice involvement. To further knowledge about this important at-risk population, NIDA held a meeting in 2006 entitled “Children of Parents in the Criminal Justice System: Children at Risk.” The summary of that meeting is available at http://drugabuse.gov/whatsnew/meetings/children_at_risk/.

Housed within the Services Research Branch (SRB) of DESPR, the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) is a cooperative program of 10 research centers engaged in research on organizational processes involved in the successful implementation of high-quality drug abuse treatment services in criminal justice settings. Each research center has partnered with at least one criminal justice setting (e.g., prisons, jails, probation/parole offices, re-entry drug courts). The collaborative program provides a platform for multisite treatment services research trials on implementing and sustaining improved drug abuse treatment services across a coordinated continuum of care for offenders with substance use disorders who are returning to the community after detention or incarceration. Studies focus on three topics: implementation of effective screening and assessment for the development of post-release treatment service planning; implementing medication-assisted treatment through the development of inter-organizational linkages between community corrections and community-based treatment service providers; and implementation of a coordinated HIV continuum of care including prevention, testing, and linkage to treatment for offenders transitioning from the institution to the community. The SRB also sponsored the *Seek, Test, and Treat: Addressing HIV in the Criminal Justice System* initiative to empirically test the ‘seek, test, and treat’ paradigm in criminal justice populations. The seek, test, and treat model involves reaching out to high risk, hard-to-reach groups who have not been recently tested (seek), engaging them in HIV testing (test), and initiating, monitoring, and maintaining highly active antiretroviral therapy (HAART) for those testing positive (treat). Researchers will develop, implement, and test strategies to increase HIV testing and the provision of HAART to HIV

seropositive individuals involved with the criminal justice system, with particular focus on continuity of HAART during and after community re-entry following incarceration. Key outcome measures include linkage to care (e.g., seen at care center post-release) and viral suppression (e.g., proportion with undetectable viral load six months or more after initiation of antiretroviral therapy). Researchers will conduct intervention research at the individual, organizational, or system level that leads to effective approaches for expanding access to HIV testing and HAART treatment in the criminal justice system and in community organizations working with criminal justice systems and populations. Specifically, researchers will test strategies to improve linkage to HIV treatment for HIV-infected individuals leaving prison and returning to the community. Some research projects will use a peer support approach with jail releases to increase their HIV treatment engagement and retention, adherence to antiretroviral therapy, and HIV viral load suppression.

The DHD Work Group sees great strides in NIDA's efforts to better understand and address HIV infection and criminal justice system involvement as consequences of drug abuse. Approximately one third of NIDA's portfolio is part of the HIV/AIDS portfolio, and it is evident that a significant portion of it is involved in understanding the link between HIV infection and substance use in criminal justice settings. NIDA also currently has a strong program to tackle the connection between criminal justice involvement and substance use.

Intervention Research on Prevention and Treatment of Drug Abuse for Specific Minority Subgroups

The DESPR Director, Dr. Wilson Compton, described a number of prevention research studies that have been funded to promote the development and adaptation of prevention interventions (both HIV and substance use) for populations outside the mainstream school settings, such as primary care settings, families, churches, shelters, juvenile justice, and alternative schools. Several of these projects give special attention to developing or adapting interventions for cultural differences. Examples of prevention research studies on understudied groups include the following (additional information on these projects can be found through the NIH RePORTER system at http://projectreporter.nih.gov/reporter.cfm):

- Maximizing Immigrant and Refugee Health: A Community-partnered Approach
- Partnership for Public Health Research in the Oglala Sioux Tribe
- Motivational Parent Training in Community Corrections (administrative supplements to strengthen data in Asian populations)
- In-home Prevention of SA Risks for Native Teen Families (administrative supplements to strengthen data in American Indian populations)

The PRB portfolio includes an array of research studies for drug abuse and HIV prevention using approaches outside the standard classroom intervention methods. Such approaches range from using computer technology to family-based approaches to prevention in medical settings. Many of these studies involve significant minority populations, as in the following examples:

- Preventing Substance Use and Risky Behavior Among Rural African American Youth
- Drug Abuse Prevention: Mother-Daughter Intervention
- Age-17 Follow-up of Home Visiting Intervention
- African American Young Mens Study
- Understanding and Preventing Childhood Drug Use Risk
- Preventing Drug Abuse and HIV in Hispanic First Offenders

In a presentation to the DHD Work Group, the Director of NIDA's Division on Clinical Neuroscience and Behavioral Research (DCNBR), Dr. Joseph Frascella, addressed efforts to develop treatment interventions that have potential for application across diverse populations and contexts. Dr. Frascella described a number of grants that address this topic. There is now an entire branch within DCNBR, the Behavioral and Integrative Treatment Research Branch (BITB), dedicated to projects that develop, improve, adapt, or test behavioral/psychosocial treatments for drug abuse and associated comorbid psychiatric disorders, including studies developing or testing combined behavioral/psychosocial and medication treatments. Within this portfolio, all types of behavioral/psychosocial treatments are of interest, including but not limited to treatments that: (1) promote initial abstinence, (2) promote long-term abstinence, (3) optimize the effects of combined behavioral and pharmacological treatment, (4) promote adherence to medical and drug abuse treatment, and (5) promote reduction in HIV risk in treatment populations. The following are examples of NIDA grants focused on treatment interventions (additional information on these projects can be found through the NIH RePORTER system at http://projectreporter.nih.gov/reporter.cfm):

- Prize CM for Cocaine Dependent Methadone Patients
- Brief Therapies for Problem Gambling Substance Abusers
- Reinforcing Exercise in Cocaine Abusers
- A Computer-Assisted Brief-Motivational Intervention for Smoking During Pregnancy
- Tailored Youth Drug Intervention in Primary Care
- Optimizing SBIRT for Drug-Using Patients in an Inner-City Emergency Department
- CBT Treatment for PTSD and SUDs in Minority Youth
- Predictors of Change Profiles in Studies of Adolescent Substance Abusers
- Motivation and Skills for THC/ETOH+ Teens in Jail
- Motivation and Skills for Detained Teen Smokers
- HIV Prevention in the Family Drug Court
- Targeting HIV Risk Behaviors in Juvenile Drug Court-Involved Youth
- Comparative Effectiveness of Web-based vs. Traditional Adolescent HIV Prevention
- Efficacy of Group Treatment for Hispanic Adolescents
- Culturally Informed Family Based Treatment of Adolescents: A Randomized Trial
- Brief Intervention for Marijuana Use among Latino Youth
- Tobacco Dependence Treatments for Asian Americans
- A Family Intervention to Reduce Smoking among Chinese and Vietnamese Men
- Zuni MI/CRA Project
- Tobacco Cessation Treatment for Alaska Native Youth
- Ethnic Health/Motivating HIV+ Latinos to Quit Smoking
- Online Buprenorphine Training for Outreach Workers and Case Managers
- Depression Treatment for Urban Low Income Minority Substance Users
- Behavioral Depression Treatment for African American HIV-infected Substance Users
- Tailoring "Real Men Are Safe" for African American and Hispanic Men
- Intensive Outpatient V. Outpatient Treatment with Buprenorphine among African Americans
- Tobacco Cessation Treatment for Pregnant Alaska Native Women

It is evident to the DHD Work Group that NIDA is dedicated to supporting the development of strong prevention and treatment interventions. Prevention interventions are not restricted to interventions within a school system. Several drug abuse and HIV prevention protocols are supported through shelters, family-

centered care, the juvenile justice system, primary care settings, and shelters. Several treatment interventions are being supported that have potential application across diverse populations and contexts. It is clear that there is a focus on theoretical, methodological, and clinical advances in the study of context (e.g., culture, faith, family/kinship, networks/tribes, discrimination, stigma, broader community contexts, and criminal justice) and the role of context in treatment. Research support continues for the development of new efficacious treatments and for effectiveness studies, including research designs that are inclusive of particular racial/ethnic minority groups. Adequate attention is attributed to treatment research focusing on criminal justice involvement with minorities.

Effective Models of Health Services Delivery to Specific Racial/Ethnic Minority Subgroups

The grants in both the CJ-DATS program and the Seek, Test and Treat initiative seek to promote effective models of health services delivery to specific minority groups in the United States, as well as to incorporate an understanding of the community and cultural contexts in which the services are delivered. Several efforts of the NIDA CTN are also focused on effective models of health services delivery to specific racial/ethnic minority subgroups. Examples of dissemination and implementation strategies of evidence-based behavioral interventions that have been tested for optimal application to specific racial/ethnic minority groups include the following (more information on these projects can be found through the NIH RePORTER system at http://projectreporter.nih.gov/reporter.cfm):

- Case management alternatives for African American women at high risk for HIV
- African American female drug users: HIV, health disparities, & criminality
- Role of race in criminal justice referrals to treatment

The DHD Work Group is satisfied that research supported by NIDA is addressing effective models of health services delivery to specific racial/ethnic minority subgroups. Much of this research does incorporate an understanding of the community and the cultural contexts in which the services are delivered. The DHD Work Group encourages NIDA to continue its support of health services delivery to promote health equity in underserved populations.

VI. CONCLUSION

While the DHD Work Group is encouraged by NIDA's support of several programs that promote increase in the diversity of the extramural researchers, objective assessment of the impact of each of NIDA's diversity efforts cannot occur unless there is reliable data on the successes of minority applicants and grantees supported through the programs. However, NIDA is to be commended for its success in including diverse populations in its clinical studies. The DHD Work Group is in agreement that, although the 2005 Work Group recommendations have not been fully implemented, much progress has been made. Furthermore, it is the belief of the DHD Work Group that its recommendations, presented at the beginning of this report, if implemented, will benefit NIDA in its efforts to furthering health equity among substance abusing populations or those at risk for substance use.

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Appendices

APPENDIX A: REM WORK GROUPS' HISTORIES AND RECENT ACTIVITIES

African American Researchers and Scholars Work Group

For FY 2009, NIDA entered into a contract with Morehouse University to support the AA Work Group annual meetings and a number of activities aimed at fostering the research community investigating substance abuse and interventions in African American communities. The supported activities include: (1) an annual Addiction Research Training Institute (ARTI), which is a 4-day workshop for new investigators; (2) the Grant Development "Bootcamp", a 2-day intensive session held in the summer for four to five researchers who have been through the ARTI and believe they are ready to submit a grant application to NIDA; and (3) the Mini-Medical School on Addiction which is an annual 1-day forum on timely topics in addiction research with particular relevance to African American communities.

The AA Work Group was convened in 1994 to advise the NIDA Director on the drug abuse research and research development needs of the African American community that, ultimately, will result in more effective prevention and treatment approaches in African American populations. The current mission of the AA Work Group is to mentor early career and other scholars on conducting research in African American/Black populations and to inform the scholarly and lay communities of drug abuse addiction and its related disorders and consequences as experienced in African American/Black communities. Prior to 2008, AA Work Group activities were supported through a meetings logistics contract administered by the NIDA SPO. Since 2008, the work group has been supported through a NIDA logistics contract at a cost of $175,000/year, awarded to Morehouse School of Medicine (Ronald Braithwaite, PI). Morehouse and various programs at Morehouse (e.g., Community Voices: Healthcare for the Underserved) make significant in-kind contributions to AA Work Group activities, including free use of meeting space, audiovisual equipment, and meals. There are currently 15 members of the AA Work Group, and they all serve as mentors for research training and other activities.

Since 2008, as part of its mini-medical school program, the AA Work Group has sponsored one-day events to disseminate scientific information on drug abuse and addiction as it affects the African American/Black population. These mini-medical schools are free and open to students, community programs and members, and health professionals. Continuing education units are offered through the Addiction Technology Transfer Center (ATTC) located at Morehouse, which has served as a co-sponsor of the program. Three such events, briefly described here, have been held:

- On July 21, 2008, the AA Work Group conducted a mini-medical school on *Understanding Drug Addiction: Focus on African Americans*. Session topics included psychopharmacology and the process of addiction, individual and community research, addiction treatment and services, pathogenesis of HIV/AIDS, and medical illnesses among drug and alcohol abusers. Approximately 200 persons attended.
- On July 20, 2009, a mini-medical school was conducted on *Marginalized African American Males*. Session topics included drug abuse in African American males, African Americans at increased risk for HIV, the impact of slavery on the mental health of males, and effective community-based interventions.
- On July 19, 2010, the program topic was *Public Health Challenges of Women in the Correctional System*. Session topics included issues in the juvenile justice system, experience of former inmates, children of incarcerated mothers, and re-entry issues.

The AA Work Group has successfully supported and mentored new investigators through the sponsorship of an annual ARTI for new investigators at Morehouse School of Medicine. The first ARTI was held at Morehouse in July 2008. Each ARTI is an intensive 4-day program that provides scientific lectures,

information on funding priorities and opportunities, research development skills including analytic skills, leadership skills, career development information, individual presentations and review of concept papers. ARTI faculties have included staff from NIDA and other NIH ICs (e.g., NIMH, NINR, NIAID), AA Work Group members, and NIH-funded investigators. In the past three years, 35 trainees have gone through an ARTI.

A follow-up evaluation of the 2008 ARTI participants revealed that, within a year after completing an ARTI, 17 applications were submitted for Federal grant consideration and two were submitted for non-Federal funding. Two of the Federal submissions were funded, one by NIDA and one by NINR. Both non-Federal applications were funded. Only one person reported an application being unscored. In 2009 and 2010, booster sessions were held at Johns Hopkins University for ARTI participants who had progressed and needed additional support as they prepared applications for submissions.

National Hispanic Science Network

The NHSN was established in January 2001. Its mission is to improve the health of Hispanics by: (1) increasing the amount and quality of interdisciplinary translational research on drug abuse; and (2) fostering the development of Hispanic scientists in drug abuse research**.** The NHSN is an interdisciplinary group of researchers and scholars with interests ranging from the molecule to the neighborhood, creating the opportunity for a focus on interdisciplinary and translational research.

Since 2001, the work of the NHSN has been supported by an independent contract awarded to the University of Miami. A total of $7,914,563 has been awarded by NIDA since the support contract's inception; approximately $4,500,000 of that amount has been awarded since 2005. NIDA currently supports the NHSN through a 5-year contract with the University of Miami Miller School of Medicine.

Membership in the NHSN has increased from 120 in 2004 to 389 in 2010. Members are added to the network through nominations from current members; these nominations are vetted by a Membership Committee. A National Office with an Executive Director manages day-to-day operations. Oversight is provided by a National Steering Committee, which has 16 members including the Chair of the Early Career Leadership Subcommittee (ECLC). Since 2005, the NHSN has organized and held an annual scientific conference with a specific theme. The first conference theme in 2005 was "*Drug Abuse and Co-Morbidity*"; the 2010 theme was "*Modeling a Transdisciplinary Approach to Current Research Agendas.*"

Since 2005 the NHSN has focused on four major tasks: (1) Expand and Support a Formal National Hispanic Science Network, (2) Establish Mechanisms for Communication, (3) Mentoring and Training of Early Career Scientists and Students, and (4) International Research Collaborations.

For the first of these tasks, the NHSN expands and supports a formal network through a National Steering Committee, whose membership reflects the diversity in scientific discipline, geographical location, and ethnicity that is considered to be crucial to understanding drug abuse issues pertaining to Hispanics. Currently, the NHSN is composed of over 389 scientists and trainees from diverse ethnic backgrounds, reflecting a multidisciplinary and international cadre of scientists committed to a unified mission.

To advance research on Hispanic drug abuse, the NHSN organized and edited a special issue of *Drug and Alcohol Dependence* titled "Scientific Opportunities in Hispanic Drug Abuse Research" (Amaro & Iguchi, 2006). The purposes of this issue were to present comprehensive reviews of research on Hispanic

drug abuse and recommendations for future research and to bring a scholarly focus to drug abuse research opportunities that might translate into improvements in drug abuse prevention, treatment, and services for Hispanic populations. This initiative was led by NHSN Steering Committee member, Dr. Hortensia Amaro, in collaboration with Dr. Martin Iguchi and with Robert Wood Johnson Foundation support. This special issue was widely disseminated and strategically marketed to key individuals with the potential to influence Hispanic drug abuse research. Links were also provided on the NHSN website and the journal was disseminated upon request.

With funding support from the Substance Abuse and Mental Health Services Agency (SAMHSA), a 9-page version of the NHSN strategic plan was developed and published in 2006, entitled "Drug Abuse among Hispanics: A Brief Evidence Based Guide for Providers." The purpose of this publication was to provide science-based recommendations for frontline service providers for Hispanics. A link to this document was provided in the NHSN website, and the document was also disseminated through the Caribbean Basin and Hispanic ATTC.

For its second task, to establish mechanisms for communication, the NHSN communicates through its website (http://www.nhsn.org), a quarterly newsletter (*El Faro: La Voz de la Red*), a Summer Research Training Institute (SRTI) Newsletter (*¡Adelante!*), and an Early Career Members and SRTI List Serve. Professional website designers and technical personnel redesigned and updated the NHSN website to improve functionality and search capabilities. Salient features of the website include member announcements; member profile pages; and sections for the main components of the network, such as the Interdisciplinary Research Training Institute (IRTI, the successor to the SRTI), Early Career Leadership Committee, International Collaborations, and the Annual NHSN Conference.

The NHSN has also collaborated with the 3-C Institute for Social Development (3-C ISD) on an NIMH-funded project that involved the development of a customized website containing 2008 conference sessions, website production, and website hosting functions. Through this website, participants have online access to conference presentations and faculty interviews, as well as interactive components for continued communication between trainees and faculty. Videotaped conference sessions are available for use as didactic tools on drug abuse research. These sessions are available for webcasting and dissemination to the scientific community.

The quarterly member newsletter, *El Faro: La Voz de la Red,* was initiated by the NHSN membership to integrate the network and provide a voice for members. This initiative was driven by early career scientists' need to communicate with members and to receive additional guidance from senior scientists' experiences in academia. In 2007, students of the annual Summer Research Training Institute (now the IRTI) formed an additional newsletter, *¡Adelante!*, to facilitate communication and continued networking of the SRTI Fellows. In October 2008 *¡Adelante!* was integrated into the NHSN newsletter, *El Faro: La Voz de la Red*. In the summer of 2007, the NHSN National Office in collaboration with the Early Career Leadership Subcommittee developed a List Serve for graduate student and early career members, as well as SRTI fellows. Among the news items disseminated are career and funding opportunities for trainees.

For its third task, the mentoring and training of early career scientists and students, the NHSN has incorporated training and mentoring efforts at its annual scientific conferences, obtained grant support for the IRTI, launched a national videoconference training program, provided travel awards for NHSN

graduate student members to participate in the NIH Summer Internship Program, and organized a conference call program for one on one early career mentorship.

The NHSN planned and implemented six international scientific conferences between 2005 and 2010. The conferences feature active mentoring and development of early career scientists through a forum that provides opportunities for networking among NHSN members, NIH staff and program officers, other governmental staff, and distinguished members of academia. Each conference has offered mentoring and training workshops, including a Technical Assistance Workshop, to facilitate proposal development skills on drug abuse research for early career scientists and graduate students. Dr. Molina of Louisiana State University has a five year R13 grant to fund the 2009-2014 NHSN Annual Conferences.

The NHSN has sponsored an annual SRTI (now IRTI) at the University of Houston. It developed the SRTI as a program to offer participants a multidisciplinary curriculum consisting of lectures and applied skills. Currently, a five-year NIDA R25 grant to Dr. Avelardo Valdez is funding the 2009-2014 IRTIs. Each IRTI is an intensive eight-day institute organized around a series of lectures and workshops on drug research, with a focus on Hispanics when relevant, by some of the leading researchers in Hispanic drug abuse and related fields. The purpose of the SRTI/IRTI program has been to promote interest and professional commitment to Hispanic drug abuse research and to foster mentoring relationships between students and senior drug abuse researchers. All sessions are led by a diverse group that includes NIH officials and NIDA-funded drug scientists, who provide hands-on training in their respective areas of expertise.

In early 2009, the NHSN launched a national videoconference training program in collaboration with the Office of Minority Health, Department of Health and Human Services. This videoconference program consisted of a series of four sessions held from January 2009 to April 2010 on topics designed to address health disparities affecting Hispanics. The four sessions were related to drug abuse and its consequences and provided opportunities for interdisciplinary mentorship. The overall objectives of the NHSN videoconference training program were to increase the knowledge of Hispanic health disparities, explore important aspects of health conditions affecting Hispanics, and discuss implications for intervention and policy.

In collaboration with the NIH Office of Intramural Training and Education, the NHSN has provided travel awards for NHSN graduate student members to participate in the NIH Summer Internship Program. As of the writing of this report, the NHSN National Office was in the process of recruiting applicants for the 2011 program. The NHSN plans to continue providing these travel awards to excellent doctoral and medical students. Past awardees have excelled in their respective programs and represent a stellar group with varying disciplines and research interests.

An ongoing goal of the NHSN's ECLC is to provide mentoring opportunities that will foster the career development of early-career investigators. To achieve this goal, the ECLC has organized a conference call initiative in which graduate students, post-doctoral trainees, and/or assistant professors can receive individualized feedback during a 1-hour conference with senior research scientists who are NHSN members. Examples of topics on which one can receive feedback include research project design; developing, focusing, and interpreting research studies; implementation of various methods including quantitative, community-based, and basic research methods; preparing for the job market (interviews, negotiations, etc.); dissertation defense; grant applications; oral presentations (for courses, meetings, job

talks, etc.); publications; establishing an independent laboratory; and individualized consultation on career trajectory, tenure and academic promotion.

The fourth task of the NHSN is to actively foster international research collaborations. The NHSN International Research Collaborations Subcommittee provides a framework for multidisciplinary and international interaction for scientists involved in drug abuse research in Hispanic populations. The subcommittee aims to foster networking and collegial exchange of ideas that will strengthen research programs within the United States and in Spanish-speaking countries. Goals of the committee include increasing organized international input into the policies and activities of the NHSN, identifying international members interested in collaboration, promoting international collaborative programs, and participating in the planning of the annual conference to ensure that international scientists are included both as presenters and participants. Most of the initiatives of this subcommittee have evolved from input and opportunities that occurred during the annual conferences. The annual conference now integrates international presenters in all major panels and poster sessions. As a result of the initiative to integrate national and international activities, SRTI (now IRTI) has been open to international participants since 2005. Two new organizations were created as outcomes of the NHSN international initiatives: (1) Red Latinoamericana De Investigadores en Drogas (REDLA) and (2) the Central American Research Network on Addictions (RECIA).

Native American/Alaska Native Researchers and Scholars Work Group

From 2006 to 2009, the AI/AN served as an advisory body to NIDA, and its activities were supported through a meetings logistics contract administered by the NIDA SPO. The group proposed to build a researcher pipeline, and in April 2009 NIDA awarded a contract to the Oregon Health and Science University for the Native-to-Native Mentoring Program, which is supported at a level of $150,000 per year. In 2010, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) provided an additional $25,000 to include alcohol-related interests in its program efforts.

The AI/AN provides intensive scientific and career mentoring to Native American students and professionals to encourage and enable their participation in drug abuse research. Individualized mentoring plans are developed for each trainee, trainees are paired with mentors, and a variety of research and professional development experiences are provided in individual and group form. Currently, there are 17 AI/AN members and 21 mentees. The mentees are mostly university-based and include individuals at the bachelor's degree, master's degree, and doctoral level. All members serve as mentors, and other scholars/researchers are asked to serve as short- or long-term advisors/mentors for individual students as the needs arises.

Major research development activities sponsored by the AI/AN include the following:

- On April 22-24, 2010, several activities were held at the NIDA Blending Conference in Albuquerque, New Mexico. One was a planning meeting for AI/AN members. Two events for mentees were held as preconference meetings, one of which was a day long publication workshop, which included presentations on manuscript preparation; discussions of concept papers; and a discussion of the publication submission, review, and revision process. In addition to these events, three AI/AN mentees presented at poster sessions, and one mentee's poster was selected as best-in-conference.
- In July 2010, members of the mentorship program participated in the Indian Health Service Behavioral Health Annual Meeting in Sacramento, California. Three mentors presented sessions,

including Dr. Dale Walker, who participated in a plenary session. Four mentees presented research results in the conference's substance abuse track learning lab sessions.

- On August 4-9, 2010, at the Association of American Indian Physicians Annual Meeting in Santa Ana Pueblo, Albuquerque, New Mexico, eight student mentees attended the preconference workshops and three mentees attended workshops and conferences. Dr. Dale Walker, the program director, gave two presentations, each of which included information on the mentorship program.
- There have been several individual research development experiences supported by the AI/AN, including facilitation of visits to native sites and tribal leadership.
- There have been outreach efforts with the American Medical Association, NIMHD, SAMHSA's Acting Director of the Office of Indian Alcohol and Drug Abuse, the Office of Workforce and Career Development of the Centers for Disease Control and Prevention, and the American Psychiatric Association to disseminate information about the AI/AN program and gain support for its activities.
- Consultation is being provided to colleagues in Canada who are interested in starting a similar mentorship program.
- The One Sky Center website (http://www.oneskycenter.org/) now contains information about the mentorship program.
- The AI/AN has established processes to conduct initial needs assessments for mentees, progress reviews, and evaluations of program activities.

Asian American Pacific Islander Researchers and Scholars Work Group

Since 2000, the AA/PI has provided recommendations to NIDA on research needed to better understand, prevent, and treat substance abuse and addiction in Asian American/Pacific Islander populations and to develop addiction research capacity in their communities. The AA/PI mission statement defines three goals for its activities:

- Foster interdisciplinary and translational research focusing on drug use and abuse and related health conditions affecting Asian Americans and Pacific Islanders.
- Increase the participation and development of Asian American/Pacific Islander scientists in drug use and abuse and related research.
- Develop a collaborative capacity among research scientists and Asian American/Pacific Islander communities.

Prior to 2008, AA/PI activities were supported through a meetings logistics contract administered by the NIDA SPO and through other funds and support secured from other NIH ICs or other agencies. Since September 2009, the AA/PI has been supported through a NIDA contract with the National Asian Pacific American Families Against Substance Abuse (NAPAFASA) that provides $175,000 per year to convene the annual science research meeting; arrange periodic conference calls for AA/PI members, NIDA staff, and/or mentees; develop and maintain the AA/PI website; support AA/PI attendance at the joint REM work group meeting; and provide ongoing support for other AA/PI activities. There are currently 22 AA/PI members, 9 of whom were recently added. There were 26 mentees supported at the 2010 annual conference.

The annual AA/PI scientific conferences, held since 2007, have focused on interdisciplinary and translational research in drug abuse. Their objectives include attracting young Asian American/Pacific Islander researchers to the field and assisting in their career development, promoting better health care

related to drug use and abuse in Asian American/Pacific Islander communities, and providing a forum where community-based organizations can interact with researchers.

Although Asian Americans and Pacific Islanders are not underrepresented in the basic science or medical research communities, they are underrepresented in the social sciences and applied clinical research communities. The AA/PI has identified and supported individuals interested in research in these underrepresented areas and is working with its core researchers to grow and expand the mentoring and scientific capacity of Asian American and Pacific Islander researchers.

The following are highlights of major AA/PI activities:

- On February 12-13, 2007, in Santa Monica, California, the first AA/PI Scientific Conference was held, with the title *Translational Addiction Research: Bench, Bedside, Community and Back.* More than 25 presentations were delivered in plenary panel sessions on drug abuse, mental health, and other co-morbid issues; stimulants and HIV/AIDS; community engagement, treatment, and prevention; and international issues. A grant development workshop was also held at this conference.
- On June 5-6, 2008 in Los Angeles, California, an annual AA/PI meeting was held in conjunction with the NAPAFASA conference. NAPAFASA brought together community organizations from around the United States and the Pacific Islands to discuss the problems associated with providing drug abuse intervention services to Asian American and Pacific Islander populations. Other conference activities included a forum for Asian American and Pacific Islander researchers to discuss prevention, treatment and service needs with intervention-oriented community members; opportunities for researchers to provide feedback about what is known about the science of drug abuse; and facilitation of capacity building/research infrastructure development. Attendees of this meeting with providers/interventionists commented on the utility of building relationships with the community, particularly for lab-based researchers who did not come into regular contact with Asian American/Pacific Islander community members/providers.
- On May 11-12, 2009 in Honolulu, Hawaii, the second annual AAPI research meeting was held, entitled *Addiction and Related Issues: Focusing on Recent Research and Culturally Relevant Treatments Among Asian Americans and Pacific Islanders*. The scientific meeting was also offered to the local provider/professional community, and continuing medical education credits were available. Several hundred providers participated in sessions along with work group members. There were 37 speakers, including several international keynote speakers. A panel of treatment providers from the Pacific Islands discussed how they were incorporating Native Hawaiian cultural values and practices in substance abuse prevention and treatment services. In addition, 16 mentees received travel awards and presented posters at this meeting. The funding for this meeting included support from a logistics contract with the NIDA SPO, support for speakers from the NIDA International Office and Intramural Research Program, the NIMH Center for Mental Health Research on AIDS, and the John A. Burns School of Medicine at the University of Hawai`i.
- On June 2-3, 2010 in Arlington, Virginia, the third Annual AA/PI Scientific Conference was held. The title of this conference was "*Advancing API Drug Abuse/Mental Health Prevention Sciences and Treatment: Transdisciplinary Frameworks."* Research training and mentoring were the key focus of this meeting, which was supported through a NIDA logistics contract managed by NAPAFASA.

APPENDIX B: MINORITY HEALTH DISPARITIES COUNCIL REVIEW WORK GROUP

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APPENDIX C
MINORITY HEALTH DISPARITIES
COUNCIL REVIEW WORK GROUP MEETING,
JANUARY 31 - FEBRUARY 1, 2011

National Institute on Drug Abuse
Minority Health Disparities Work Group

Glen Echo Room
Bethesda North Marriott
Bethesda, Maryland
January 31 - February 1, 2011

AGENDA

Monday, January 31, 2011

12:30 – 1:00 p.m.	**Registration**
1:00 – 1:05 p.m.	**Welcome** *Anita Everett, M.D. (Work Group Chair)* *Director, Community and General Psychiatry* *The Johns Hopkins Hospital*
1:05 – 1:30 p.m.	**Overview of National Institutes of Health (NIH) Diversity Efforts** *Lisa Evans, J.D.* *Office of the Director, Office of Extramural Research* *NIH*
1:30 – 2:00 p.m.	**National Institute on Minority Health and Health Disparities** *Nathaniel Stinson, M.D., Ph.D.* *Acting Director, Division of Extramural Activities and Scientific Programs* *National Institute on Minority Health and Health Disparities*

2:00 – 3:00 p.m. **Overview of NIDA's Special Populations Office**
Lula Beatty, Ph.D.
Chief, Special Populations Office
NIDA

3:00 – 3:15 p.m. ***Break***

Executive Session
3:15 – 5:15 p.m.

3:15 – 3:30 p.m. **Work Group Discussion**
Anita Everett, M.D.

3:30 – 3:50 p.m. **Work Group Charge from the NIDA Director**
Nora D. Volkow, M.D.
Director
National Institute on Drug Abuse (NIDA)

3:50 – 4:20 p.m. **Recommendation #1: Utilize the NIH Roadmap Approach to Address Minority Health Disparities**
Christine Colvis, Ph.D.
Director, Program Integration
NIDA

Betty Tai, Ph.D.
Director, Center for the Clinical Trials Network
NIDA

4:20 – 4:50 p.m. **Recommendation #2: Ensure Alignment of the NIDA Strategic Plan with the *NIDA Strategic Plan on Reducing Health Disparities***
Lula Beatty, Ph.D.

4:50 – 5:15 p.m. **Work Group Discussion**
- Review Key Issues
- Identify Additional Information Needs for Recommendations 1 and 2

Anita Everett, M.D. (Work Group Chair)

5:15 p.m. **Adjourn for Day 1**

Tuesday, February 1, 2011
Executive Session
8:00 a.m. – 5:00 p.m.

8:00 – 8:45 a.m.	**Recommendation #3: Enhance NIDA Organization and Collaboration** *Lula Beatty, Ph.D.*
8:45 – 9:30 a.m.	**Recommendation #4: Increase Training Opportunities for Minority Researchers** *Lula Beatty, Ph.D.*
9:30 – 10:00 a.m.	**Work Group Discussion** • Review Key Issues • Identify Additional Information Needs for Recommendations 3 and 4 *Anita Everett, M.D.*
10:00 – 10:30 a.m.	***Break***
10:30 – 11:30 a.m.	**Recommendation #5: Create Incentives to Promote Valid Analyses on Minorities** *Lula Beatty, Ph.D.*
11:30 – 12:30 p.m.	**Discussion with NIDA Racial/Ethnic Minority Work Group Chairs** *Patricia Molina, M.D., Ph.D.* *National Hispanic Science Network* *Martin Iguchi, Ph.D.* *Asian American/Pacific Islander Researchers and Scholars Work Group* *Daniel Sarpong, Ph.D.* *African American Researchers and Scholars Work Group* *Dale Walker, M.D.* *American Indian/Alaska Native Researchers and Scholars Work Group*
12:30 – 1:30 p.m.	***Working Lunch***
1:30 – 2:30 p.m.	**Recommendation #6: Address Research Needs and Priorities** *Wilson Compton, M.D., M.P.E.* *Director, Division of Epidemiology, Services and Prevention Research* *NIDA*

Kathy Etz, Ph.D.
Social Science Analyst, Division of Epidemiology, Services and Prevention Research
NIDA

Joseph Frascella, Ph.D.
Director, Division of Clinical Neuroscience and Behavioral Research
NIDA

2:30 – 3:00 p.m. **Work Group Discussion**

- Review Key Issues
- Identify Additional Information Needs for Recommendations 5 and 6

Anita Everett, M.D.

3:00 – 3:30 p.m. ***Break***

3:30 – 5:00 p.m. **Work Group Discussion**

- Next Steps
- Timeline
- Work Group Assignments

Anita Everett, M.D.

5:00 p.m. **Adjournment**

APPENDIX D
MINORITY HEALTH DISPARITIES
COUNCIL REVIEW WORK GROUP MEETING,
MAY 10, 2011

National Institute on Drug Abuse
Minority Health Disparities Work Group

Forest Glen Room
Bethesda North Marriott
Bethesda, Maryland
May 10, 2011

AGENDA

Tuesday, May 10, 2011

8:00 – 8:30 a.m. **Registration**

8:30 – 8:35 a.m. **Welcome**
Anita Everett, M.D. (Work Group Chair)
Director, Community and General Psychiatry
The Johns Hopkins Hospital

8:35 – 9:00 a.m. **Review Purpose of the Meeting**
Anita Everett, M.D.

Executive Session

9:15 a.m. – 5:15 p.m.

9:15 – 9:45 a.m.	**NIDA Office of Special Populations Resources** *Lula Beatty, Ph.D.* *Chief, Special Populations Office* *NIDA*
9:45 – 10:15 a.m.	**NIDA Minority Health and Health Disparities Portfolio** *Lula Beatty, Ph.D.*
10:15 – 10:45 a.m.	**Minority Subject Inclusion in NIDA's Clinical Grants** *David Shurtleff, Ph.D.* *Acting Deputy Director* *NIDA*
10:45 – 11:00 a.m.	***Break***
11:00 – 11:30 a.m.	**Work Group Discussion** • Review Key Issues • Identify Additional Information Needs *Anita Everett, M.D.*
11:30 – 12:00 p.m.	**Role of Review** *Teri Levitin, Ph.D.* *Director, Office of Extramural Affairs* *NIDA*
12:00 – 12:30 p.m.	**Minority Investigators' Success at NIDA** *Meena Hiremath, Ph.D. and Teri Levitin, Ph.D.* *Office of Extramural Affairs, NIDA*
12:30 – 1:30 p.m.	***Working Lunch***
1:30 – 2:00 p.m.	**Work Group Discussion** • Review Key Issues • Identify Additional Information Needs *Anita Everett, M.D.*
2:00 – 4:00 p.m.	**Discussion with NIDA Racial/Ethnic Minority Work Group Project Officers** *Ana Anders, L.I.C.S.W.* *Asian American/Pacific Islander Researchers and Scholars Work Group* *Lula Beatty, Ph.D.* *American Indian/Alaska Native Researchers and Scholars Work Group*

Pamela Goodlow
African American Researchers and Scholars Work Group

Ana Anders, L.I.C.S.W.
National Hispanic Science Network

4:00 – 4:15 p.m. ***Break***

4:15 – 4:45 p.m. **NIDA Summer Research Program Evaluation**
Lula Beatty, Ph.D.

4:45 – 5:15 p.m. **Work Group Discussion**

- Review Key Issues
- Identify Additional Information Needs
- Next Steps
- Timeline
- Work Group Assignments

Anita Everett, M.D.

5:15 p.m. **Adjournment**