PROGRAM ASSESSMENT FOR THE HBCU/HISPANIC HEALTH SERVICES RESEARCH GRANT PROGRAMS

REPORT

Under Contract No. HHSM-500-2005-00189P

Submitted to:

Centers for Medicare & Medicaid Services
Office of Research, Development, and Information
7500 Security Boulevard
Mail Stop: C3-19-07
Baltimore, Maryland 21244

Submitted by:

Suzanne M. Randolph, Ph.D.
Randolph Associates
6522 Lake Park Drive – Suite 303
Greenbelt, Maryland 20770

June 2006

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For more information contact:

Richard Bragg, Ph.D.
Coordinator, Minority Health Services Research Program
Office of Research, Development, and Information
Centers for Medicare & Medicaid Services
Mail Stop C3-19-07
7500 Security Boulevard
Baltimore, Maryland 21244-1850
Telephone: (410) 786-7250
e-mail: rbragg@cms.hhs.gov

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HBCU Health Services Research Grantees
Baqar Husaini, Ph.D.
Center for Health Research
Tennessee State University

Betty Fomby, Ph.D.
School of Nursing
Southern University and A&M College

Ivis T. Forrester-Anderson, Ph.D., R.D.
Department of Family and Consumer Sciences
Morgan State University

Robert Mayberry, Ph.D.
Baylor Health Sciences Center
(formerly Morehouse School of Medicine)

Anna McPhatter, Ph.D.
Department of Social Work
Morgan State University

Connie Webster, Ph.D.
Department of Nursing and Allied Health
University of the District of Columbia

HBCU Partner/Collaborating Organization
Eleanor Walker, Ph.D.
Bowie State University/President, National HBCU Research Network for Health Services and Health Disparities

Hispanic Health Services Research Grantees
Hector Balcazar, Ph.D.
University of Texas School of Public Health at Houston – El Paso Regional Campus

Joseph Betancourt, M.D., M.P.H.
Institute of Health-Harvard Medical School
Massachusetts General Hospital

Glenn Flores, M.D.
Center for the Advancement of Underserved Children
Medical College of Wisconsin

Reviewers/Others
Ken Chu, Ph.D.
Center to Reduce Cancer Health Disparities
National Cancer Institute

Jimmie Givens, Ph.D.
Office of Research and Methodology
National Center for Health Statistics

Yanira Cruz, M.P.H., Dr.P.H. (ABD)
President and CEO
National Hispanic Council on Aging

Ronald Garcia, Ph.D.
Hispanic Center for Excellence
Stanford University School of Medicine

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PROGRAM ASSESSMENT FOR THE HBCU/HISPANIC HEALTH SERVICES RESEARCH PROGRAMS

EXECUTIVE SUMMARY

Background

This document provides a report of an external program assessment commissioned by the U.S. Department of Health and Human Services (DHHS), Centers for Medicare & Medicaid Services (CMS), Office of Research, Development, and Information (ORDI) for two of its programs: the Historically Black Colleges and Universities (HBCU) Health Services Research Grant Program and the Hispanic Health Services Research Grant Program. The purposes of the HBCU and Hispanic Health Services Research Grant Programs are to support HBCU and Hispanic investigators in implementing health services research projects to meet the needs of diverse CMS beneficiary populations. These are small, applied research grants for up to two years at $125,000 per year that identify and evaluate solutions for eliminating health disparities among African American and Hispanic American populations.

In addition to documenting findings, lessons learned, and policy implications from the funded health services research projects, the external consultant was also charged with summarizing the outputs of CMS/ORDI's series of technical assistance/training (TAT) and research and development (R&D) activities, and the educational/outreach and disease prevention activities for these researchers/contractors, prospective applicants, and other investigators, research staffs, and graduate students at HBCUs and Hispanic Serving Institutions (HSIs).

Since 1996, CMS/ORDI has awarded 31 federal grants to support HBCU researchers in implementing health services research projects to meet the needs of diverse CMS beneficiary populations. Since 1998, CMS/ORDI has awarded 22 federal grants to support HSI researchers to meet the needs of diverse CMS beneficiary populations.

Policy Context

CMS' Mission, Vision, Goals, and Program Objectives

The Centers for Medicare & Medicaid Services (CMS) is a Federal agency within the Department of Health and Human Services (DHHS). Under CMS' leadership are the two largest Federal health care programs—Medicare and Medicaid—and the State Children's Health Insurance Program (SCHIP). CMS serves nearly 82 million Medicare and Medicaid beneficiaries, including those covered under SCHIP (www.hhs.gov/mission,vision,goals).

CMS' Mission: To assure health care security for beneficiaries.

CMS' Vision: In serving beneficiaries, we will open our programs to full partnership with the entire health community to improve quality and efficiency in an evolving health care system.

CMS' Goals:

- Protect and improve beneficiary health and satisfaction.
- Foster appropriate and predictable payments and high quality care.
- Promote understanding of CMS programs among beneficiaries, the health care community, and the public.
- Promote the fiscal integrity of CMS programs and be an accountable steward of public funds.
- Foster excellence in the design and administration of CMS programs.
- Provide leadership in the broader health care marketplace to improve health.

Major demographic changes in the racial-ethnic minority population of the U.S. have affected the nature of CMS' beneficiary pool. For example, in 2000 although most Medicaid enrollees were non-Hispanic Whites, nearly one-fourth of Medicaid beneficiaries were African Americans and 17% were Hispanics/Latinos (DHHS/HCFA; *Profile of Medicaid: Chartbook 2000*). In 2003, the statistics on Medicaid eligibles showed 44% Whites, 23.4% Blacks/African

Americans, and 21.4% Hispanics/Latinos, reflecting the shift in the general population of a growing Hispanic/Latino population (Medicaid Statistical Information System, 2003). Moreover, African Americans and Hispanic/Latinos are disproportionately represented in poor status health groups and have been increasingly targeted for outreach, education, and disease prevention and intervention to reduce or eliminate health disparities. The HBCU and HSI Health Services Research Grant Programs are focused on these issues as they relate to CMS' mission and goals presented above.

Other Policy Guidance

Pursuant to the *Government Performance and Results Act* (GPRA) of 1993, CMS produces an Annual Performance Plan and Report; the most recent was entitled, *Centers for Medicare & Medicaid Services FY 2005 GPRA Annual Performance Plan* (*APP*) which can be found on its website (http://www.cms.hhs.gov/GPRA/Downloads/PerformancePlan.pdf). In that *Plan* CMS states that "a regular systematic review and assessment of CMS' research program is important to ensure that CMS' beneficiaries obtain maximum benefits from R&D spending" (p. V-187). Thus, this program assessment is consistent with CMS' 2005 *GPRA/Annual Performance P*lan.

In addition, the President has issued two directives, one with implications to increase the number of researchers at or graduates from HBCUs and HSIs who can participate in Federally sponsored programs, and the other to increase those who have strong research skills and are capable of participating in the Federal work force. *Executive Order 13256* was to increase the research capacity of investigators at HBCUs, and *Executive Order 13230* was signed to increase the participation, promotion, and professional development of Hispanic principal investigators (PIs) in health services research. The HBCU/HSI Health Services Research Grant Programs were designed in response to these *Presidential Executive Orders* and to assist CMS in accomplishing its R&D functions, particularly with respect to improving access to and services for African American and Hispanic American beneficiaries, enhancing the capacity of individual investigators to participate in CMS' R&D programs, and enhancing the institutional capacity of HBCUs and HSIs to serve as effective partners in CMS' programs.

This program assessment is consistent with CMS' commitment to implementing the mandates of the HBCU and Hispanic Executive Orders, which include monitoring: 1) the extent to which CMS developed ways to maximize the participation of HBCU investigators in CMS-sponsored programs per Executive Order 13256, and 2) the effectiveness of CMS' education initiatives within the Hispanic community per Executive Order 13230.

Purpose of the HBCU and Hispanic Health Services Research Programs

The HBCU and Hispanic Health Services Research Grant Programs are designed to: 1) encourage African American and Hispanic health services researchers to pursue research issues which impact Medicare, Medicaid, and SCHIP beneficiaries, 2) assist CMS in implementing its mission focusing on health care quality and improvement for its African American and Hispanic American beneficiaries, 3) assist HBCU and HSI investigators by supporting extramural research in health care capacity development activities for African American and Hispanic American communities, 4) increase the pool of African American and Hispanic American researchers implementing the research, demonstration, and evaluation activities of CMS, 5) promote research that will be aimed at developing a better understanding of health care services pertaining to African Americans and Hispanic Americans, and 6) foster inter-university communication and collaboration regarding African American and Hispanic American health disparities issues.

Purpose of the Program Assessment

This report was developed in response to CMS/ORDI's decision to formally assess the HBCU and Hispanic Health Services Research Grants Programs. The purpose of this program assessment is to summarize the findings and lessons learned from the HBCU and Hispanic Health Services Research Grant Programs based on grants that have been awarded and activities to date. The assessment also focused on identifying any lessons learned from health disparities intervention activities regarding effective education, outreach, and interventions related to health behavioral change and engagement of ethnic minorities in the health care system. In addition, the program assessment sought to answer questions about the relevance of funded projects to CMS' mission and goals, the outcomes and impacts of funded projects and TAT/R&D activities, and the perceptions of former grantees and others connected with the programs. In addition, this assessment was intended to assist CMS in identifying policy implications for health disparities issues. Toward that end, it was expected that the results of this assessment might determine the value of these programs in assisting CMS to implement its mission and goals focusing on health care quality and health care improvement for its beneficiaries.

Conceptual Approach

Although this program assessment is not a formal evaluation of the programs, several conceptual approaches from the evaluation literature were applied. First, a *structure-process-outcomes model* was used to approach the program assessment (Donabedian, 1966, 1974; Lipscomb, 1978; Dewan, Daniels, Zieman, & Kramer, 2000). Using an adapted s-p-o framework, we expected to identify the s-p-o linkage to assess whether: 1) *structures,* and 2) *processes* resulted in 3) expected *outcomes* (i.e., increased participation by HBCU and HSI investigators in CMS programs, and suggested strategies for improving outreach, education, and intervention services for "hard-to-reach" CMS beneficiary populations). CDC's *Evaluation Framework for Public Health Programs* (CDC, 1999) was also used along with a *community systems analysis* approach (Mayas & Randolph, 1999) to: engage stakeholders; describe the program; focus the assessment; gather credible evidence; and justify conclusions. Stakeholders (the Program Coordinator and expert consultants) were involved in the development of the program assessment plans, participated in telephone and in-person discussions, and provided feedback on the assessment results. Rogers' (1995) *diffusion of innovation model* was used to identify structures and processes that might influence the success of the programs. Key factors from diffusion theory were explored to explain variations in expected outcomes; these factors included: 1) *relative advantage*—the extent to which the programs were perceived as better than existing approaches; 2) *compatibility*—perceived consistency with existing values, experiences, and needs of potential grantees; 3) *complexity*—degree to which the programs are perceived as easy to understand or use; 4) *trialability*—perception that components of the programs can be tried out by others on a limited basis; and 5) *observability*—program accomplishments are perceived as visible to others. These attributes were used to guide discussions with the expert consultants and to assess how the information gathered from these and other data sources about structures and processes might have facilitated outcomes for various components of the programs. Finally, a *theory of change approach* was used (Weiss, 1995). A "theory of change" is a logical argument or underlying philosophy for how and why the program is addressing a specific target population's needs. A program logic model, which is used by many Federal initiatives to facilitate program monitoring and evaluation (Kaplan & Garrett, 2005), was developed to visually represent the programs' theories of change. In this program assessment, we developed the logic model after reviewing data sources (i.e., Program Announcements) and interviewing the program coordinator and expert consultants to uncover the theory of change. The program logic model is presented in Section 3 of the full report.

Methods for Program Assessment

These program assessment methods were informed by the program assessment methodologies of The MayaTech Corporation that have been used in other Federal program assessments. The primary data collection method was secondary analysis (review) of existing program materials and documents. This review was supplemented with telephone or in-person discussions with the Program Coordinator and expert consultants for each program as discussed below. Multiple methods and data sources were used to collect the information on structures, processes, and outcomes used in this assessment. These methods and data sources included: 1) semi-structured discussions with CMS/ORDI staff and expert consultants, which included selected grantees, review panel members, and the President of the National HBCU Research Network for Health Services and Health Disparities (HBCU Research Network); and 2) reviews of program documents for past and current HBCU and HSI projects.

Relationship of the Program Assessment to the CMS Mission

The HBCU and Hispanic health services research grant programs and related CMS projects support CMS' mission, vision, goals, and two of its three program objectives (access to quality care and services to beneficiaries). Through its HBCU and Hispanic Health Services Research Grant Programs, CMS was seeking to support investigators at HBCUs and HSIs to implement applied research projects that relate to identifying, implementing, and evaluating solutions for eliminating health disparities among its African American and Hispanic American beneficiaries. Thus, these programs were designed to fund research projects that examine health disparities issues of importance to CMS' African American and Hispanic American beneficiaries. Additionally, the projects were expected to enhance the capacity of investigators at HBCUs and HSIs to successfully compete for CMS research and program funds in the future.

The HBCU/Hispanic Health Services Research Agenda

Information in Section 2 of the report is based on a review of the program announcements (PAs) for each program (present and past), and the program coordinator's summary of activities. The PAs for the HBCU and Hispanic Programs appear in Appendices A and B, respectively.

The Program Logic Model

In the Logic Model (Figure 3.1) the long-term impacts are identified as: systems level improvements in HBCU/HSI institutional capacity and responsiveness and quality of care in healthcare systems; the reduction of morbidity, disability, and mortality; and the reduction of health care costs due to improved individual outcomes (changes in knowledge, attitudes, beliefs, self-care, obtaining screening, enrollment in eligible programs). Other complex interrelationships between inputs, activities, outputs, and outcomes (i.e., changes in individual behavior and systems level changes such as policies and structures) are not indicated in this model but are recognized as contributing factors as to whether long-term outcomes and, ultimately, program and CMS' goals will be achieved.

The Logic Model graphically displays the linkages between the *structures* (e.g., resources available from CMS and its partners) to engage in *processes* (activities) that will result in *outcomes* (outputs and short-term and long-term outcomes) to achieve the long-term goal of eliminating health disparities and reducing CMS' expenditures due to late detection and treatment. Specifically, the resources (staff, grants, infrastructure enhancements, partnerships) make it possible for CMS to engage in various types of interventions, research studies, TAT/R&D, and other programmatic activities targeting HBCU/HSI researchers and CMS' beneficiaries. In every component of the model are elements of cultural competency and sociocultural factors that serve as barriers to or facilitators of the structures, processes, and outcomes. Thus, the Logic Model provides a framework for documenting the CMS/ORDI resources available for the programs and for assessing the contribution of the HBCU and HSI research grant programs, TAT/R&D activities, and educational outreach and disease prevention activities to the preparation of the researchers, enhancement of institutional capacity, and elimination of health disparities.

Research, Training, and Educational/Outreach Portfolios

HBCU Health Services Research Grant Program - The information in this section of the Report was compiled from reviews of the final reports for HBCU projects provided by CMS/ORDI, and the one-page program summaries (profiles) provided by the Program Coordinator for the 31 funded HBCU projects at the time of this report, by type and year. These profiles appear in Appendix C. Exhibit 1 in Appendix C displays these projects programmatically by health disparity focus and type of research project. Most (n=24) of the HBCU grants were of the following types: educational or developmental intervention, health promotion, education, or program evaluation. Table 4.1A includes a list of these 24 HBCU projects. The projects are listed by type with: grantee institutions and date of funding; their locations; targeted population, disparity, or intervention; and project sample sizes. All samples for these projects were comprised of human participants (primary data). The HBCU intervention projects reached almost 12,000 individuals (n=11,900). Projects included participants in urban and rural areas; of low literacy; men and women, young children; pregnant teens; individuals with a diagnosis of or at risk for diabetes, cardiovascular diseases, or other selected health conditions. Most were African Americans who were CMS beneficiaries or eligibles and their providers; in one project a comparative sample of White beneficiaries was also used.

In addition to the intervention projects, the HBCU program also funded 7 non-intervention projects that were primarily quantitative research studies. Table 4.1C summarizes these studies, including their topics, data collection methods, sample/data characteristics, and key findings.

Hispanic Health Services Research Grant Program -The information in this section of the report was compiled from reviews of the final reports for Hispanic/HSI projects, and the one-page program profiles provided by the Program Coordinator of funded HSI projects by type and year (The profiles appear in Appendix D along with Exhibit 2 which displays the projects programmatically by type of research). Table 4.2A includes a list of the 12 HSI projects that were of the following types: educational or developmental intervention, health promotion, education, or program evaluation. The projects are listed by type with: grantee institutions and year; their locations; targeted population, disparity, or intervention; and project sample sizes. All samples for these projects, except one that involved medical records review, were comprised of human participants. More than 3,800 persons were reached in these intervention projects. In the HSI program, there were 10 non-intervention (qualitative and/or quantitative) studies. These are displayed in Table 4.2B.

Technical Assistance/Training and Research and Development Activities - The information in this section of the report was compiled from reviews of the final reports for training activities and the program coordinator’s summaries of TAT/R&D activities. Table 4.3a includes a list of types of TAT/R&D activities, frequency of offerings, and numbers of participants by program based on the program coordinator's report. Table 4.3b includes a list of all training activities, locations, and numbers reached based on written reports. The TAT/R&D activities provided training and networking experiences for more than 3,400 participants primarily from HBCUs and HSIs. Some of these events also included participants from partner organizations, faith-based institutions, Federal agencies, and community-based organizations. Workshop locations varied as they were selected for their proximity to an HBCU or HSI that served as co-sponsor/co-host of the workshops. The types of activities were: HBCU/HSI Grant Writing Workshops, HBCU/HSI Data Users' Workshops, HBCU Data Users' Conferences, HBCU Infrastructure Workshops, HBCU/HSI Health Services Research Conferences, HBCU Partnership Conferences, and HBCU Research Network Seminars.

HBCU and HSI Educational Outreach and Disease Prevention Activities - To further address the CMS mission to "assure health care security for beneficiaries" and CMS' objectives for improving access to quality health care, the HBCU and HSI research grant programs also supported 15 projects that delivered various education/outreach and disease prevention activities. These activities were designed to provide information to increase awareness and knowledge, clarify myths, test outreach and education strategies, and increase access to health care for disease prevention for vulnerable populations. Programs were specifically funded in four areas: adult influenza immunizations, diabetes self-management, obesity self-management, and faith-based and community health education for African American seniors. The first three programs targeted both African American and Hispanic/Latino beneficiary populations. These activities and the number of participants are summarized in Table 4.4. A complete listing of the objectives and outcomes for each type of activity is presented in Appendix E along with the grantees, their locations, numbers of workshops or other activities conducted, and number of participants reached by each program (HBCU or HSI).

These projects reached nearly 3,000 beneficiaries or eligibles. The 15 contracts were used to implement 96 activities. Most activities were workshops held in community locations in partnership with churches, health clinics, schools, HBCUs or HSIs, a sorority, and housing facilities such as YMCA elder housing, temporary shelters for men, and low-income resident housing. Two of the Hispanic projects were pilot studies to test the effects of tailored diabetes education. (See Table 4.4).

Accomplishments of Principal Investigators

Several indicators adapted from the MayaTech Corporation's program assessment methodology were used to assess the "impact" of the HBCU and HSI programs on the research capacity of individual investigators and their institutions. These indicators focused on investigators' productivity in terms of: 1) presentations, publications, and other dissemination activities; 2) new products and methodologies based on the funded projects; 3) investigators' professional development and leadership roles in their institutions, or local, regional, state, national or international venues for eliminating health disparities; 4) contributions of the investigators, their project findings, or the overall programs to policy development; and 5) their success in obtaining extramural funding from other governmental agencies or non-governmental and private sector funding sources to sustain their projects, continue health disparities and health services research, or continue to build individual or institutional research capacity. Section five presents evidence of investigators' success in these areas.

Shortcomings and Opportunities for Strengthening the Overall Programs

The HBCU and HSI health services research programs, educational outreach projects, technical assistance, and other program activities have been successful in contributing to the achievement of CMS' mission, vision, goals and program objectives that focus on access to quality care and services to beneficiaries. The research programs have: 1) promoted health services research for African American and Hispanic American populations; 2) increased the capacity of HBCU and Hispanic investigators to develop, implement, and evaluate quality research projects; 3) established partnerships with external groups such as HBCUs, HSIs, majority institutions, private research foundations, state and federal health agencies, faith based organizations, community based health organizations and others; 4) addressed the health needs of African Americans and Hispanic Americans; and 5) encouraged collaboration efforts of HBCU and Hispanic researchers.

However, the programs were not without shortcomings. Many HBCU and HSI principal investigators were novice researchers submitting their first proposal for federal funding. Some initial proposals were overly ambitious, with small sample sizes, inadequate research teams, vague methodology, lack of detail, and unreasonable budgets. The investigators did not have the technical expertise, operational experience or full understanding of the research process to implement their projects. Members of the proposal review panels evaluated all proposals, and provided detailed analyses and recommendations to applicants.

Grant writing workshops were offered by CMS to assist potential investigators in developing their applications. Content was provided about the essentials of proposal development, examples of goals and objectives, appropriate sample sizes, selecting the research team, developing the budget, submitting the application, and the proposal review process, among other areas. Subsequently, proposals were more focused, with sample sizes based on power analyses, appropriate research designs, strong research teams and reasonable budgets.

In addition, the lack of adequate research infrastructure at HBCUs to support the implementation of health services/health disparities research limited the success of some projects. Over several years, the following challenges related to infrastructure were experienced.

- Institutions not requesting funds for the project activities in a timely manner.
- Extended time frame for recruiting personnel for the project.
- Lack of flexibility at some schools for budgeting, performance monitoring, and processing paperwork for the projects.
- Weak protocols to guide the administrative aspects of the projects.
- Problems with disbursing funds to investigators.
- Lack of communication among the personnel in the Office of Sponsored Research, administration, grants accountant, and the research investigator
- Delays in approving expenditure requests for funded projects.
- Delays in ongoing institutional collaboration.
- Extended time frames for Institutional Review Board (IRB) approval for a project.

Based on these infrastructure concerns, CMS offered two infrastructure workshops to assist in strengthening the research infrastructure of HBCUs. The workshops, *Developing Capacity for HBCUs Infrastructure to Conduct Health Services Research,* were implemented in the Mid-Atlantic Region and Southern Region. The workshops were designed to: 1) address the strengths and weaknesses of the Office of Sponsored Programs Infrastructure at HBCUs; 2) discuss barriers that have been encountered by the HBCU Office of Sponsored Programs in achieving their mission, goals, and objectives; 3) discuss resources that are needed to accomplish the goals and objectives of the HBCU Office of Sponsored Programs; and 4) increase the capacity of HBCU Office of Sponsored Programs in serving as a liaison between faculty, administration, grant accountant, and funding agencies.

Further, a small number of HBCU/HSI investigators were unable to obtain the required sample size for their projects and had difficulty implementing some aspects of their study. The scope of work was unrealistic and there were coordination and management problems with staff and fiscal resources. Data collection was also inadequate. For some projects, deadlines were missed for the progress reports, final reports, and close out of projects. Investigators did not publish in peer reviewed journals as required. The expected collaborations with other HBCUs, HSIs, and community health organizations were not established for some projects. In these cases, each investigator was assisted to strengthen their projects by the CMS project officer through individual technical assistance.

It is also important to note that even though the studies were small in scope (400 participants per study), a consistent outcome has been the ability of most investigators to recruit participants often described as “hard to reach.” Despite the aforementioned issues and the labor intensive nature of these research projects, most investigators successfully implemented their projects. The investigators were able to provide education, knowledge, and information about health services and health disparities issues and how to navigate the health care system to receive services. These interventions resulted in increased knowledge; increased implementation of health promotion and disease prevention activities; and increased access to care.

External Expert Consultants’ Perspectives

External expert consultants for the HBCU and HSI programs provided their input to this program assessment by sharing their perspectives, as appropriate, based on their role or association with the program (i.e., grantees, network partner, or panel reviewer). External expert consultants provided perspectives on: the strengths of the program; recommendations to improve or change the program; whether the program should continue at CMS; the need for the program at CMS; and the program's overall success. Except where noted otherwise, the perspectives of HBCU- and HSI-related external expert consultants are merged for this discussion.

The external expert consultants offered additional information about the structures, processes, and outcomes of the HBCU and HSI programs. These insights were based on their personal experiences as grantees, members of the proposal review panels, or representatives of partner/networking organizations. Regardless of their role or program affiliation, each expert consultant was able to identify several strengths of the program, many of which related to the program's impact on investigators.

Key Findings

The HBCU and Hispanic Research Agenda have included various types of projects: Needs Assessment Studies, Intervention Evaluation Studies, Developmental Intervention Studies, Educational Intervention Studies, and Quantitative/Qualitative Research Studies. These studies examined issues related to improving access to care, costs of care, quality of care, and services utilization for priority health disparities and selected CMS beneficiary populations. Currently, there are two types of studies eligible for funding for both the 2005 HBCU and Hispanic Program Announcements - Educational Intervention Studies and Developmental Intervention Studies. A summary of key findings follows:

- There were 53 projects funded under the research grant programs: 31 funded under the HBCU program; and 22 funded under the Hispanic (HSI) program (See Profiles of HBCU and Hispanic Projects with description and key finding in Appendix C and D respectively). In addition, there were several other projects funded as education/outreach and disease prevention projects.

- Program funds were leveraged to conduct a number of technical assistance/training and research and development activities (TAT/R&D).

- The total HBCU/HSI Research Grant Programs portfolios and related activities were funded at $14,071,631 through discretionary funding. At its peak of funding, the programs funded six research projects, three for each program. The program currently funds two projects for each program and a limited number of training and research and development activities.

Despite dwindling funding in recent years, these projects and training activities had a

number of results relative to CMS' mission and goals:

- Research Intervention programs reached more than 15,800 persons in communities of color that included CMS Medicaid, Medicare, and SCHIP beneficiaries or eligibles.

- Education/outreach and disease prevention programs reached close to an additional 3,000 individuals in community-based settings.

- The TAT/R&D activities reached more than 3,400 HBCU or Hispanic/HSI researchers and graduate students; representatives from NIH, NCI, AHRQ, CDC, NCMHD, NCHS; state and local health departments; community based organization; faith based organizations; and health professionals. In addition to investigators funded through the programs, there is some evidence from expert consultants' reports that these activities resulted in an increase in the number of HBCU and Hispanic investigators implementing health services research.

- HBCU and Hispanic researchers have collected and disseminated important data related to the health, health care, and health behavior of the African American and Hispanic communities to the larger scientific community. In Washington, DC a CMS-funded needs assessment project was the first such comprehensive survey in that region and it identified several key barriers to and facilitators of access to quality health care for Latinos.

- Findings from research conducted by HBCU and Hispanic investigators have demonstrated that they have the potential for helping to reduce health disparities through prevention/intervention and saving millions of dollars that would otherwise be spent on treatment. One study of minority youth who were living with spinal cord injuries used cost data to demonstrate the savings benefit of providing culturally competent case management services for these youth. Another investigator pointed out the cost of language barriers in health care.

- Community-based participatory projects, such as faith-based outreach programs have the potential to help reduce health disparities in breast cancer and other diseases because: they build on existing social ties to generate discussion about breast cancer among family and friends, outreach to church and community groups can provide a cultural environment that is effective for motivating health changes in minority populations, and

  they can help overcome barriers such as distrust in medical tests and the medical establishment in general.

- A medication analysis in elderly Mexican Americans may be the first study to examine the relationship of polypharmacy, drug-drug interactions, and inappropriate medication use with mortality in a community-based elderly cohort in the United States. The results indicated that increasing the number of medications alone might pose a long-term mortality risk, at least in this population. The project may improve the understanding of the mechanism leading to suboptimal medication use among elder Mexican Americans. It may help providers and policy makers establish effective approaches to promote optimal treatment plans among Mexican elders.

- HBCU and Hispanic researchers have demonstrated new ways to appreciably increase mammography, prostate screening, influenza immunization, diabetes self-management, and other preventive health outcomes in minority communities.
- Several of these projects have been replicated in other communities or expanded in the original community of implementation with limited funding.

There have also been several professional accomplishments of investigators funded by the programs. They were as follows:

- Many HBCU and Hispanic researchers are now applying for and receiving grants, including NIH R01 awards, from other Federal agencies such as the Agency for Healthcare Research and Quality; National Cancer Institute, National Institutes of Health, and National Center for Minority Health and Health Disparities.

- Several researchers have also received funding for related community health disparities research or interventions from foundations (e.g., the Aetna Foundation recently funded a diabetes intervention for African Americans; the Robert Wood Johnson Foundation funded a Disparities Solutions Center and additional research on a project for uninsured Latino children).

- Several investigators reported that their careers were accelerated by their participation as an investigator in one of the programs. Several were tenured and/or promoted at their institutions and attributed this success directly to the programs. Several PIs also lead health disparities research centers on their campus or initiatives in their communities.

- Many HBCU and Hispanic Health Services researchers present papers and participate in annual research conferences. The audiences include researchers from HBCUs, Hispanic organizations/institutions, majority institutions, Federal officials, state health departments, other representatives from DHHS, foundations, health organizations, and community groups.

- HBCU and Hispanic researchers present panel sessions at the American Public Health Association (APHA) Annual Conferences. They present their research findings and discuss issues about the influence of race on access to and use of preventive, primary, and acute care services, and describe successful HBCU/HSI research projects targeted to the African American and Hispanic communities.

- HBCU and Hispanic investigators are helping to provide leadership, awareness, and understanding of health disparities in their minority communities and nationally. Through existing research projects and other program activities they are able to suggest additional research agendas. For example, one of the expert consultants heads the Center for the Advancement of Underserved Children, another leads the implementation of the Health Disparities Research Agenda for a major health care system, and consultants have served on panels such as Institute of Medicine committees for eliminating health disparities and increasing health care workforce diversity.

- The results of these projects are reaching professional audiences through publications such as the recent compilation of project-related articles in the *Journal of Health Care for the Poor and Underserved.* As a result of wider dissemination of the lessons learned and key findings from these projects, investigators are also invited to make other presentations, serve as consultants and members on Federal panels or review committees, and provide expert testimony for hearings on health disparities issues.

- The investigators have also developed several new products and methodologies that are being used to better understand risk and protective factors and processes in racial-ethnic health disparities. These contributions include culturally sensitive and linguistically appropriate interventions, measures, data collection procedures, and recruitment and enrollment strategies.

Lessons Learned

- The HBCU and Hispanic research programs provide insights into the reasons health disparities exist and possible strategies to reduce those disparities.

- Effective research in minority communities is labor intensive. Although the grants that supported these projects were small relative to the dollar amounts of grants from NIH, CDC, or foundations, investigators were able to leverage in-kind services and other resources provided by others at their institutions or in the communities where the projects were implemented. Faith-based institutions and community-based organizations were key partners in these projects.

- HBCU and Hispanic researchers are able to reach those who are identified as hard to reach. In several instances, these projects were implemented across multiple sites with wide geographic distribution. Through the leveraging of resources described above, a grantee institution was able to extend its capacity to HBCU or HSI researchers in other communities. However, the small grant dollars were probably insufficient to implement an extensive program in every site due to the lack of resources to support the PI's travel to monitor the fidelity of the intervention in distant sites. Nonetheless, there were several instances in which investigators reported that a tested intervention or proven recruitment strategy in one site was adapted and used in another site or with another health disparity issue (e.g., using a prostate cancer screening strategy to promote breast cancer screening).

- Persons eligible to receive preventive services under Medicare for screening services often do not take advantage of these services. After participating in HBCU and HSI intervention studies, many participants who were eligible to receive preventive services became involved in screening and preventive care programs.

- Persons engaged in preventive services had an increased likelihood of detecting abnormalities in the early stages.

- Increasing participation in preventive services is contributing to a beginning realization among minority communities that early detection can result in cure. The belief in some minority communities that going to a hospital or a diagnosis of cancer means a death sentence is being reversed as more individuals are treated early, recover and share their stories. Prostate cancer projects have also been able to demonstrate that African American men's fear of examinations for prostate cancer can be reduced and result in improved screening rates and early detection. Other projects have demonstrated the effectiveness of training providers or using promotoras and case managers to improve screening and service utilization for Latino populations.

- The HBCU and Hispanic program evaluations consistently indicated that there is a need for continuation of these and similar research projects and program activities. Some investigators have been successful in acquiring grants from other Federal agencies and foundations because of their demonstrated success with managing a CMS-funded project. One investigator was recently awarded a $4.2 million grant from NIH to continue her disparities research activities and to enhance research capacity and infrastructure at her institution through a mentoring partnership with another minority institution.

- Finally, the success of the HBCU/HSI research grant programs is integrally tied to the program coordination activities of the Program Coordinator who also serves as Project

Officer for all of the projects. This CMS staff person maintains working relationships with individuals internal to CMS and the DHHS as well as those external to the Agency and Department through membership on a number of committees, workgroups, and presentations at professional meetings. These working relationships facilitate networking, resulted in co-sponsored activities, and increased the visibility of the programs such that individual researchers' capacity has also been recognized, resulting in a number of investigators being named to Federal workgroups, committees, and review panels. Moreover, some investigators have also been recognized as leaders in health disparities research, which puts them in a more competitive position when applying for other funding. Individuals from other federal agencies have indicated they are exploring ways to incorporating some of the ideas from the program into their own health disparities research agenda.

Policy Implications

- The disproportionate incidence of mortality from prostate cancer among African American men warrant the establishment of policies generating resources for the advancement of relevant research, and the development and implementation of relevant educational programs. Research must continue to address the areas of screening, diagnosis and treatment, specifically as they affect African American men. Further, African Americans must work to fill gaps in their knowledge about prostate cancer in order to make informed choices. Programs must focus on health promotion, disease prevention, and service utilization in order to maximize participation of the African American population.

- With the emergence of prostate cancer as a public health problem, information from a population that is at high risk will help researchers, health professionals, and policymakers to prioritize needs and allocate resources to reduce the burden or prostate cancer in the African American community.

- Although the incidence of breast cancer is lower for African American women compared to white women, African American women are more likely to be diagnosed with more advanced forms of breast cancer and less likely to be diagnosed with smaller, non-metastic breast cancer than white women. There is a need for a more aggressive and sustainable educational intervention research effort directed at increasing the use of mammography screening among young and older African American women. This research should examine the relationship between actual and perceived knowledge about breast cancer and the actual use of mammography screening services. Future research should also educate women about the importance of preventive health care behavior and educate physicians about the importance of encouraging preventive healthcare behaviors. Faith based organizations are an important resource and should be more involved in intervention research. More effort should be invested in educating Medicare beneficiaries about the availability and importance of mammography screening.

- For at risk African Americans, there is a continuous need to identify and reduce barriers (e.g., sociodemographic, structural, social psychological, stress and knowledge) to desirable health care practices associated with two of the main precursors of ESRD – diabetes and hypertension. There is a need to provide research interventions that may help control these diseases.

- Diabetes is the seventh leading cause of mortality in the United States and the sixth leading cause of deaths among African Americans. African Americans are almost twice as likely as whites to have diabetes, experience higher rates of complications from the disease and have higher rates of disability from complications of diabetes. Intervention research focusing on intense monitoring, diabetes education, diet, nutrition education, exercise, and support (in a culturally sensitive manner) may improve self-care behaviors and decrease critical risk factors associated with complications of diabetes.

- Substantial disparities exist in breast and cervical cancer incidence and/or mortality among Hispanic women in comparison to majority populations residing near the U.S.-Mexico border. This is due in part to significant differences in the utilization of cancer screening services. Older Hispanic women living on the border communities have few economic resources, limited educational attainment, and are minimally acculturated; which will require targeted strategies for reaching them. There is substantial heterogeneity in health risk and behaviors among Hispanic women living in border communities. Therefore policy makers should support public programs to promote cancer screening in Hispanic women that are tailored to target immigrant and monolingual Spanish speakers. This may require refocusing of resources and development of language and culture appropriate outreach and education activities and materials.

- Successful interventions to improve preventive health activities such as Pap smears among poor Central Valley Latinos in California should be implemented. Latinos may require approaches that do not depend on third party financing and individual providers. Several actions need to be taken to motivate Latino women to comply with Pap smear recommendations. These actions range from changes in organizational structures to increased community involvement. Low self-rating of general health, high Mexican acculturation level, factors such as low general medical knowledge and fatalism, along with social barriers such as population mobility and lack of reliable telephone access are associated with low levels of receiving Pap smears. Policies to increase the number of Pap smears among Latinos should incorporate those findings.

- One project used a Transcultural Case Management (TCM) model that was based on skilled, bilingual/bi-cultural community health workers (Promotores) who improved the linkages between Latino clients and medical or social service providers. The model fostered the autonomy of clients in the treatment decision-making process, while supporting the access and continuity of appropriate services. This study showed that promotores were effective in overcoming the most salient barriers to access and continuity of care. Promotores provided an understanding of how gaps in service delivery and the lack of a transcultural approach had created barriers to access to health care for HIV clients. Promotores were able to identify existing resources that could be used in the creation of collaborative linkages among agencies to help in the development of standardized guidelines for transcultural teams. The TCM model could be institutionalized in minority serving HIV/AIDS treatment agencies. Policy makers should consider providing funding to HIV/AIDS treatment agencies to create programs that develop peer-based linkages between case managers and clients.

- There is a need to advance the field of HIV prevention by improving the understanding of HIV prevention issues for Latina women, improving health services delivery for Latinos, and increasing their access to high quality HIV prevention services. This intergenerational HIV prevention intervention project for Latina women helped improve the understanding of HIV prevention issues for Latina women and health service delivery for Latinos, and increased their access to high quality HIV prevention services. Immigrant Latina women, many of whom were uninsured and/or may not have been legal residents, received HIV intervention. The incorporation of "familismo," or strong family orientation, was an effective strategy for recruiting women into the study. Women were very motivated to learn how to be more effective communicators about sexual health with their children. Therefore, programs that improve the knowledge of women about health related issues might be effective in improving the health of family members.

- Lack of health insurance adversely affects children's health. Eight million US children are uninsured, with Latinos being the racial/ethnic group at greatest risk for being uninsured. The study entitled *The Effectiveness of Insuring Uninsured Latino Children Using Community Based Case Managers: A Randomized Trial* is the first randomized, controlled trial comparing the effectiveness of various public insurance strategies for insuring uninsured children. Case managers provided information about program eligibility, helped families complete insurance applications, acted as a family liaison with Medicaid/SCHIP, and assisted in maintaining coverage. For policy makers, the study showed that community-based case managers were more effective than traditional Medicaid/SCHIP outreach and enrollment in signing up uninsured Latino children for insurance. The use of community-based case management could serve as a national model for obtaining insurance for uninsured children, particularly for those who are most vulnerable and difficult to reach.

Conclusions

The program assessment was conducted to determine the overall effectiveness of the Historically Black Colleges and Universities (HBCUs) and Hispanic Heath Services Research Grant Programs. The programs were established in 1996 and 1998, respectively. Data analyzed for this program assessment indicate that studies conducted by researchers in HBCUs and Hispanic researchers have provided important findings about variables related to the health care and health behavior of African Americans and Hispanic Americans, particularly individuals labeled “hard to reach.” Findings from these studies have contributed knowledge about reducing health disparities in mammography and prostate screening, immunizations, diabetes care, barriers to care, cultural barriers, and other disparity issues.

The CMS’ HBCU and HSI research programs, training activities, educational outreach and other activities are responsive to the President’s Executive Orders on HBCUs and Hispanics. They also contribute to the achievement of CMS’ mission, vision, goals and two of its three program objectives (access to quality care and services to beneficiaries) by:

- Promoting health services research by and for African American and Hispanic American populations.
- Increasing the capacity of HBCU and Hispanic investigators to develop, implement, and evaluate quality research.
- Establishing partnerships between historically and predominately Black Colleges and Universities and Hispanic investigators with majority institutions, private research foundations, state and federal health agencies, community based health organizations, and other parties interested in improving the health status of Africans and Hispanic Americans.
- Addressing the health needs of African American and Hispanic Americans in the health services arena.
- Encouraging collaboration efforts between HBCU and Hispanic researchers.

Programs of this nature are extremely important in reducing health disparities in the United States. It is important that CMS not only continue these types of projects but also expand them. It is well known that health care costs are higher for African Americans, Hispanics, and other minority populations. The rapid growth in the size of the minority-aged population combined with their higher health care costs has the potential to negatively impact the health care and social security systems. Outcomes from studies completed by HBCU and Hispanic researchers include the identification of strategies for reducing health care costs for African

Americans and Hispanic Americans by expanding preventive care programs and minimizing the types of morbidity that exacerbate costs.

The data from this program assessment suggest that HBCU and Hispanic investigators may be pivotal in developing research that will impact the health care and health behavior of African Americans and Hispanic Americans. These investigators have the unique expertise, knowledge, and sensitivity that are necessary to address the pressing health and health financing issues of African American and Hispanic American communities. They play a vital role in finding solutions to the many difficult health issues facing these vulnerable populations. Geographically, most HBCUs are located in predominately minority communities, and many faculty members live in these communities. These researchers understand the needs, limitations, and lifestyles of the people in the community, and the community trusts and respects researchers from HBCUs and HSIs in a way that other researchers cannot hope to enjoy. They are recognized as authentic voices, which then affords them access to the community.

The data also suggest that African American and Hispanic American researchers are sensitive to the cultural values and mores of their respective communities. They seek answers to questions that have not been asked and possess insights derived from personal cultural experiences. These insights are applied as data are analyzed and conclusions and recommendations are developed. Therefore, the perspective of African American and Hispanic American investigators is needed to insure that research questions are asked with sensitivity to issues of race and culture, as well as to insure a clear understanding of the differential effects of race, culture, and sociodemographic variables on health outcomes.

The CMS funded grants have shown that HBCU and Hispanic investigators:

- Conduct research that defines the research problem from a culturally normative perspective;

- Interpret data based on African American and Hispanic American values and norms;
- Understand how to study health seeking behaviors of African Americans and Hispanic Americans which are often influenced by folklore, and use of home remedies;
- Share research findings with those who participated in the research, and interpret these findings in culturally appropriate terms, in addition to publishing the findings or presenting them at professional meetings;
- Serve as keepers of data and databases to document health problems that disproportionately affect African Americans and Hispanic Americans;
- Increase the involvement of the public/private sectors through their development of community-based partners such as faith based organizations, local health and government officials, and community health organizations.

Major disparities exist in the allocation of research dollars between majority and minority institutions. Majority institutions have received millions of dollars from the Federal government to address health issues such as cancer, diabetes, heart disease, hypertension, teen pregnancy, and HIV/AIDS among African Americans and Hispanic Americans. This was made possible through funding provided primarily by the Federal government and other sectors to enhance the research infrastructure of many majority institutions. The Survey of Federal Science & Engineering (S&E) Support to Universities, Colleges, and Nonprofit Institutions for FY 2001 (National Science Foundation, 2004) indicated that compared to non-minority serving institutions, the Federal dollars for S&E at HBCUs and HSIs are allocated more for capacity building activities than for R&D. Thus, while majority institutions are receiving dollars to further their research activities, minority serving institutions are trying to catch up by building infrastructure. Subsequently, the majority institutions have become leaders in receiving research grants and in a tightening landscape for research dollars, researchers in these institutions will continue to have a competitive edge over researchers in environments that are still building capacity. Despite the infusion of R&D dollars from the Federal, foundation, and private sectors, it appears the majority institutions have been unable to significantly impact health disparities among minorities such as African Americans and Hispanic Americans.

The HBCU and Hispanic Health Services Research Grant Programs were developed in response to a need to develop new strategies, tactics, and recommendations to better the health of CMS' vulnerable populations. African American and Hispanic American investigators are often not in a position to receive large funding grants to address the many health problems in their communities, because their institutions suffer from the same lack of research infrastructure experienced by majority institutions in the past. In addition, investigators at minority serving institutions have competing demands such as heavy teaching loads that impose barriers to conducting health services research. Funding provided to HBCUs and Hispanic researchers through CMS' health services research programs has begun to support investigators in these settings, has made them more competitive in other grants programs, and has provided support to build the research infrastructure at these institutions. However, the funding for these efforts is very limited; the programs currently support only two research projects each per year; grants are for $125,000 per year for a maximum of two years.

The presence of health disparities among U.S. minority racial and ethnic groups has been well documented, and it increases the cost of health care for all Americans. The President's initiative to eliminate health disparities, operationalized in the *Surgeon General's Healthy People 2010 Objectives* for the nation has led to significant interest in research on health disparities among federal agencies and among academic health services researchers.

The projected increase in the numbers of racial and ethnic communities in the United States, particularly Hispanic Americans suggest the possibility that health disparities may increase unless a new paradigm and new strategies are implemented. The new paradigm includes more funding to implement intervention research with minority communities. Investigators from HBCUs and Hispanic American investigators should and must play a major role in conducting this research.

Recommendations

The CMS officials in the Office of Research, Development, and Information (ORDI) who are responsible for the agency's HBCU and Hispanic grants programs reviewed the following recommendations and indicated that they will be shared with agency leadership. ORDI agreed with the recommendation that the findings of these grants should be more broadly disseminated. They also expressed interest in the recommendation regarding ways to enhance the programs and stated that these suggestions will be carefully considered as the programs move forward. They pointed out that through the life of these grant programs there has been consistently strong support by ORDI to maintain consistent funding for the grant programs despite considerable variation in the CMS research budget.

The major recommendations for the HBCU and Hispanic programs center on their sustainability, which will require additional and more secure funding. An additional recommendation is made to disseminate information about the structure, process, and outcomes (lessons learned, key findings, and products) more widely to increase the visibility of the program and its contributions and to garner support for its sustainability. The recommendations follows.

- Funding should continue for individual research projects and expand to include multi-site research projects. Several past grantees have implemented such multi-site projects but with varying quality and outcomes because their awards were stretched to include investigators in other communities, often very distant from the grantee institutions. This requires a greater infusion of resources to ensure adequate sample sizes, follow up and follow through, and evaluation. Adequately resourced multi-site efforts could develop or test the effectiveness of promising, exemplary or evidence-based interventions, and reveal other lessons learned to address the within-group heterogeneity of the targeted CMS beneficiary populations (e.g., urban-rural differences, language differences, or differences based on national origin, or acculturation). Even though studies were small in the scope (400 participants per study), a consistent outcome has been the ability of most investigators to recruit participants often described as "hard to reach." Despite the aforementioned challenges and the labor intensive nature of these research projects, the investigators implemented their projects. The investigators were able to provide education, knowledge, and information about health services and health disparities issues and how to navigate the health care system to receive services. These interventions resulted in increased knowledge; increased knowledge; increased implementation of health promotion and disease prevention activities; and increased access to care.

- The budget should increase in funding for these programs. The HBCU and Hispanic programs are central to several of CMS' goals and objectives as discussed in this report, and integral to the R&D activities of the research grant programs. The funding mechanism should include resources for both the research grant programs and the TAT/R&D. Additional staffing may be needed to broaden coverage for the research programs and the TAT/R&B activities.

- CMS should share the findings, lessons learned, and policy implications of these projects more broadly through dissemination to its Federal and non-Federal partners, the research community, and the health care community. The results of both the intervention and non-intervention studies provide a wealth of knowledge about the risks and protective factors for a number of access, quality, and cost issues that could inform future research and practice. These studies also serve as preliminary studies that could position investigators of these programs to successfully compete for funding from other sources such as NIH. Wider dissemination about the program and the findings from projects will increase awareness about this program and position it among other training initiatives such as the NIH Minority Supplement Program as an indicator of possible future success for these investigators. Some evidence of such success exists in the comments of expert consultants who indicated that they had been awarded NIH funding based on their CMS project experiences.

An additional recommendation is for the National HBCU Research Network for Health Services and Health Disparities and Hispanic Serving Institutions/Organizations.

- These organizations might consider collaborating to educate Congress about the value of the research grant programs and work to achieve a Congressional mandate to fund these types of projects. Many of these projects are more comprehensive and focused than some other Federal programs in developing, testing, and evaluating interventions targeted at CMS' most vulnerable beneficiaries. The investigators are able to reach target populations in large numbers and produce culturally sensitive materials that can be used by beneficiaries and CMS-related providers to reduce health disparities and ultimately the cost of health care. Moreover, these programs provide the training ground for increasing research capacity individually and institutionally to prepare a more culturally diverse workforce to address these problems at HBCUs, HSIs, majority institutions, in the private sector, and in Federal agencies.

REPORT

CENTERS FOR MEDICARE & MEDICAID SERVICES

PROGRAM ASSESSMENT FOR THE HBCU/HISPANIC HEALTH SERVICES RESEARCH PROGRAMS

1. INTRODUCTION

1.1 Background

This document provides a report of an external program assessment commissioned by the U.S. Department of Health and Human Services (DHHS), Centers for Medicare & Medicaid Services (CMS), Office of Research, Development, and Information (ORDI) for two of its programs: the Historically Black Colleges and Universities (HBCU) Health Services Research Grant Program and the Hispanic Health Services Research Grant Program. The purposes of the HBCU and Hispanic Health Services Research Grant Programs are to support HBCU and Hispanic investigators in implementing health services research projects to meet the needs of diverse CMS beneficiary populations. These are small, applied research grants for up to two years at $125,000 per year that identify and evaluate solutions for eliminating health disparities among African American and Hispanic American populations.

In addition to documenting findings, lessons learned, and policy implications from the funded health services research projects, the external consultant was also charged with summarizing the outputs of CMS/ORDI's series of technical assistance/training (TAT) and research and development (R&D) activities, and the educational/outreach and disease prevention activities for these researchers/contractors, prospective applicants, and other investigators, research staffs, and graduate students at HBCUs and Hispanic Serving Institutions (HSIs).

Since 1996, CMS/ORDI has awarded 31 federal grants to support HBCU researchers in implementing health services research projects to meet the needs of diverse CMS beneficiary populations. Since 1998, CMS/ORDI has awarded 22 federal grants to support HSI researchers to meet the needs of diverse CMS beneficiary populations. The policy context for these grant programs follows.

1.2 Policy Context

The Centers for Medicare & Medicaid Services (CMS) is the U.S. Federal agency, which administers Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP). The following information was gathered from the agency's website (www.cms.hhs.gov). The Medicare and Medicaid programs were signed into law on July 30, 1965 under *Title XIX of the Social Security Amendments of 1965 (P.L. 89-97)*. After employer-based coverage, Medicare and Medicaid are the second and third largest insurance coverage programs, respectively (DHHS, 2000). The *Social Security Amendments of 1972 (P. L. 92–603)* extended Medicare coverage to individuals with End-Stage Renal Diseases (ESRD) that require maintenance dialysis treatments or kidney transplantation. As part of the *Balanced Budget Act* (BBA) of 1997, Congress created *Title XXI of the Social Security Amendments*, the State Children's Health Insurance Program (SCHIP), to address the growing problem of children without health insurance. Finally, in 2003, the *Medicare Prescription Drug, Improvement, and Modernization Act* was signed into law to provide prescription drug coverage for older adults and introduced major changes to the Medicare program along with expanded responsibilities for CMS.

Medicare is a health insurance program for: people age 65 or older, people under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant). It has three parts: Part A, Part B, and Prescription Drug Coverage. Medicare Part A (Hospital Insurance) helps cover the cost of inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover the cost of hospice care and certain home health care services. Beneficiaries must meet specific conditions to receive these benefits. Medicare Part B (Medical Insurance) helps cover physicians services and outpatient care. It also pays for medical services that Part A does not cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary.

Medicaid is a Federal/State entitlement program that pays for medical assistance for certain individuals and families with low incomes and resources. Medicaid became law as a cooperative venture jointly funded by the Federal and State governments (including the District of Columbia and the Territories) to assist States in furnishing medical assistance to eligible needy persons. Medicaid is the largest source of funding for medical and health-related services for America's poorest people.

The Medicaid Program provides medical benefits to groups of low-income people, some who may have no medical insurance or inadequate medical insurance. Although the Federal government establishes general guidelines for the program, the Medicaid program requirements are actually established by each State. Whether or not a person is eligible for Medicaid will depend on the State where he or she lives. States may also have the option of providing Medicaid to: children under a certain age (e.g., 19 to 21) or children under age 19 who are full-time students, or reasonable groups of these children; caretaker relatives (relatives or legal guardians who live with and take care of children); aged persons (age 65 and older); blind persons; disabled persons; and persons who would be eligible if not enrolled in a health maintenance organization (HMO).

A significant development in Medicaid has been the growth in managed care as an alternative service delivery method different from the traditional fee-for-service system. Under managed care systems, HMOs, prepaid health plans (PHPs), or comparable entities agree to provide a specific set of services to Medicaid enrollees, usually in return for a predetermined periodic payment per enrollee. Managed care programs seek to enhance access to quality care in a cost-effective manner. The number of Medicaid beneficiaries enrolled in some form of managed care program has grown rapidly, from 14 percent of enrollees in 1993 to 59 percent in 2003.

SCHIP was designed as a Federal/State partnership, similar to Medicaid, with the goal of expanding health insurance to children whose families earn too much money to be eligible for Medicaid, but not enough money to purchase private health insurance. SCHIP is the single largest expansion of health insurance coverage for children since the initiation of Medicaid in the mid-1960s. Program benefits became available October 1, 1997.

Since 1965, a number of changes have been made to CMS programs. A more detailed listing of those changes can be found at the CMS website (www.cms.hhs.gov). The agencies charged with implementing the programs have changed as well. The HBCU and HSI Research Services Grant Programs have been operated within this changing policy context since 1996 and 1998, respectively. Administratively, the programs operated under the former Health Care Financing Administration (HCFA), so some earlier documents refer to this former agency. Three legislative changes that occurred at the beginning of the Program had implications for expanding the CMS beneficiary populations and consequently the target populations of prospective projects funded by the research grant Programs: 1) the 1996 welfare reform legislation, the effects of which were beginning to be realized during the early years of the

Programs; 2) the 1997 BBA which created SCHIP resulted in expanded age ranges for the CMS beneficiary pool; and 3) the 1997 BBA also established new managed care options and requirements for states, further expanding CMS Medicaid coverage to millions of low-income women, children, elderly people, and individuals with disabilities.

Major demographic changes in the racial-ethnic minority population of the U.S. have also affected the nature of the beneficiary pool. For example, in 2000 although most Medicaid enrollees were non-Hispanic Whites, nearly one-fourth of Medicaid beneficiaries were African Americans and 17% were Hispanics/Latinos (DHHS/HCFA; *Profile of Medicaid: Chartbook 2000*). In 2003, the statistics on Medicaid eligibles showed 44% Whites, 23.4% Blacks/African Americans, and 21.4% Hispanics/Latinos, reflecting the shift in the general population of a growing Hispanic/Latino population (Medicaid Statistical Information System, 2003). Moreover, African Americans and Hispanic/Latinos are disproportionately represented in poor status health groups and have been increasingly targeted for outreach, education, and disease prevention and intervention to reduce or eliminate health disparities. The HBCU and HSI Health Services Research Grant Programs are focused on these issues as they relate to CMS' mission and goals presented below.

CMS' Mission, Vision, Goals, and Program Objectives

As noted earlier, the Centers for Medicare & Medicaid Services (CMS) is a Federal agency within the Department of Health and Human Services (DHHS). Under CMS' leadership are the two largest Federal health care programs—Medicare and Medicaid—and SCHIP. CMS serves nearly 82 million Medicare and Medicaid beneficiaries, including those covered under SCHIP.

CMS' Mission: To assure health care security for beneficiaries.

CMS' Vision: In serving beneficiaries, we will open our programs to full partnership with the entire health community to improve quality and efficiency in an evolving health care system.

CMS' Goals:

- Protect and improve beneficiary health and satisfaction.
- Foster appropriate and predictable payments and high quality care.
- Promote understanding of CMS programs among beneficiaries, the health care community, and the public.
- Promote the fiscal integrity of CMS programs and be an accountable steward of public funds.
- Foster excellence in the design and administration of CMS programs.
- Provide leadership in the broader health care marketplace to improve health.

CMS' Program Objectives

CMS' program objectives focus on three areas: access to quality care; services to beneficiaries, and program administration.

Access to Quality Care

- Expand health care choices and further strengthen programs and services to adapt to beneficiary needs.
- Improve quality of care and health outcomes for the beneficiaries of CMS programs.
- Improve access to services for underserved and vulnerable beneficiary populations, including eliminating health disparities.
- Protect beneficiaries from substandard or unnecessary care.

Services to Beneficiaries

- Improve beneficiary satisfaction with programs, services, and care.
- Strengthen CMS' communications with Medicare beneficiaries, caregivers, partners, and stakeholders to enhance the information provided to beneficiaries.
- Strengthen CMS' communications with states, territories, tribal governments, and other partners and stakeholders to enhance the information provided to Medicaid and SCHIP beneficiaries.
- Strengthen beneficiary program protections and improve communications with State Departments of Insurance to enhance the information provided to individuals regarding their health insurance rights.

Program Administration

- Promote the fiscal soundness of CMS programs.
- Modernize and effectively manage CMS' information systems and technology.
- Improve CMS' Medicare contractor management.
- Design and maintain payment processes that pay claims only for covered, medically-necessary services, at correct payment amounts, and in a timely manner.
- Strengthen program safeguards.
- Develop and refine payment systems to foster efficiency, promote innovative service delivery and appropriate utilization, and ensure access to care for beneficiaries.

In addition to providing service to beneficiaries, CMS also administers other programs to accomplish its mission, including research and development activities (R &D). The HBCU and HSI Research Services Grant Programs are among these other activities.

Other Policy Guidance

Two other policy initiatives also provide guidance for CMS' HBCU/HSI Health Services Research Grant Programs: the *Government Performance and Results Act* (GPRA) and *Presidential Executive Orders*. The implications of these policies for CMS and the Programs are discussed below.

Government Performance and Results Act (GPRA)

Pursuant to the *Government Performance and Results Act* (GPRA) of 1993, CMS produces an Annual Performance Plan and Report; the most recent was entitled, *Centers for Medicare & Medicaid Services FY 2005 GPRA Annual Performance Plan* (*APP*) which can be found on its website (http://www.cms.hhs.gov/GPRA/Downloads/PerformancePlan.pdf). The purpose of GPRA is to "improve public confidence in the Federal Government by systematically holding Federal agencies accountable for achieving program results made public through annual performance goals, based on strategic goals and linked to budget." To provide the context for its *Annual Performance Plan*, CMS published the following statements in the *Plan* regarding its operationalization of the GPRA principles:

> CMS' approach to performance measurement under GPRA is to develop annual performance goals that are representative of CMS' vast responsibilities. Thus, our GPRA goals highlight important programmatic efforts and address Agency management challenges. Consistent with GPRA principles, CMS has focused on identifying a set of meaningful, outcome-oriented performance goals that speak to fundamental program purposes and to the Agency's role as a steward of taxpayer dollars. Our performance goals are linked to the HHS Strategic Plan goals and CMS' strategic goals. The Agency is confident that performance measurement under GPRA will substantially improve CMS' programmatic and administrative performance (p. V-1 of the APR).

The HBCU/HSI Programs are situated in CMS/ORDI, which assists CMS in implementing its Research, Demonstration and Evaluation program and CMS' research and development (R&D) functions. In the *APP*, CMS states that:

> The Research, Demonstration and Evaluation program supports CMS' role as a beneficiary-centered purchaser of the highest quality health care at the lowest possible cost. CMS performs, coordinates, and supports research and demonstration projects to develop and implement new health care financing policies and to evaluate the impact of CMS' programs on its beneficiaries, providers, States, and other customers. This role requires the development, implementation and evaluation of a variety of innovative, new demonstration projects as well as expanded efforts to evaluate the effectiveness of CMS' current programs....The purpose of CMS' research program is to provide CMS and the health care policy community with objective analyses and information to foster improvement in CMS programs and to guide the Agency in its future direction.... In addition, CMS' research program produces a body of knowledge that is used by Congress, the Executive Branch, and the States to improve the efficiency, quality, and effectiveness of the Medicare, Medicaid, and State Children's Health Insurance Programs (*APP*, p. V-187).

The HBCU/HSI Health Services Research Grant Programs were designed to assist CMS in accomplishing its R&D functions, particularly with respect to improving access and services for African American and Hispanic American beneficiaries, enhancing the capacity of individual investigators to participate in CMS' R&D programs, and enhancing the institutional capacity of HBCUs and HSIs to serve as effective partners in CMS' programs.

In addition, in the *Plan,* CMS also describes its activities for coordinating its R&D activities with other partners including:

> Federal and State organizations, non-profit research foundations, colleges and universities, private research firms, research components of trade organizations, and advocacy groups. These activities take place regularly on a variety of levels. The CMS staff regularly participates in the annual conferences of groups such as the American Public Health Association and the Association for Health Services Research, as well as professional meetings of social science associations. These contacts are important in defining CMS' R&D agenda, avoiding duplication of effort, stimulating research on CMS issues by researchers outside of CMS, and generally increasing the productivity of CMS R&D (*APP,* p. V-187).

An integral part of the HBCU/HSI Programs are the TAT/R&D activities coordinated with HBCUs, HSIs, other Federal agencies, foundations, community partners, and professional associations. These are described in the research portfolio section of this report (Section 4).

Presidential Executive Orders

The President has issued two directives, one with implications to increase the number of researchers at or graduates from HBCUs and HSIs who can participate in federally sponsored programs, and the other to increase those who have strong research skills and are capable of participating in the federal work force. *Executive Order 13256* for HBCUs was signed on February 12, 2002 to increase the support of HBCUs through various mechanisms and to develop a research infrastructure in these educational institutions. The Executive Order directs executive departments and agencies to increase the ability of HBCUs to participate in federally sponsored programs. The focus of the Executive Order is to strengthen the capacity of HBCUs to provide quality education and to increase opportunities to participate in and benefit from Federal programs. Federal agencies were directed to establish funding on an annual basis to be awarded in grants, contracts, or cooperative agreements to HBCUs. The Executive Order seeks to increase the capacity of HBCUs to participate in all aspects of departmental programs, including the graduation of persons with strong research skills who are capable of working in the health and human services areas. CMS' HBCU Health Services Research Grant Program is consistent with the current and past *Presidential Executive Orders* (12876; dated 11/1/1993). Thus, the purpose of the HBCU program is to "strengthen the capacity of HBCUs to provide quality education and to increase opportunities to participate in and benefit from Federal programs" (CMS/ORDI HBCU Program Announcement, 2005).

Executive Order 13230, signed on October 12, 2001, on Hispanic Educational Excellence, addresses the under-representation of Hispanic employees in the DHHS workforce. The Executive Order directed an interagency approach to identify and correct the shortcomings of the educational systems in serving Hispanic youth; creating the President's Advisory Commission on Educational Excellence for Hispanic Americans, which advises the President and the Secretary of Education on these issues; and establishing the White House Initiative on Educational Excellence for Hispanic Americans. CMS' HSI Health Services Research Grant Program is one strategy to increase the participation, promotion, and professional development of Hispanic principal investigators (PIs) in health services research. This strategy was developed in accord with the current and past *Presidential Executive Orders* (*12900*; dated 02/22/1994) and the *Hispanic Agenda for Action* (dated 09/19/1996), a report of the Secretary of DHHS, which was the basis for CMS' establishment of the Minority Beneficiaries Workgroup, an Executive Steering Committee, and a Hispanic Agenda for Action Workgroup.

1.3 Purpose of the HBCU and Hispanic Health Services Research Programs

The HBCU and Hispanic Health Services Research Grant Programs are designed to: 1) encourage African American and Hispanic health services researchers to pursue research issues which impact Medicare, Medicaid, and SCHIP beneficiaries, 2) assist CMS in implementing its mission focusing on health care quality and improvement for its African American and Hispanic American beneficiaries, 3) assist HBCU and HSI investigators by supporting extramural research in health care capacity development activities for African American and Hispanic American communities, 4) increase the pool of African American and Hispanic American researchers implementing the research, demonstration, and evaluation activities of CMS, 5) promote research that will be aimed at developing a better understanding of health care services pertaining to African Americans and Hispanic Americans, and 6) foster inter-university communication and collaboration regarding African American and Hispanic American health disparities issues.

Funding is available for grants to implement research related to health care delivery and health financing issues affecting African American communities, including issues of access to health care, utilization of health care services, health outcomes, quality of services, cost of care, health and racial disparities, socio-economic differences, cultural barriers, managed care systems, and activities related to health screening, prevention, outreach, and education.

1.4 Purpose of the Program Assessment

This report was developed in response to CMS/ORDI's decision to formally assess the HBCU and Hispanic Health Services Research Grants Programs. The purpose of this program assessment is to summarize the findings and lessons learned from the HBCU and Hispanic Health Services Research Grant Programs based on grants that have been awarded and activities implemented to date. The assessment also focused on identifying any lessons learned from health disparities intervention activities regarding effective education, outreach, and interventions related to health behavioral change and engagement of ethnic minorities in the health care system. In addition, the program assessment sought to answer questions about the relevance of funded projects to CMS' mission and goals, the outcomes and impacts of funded projects and TAT/R&D activities, and the perceptions of former grantees and others connected with the programs. In addition, this assessment was intended to assist CMS in identifying policy implications for health disparities issues. Toward that end, it was expected that the results of this assessment might determine the value of these programs in assisting CMS to implement its mission and goals focusing on health care quality and health care improvement for its beneficiaries.

1.5 Conceptual Approach

Although this program assessment is not a formal evaluation of the programs, several conceptual approaches from the evaluation literature were applied. First, a *structure-process-outcomes model* was used to approach the program assessment. Over the past several decades, Donabedian's (1966, 1974) classic model of structure-process-outcomes (s-p-o) has guided research on healthcare interventions designed to improve best practices in quality of care. Researchers have also adapted this model for use within social policy and accountability contexts. In these adaptations, components are added to assess the level of resources needed to improve outcomes (Lipscomb, 1978) or to identify benchmarking indicators (Dewan, Daniels, Zieman, & Kramer, 2000). In so doing, researchers have offered an adaptation of the model that might be useful in elucidating how CMS/ORDI has allocated its resources and how these allocations might be factors in promoting the goals of the HBCU and HSI health services research grant programs. For example, using an adapted s-p-o framework, we could identify the s-p-o linkage for the integrated effects of the grant programs and the TAT/R&D activities working together to assess whether: 1) *structures* (e.g., existing networks or new program announcements/funding mechanisms); and 2) *processes* (e.g.,TAT offered to individual grantees or for infrastructure development) enhanced research capacity; and 3) resulted in expected *outcomes* (i.e., increased participation by HBCU and HSI investigators in CMS programs, and suggested strategies for improved outreach, education, and intervention services for "hard-to-reach" CMS beneficiary populations). The s-p-o model is a useful framework for guiding practical program evaluation and, in this case, program assessment per Chen (2005).

We also relied on the Centers for Disease Control and Prevention's (CDC's) *Evaluation Framework for Public Health Programs* (CDC, 1999), which includes six steps: 1) engage stakeholders; 2) describe the program; 3) focus the design; 4) gather credible evidence; 5) justify conclusions; and 6) ensure use and share lessons learned. Further guidance for identifying and effectively using data sources was provided by the *community systems analysis model* developed by The MayaTech Corporation (Mayas & Randolph, 1999; Randolph & Mayas, 2000); and indicators were selected based on MayaTech's program assessment methodology, as noted throughout this report. Stakeholders were involved in the development of the program assessment plans, participated in telephone and in-person discussions, and provided feedback on the assessment results. Stakeholder input (program coordinator and grantees) was also used to describe the program (develop the logic model), gather credible evidence (provision of curriculum vitae and other documents), justify conclusions (triangulated information from CMS with grantees' input and vice versa); and ensure use and sharing of lessons learned (recommendations for dissemination of findings).

Rogers' (1995) *diffusion of innovation model* was used to identify structures and processes that might influence the success of the programs. Diffusion is the process by which an innovation (in this case, the HBCU and Hispanic Health Services Research Grant Programs) is communicated through certain channels (institutions, investigator networks) over time among members of a social system (Rogers & Stephens, 1997). In the case of the HBCU and Hispanic programs, the innovations were related to the funding mechanisms and the provision of TAT/R&D to build research capacity and develop skill in use of CMS' databases. Key factors in the diffusion model that could help explain variations in expected outcomes are referred to as "perceived attributes of an innovation," and include: 1) *relative advantage*—the innovation is perceived as better than existing approaches; 2) *compatibility*—perceived consistency with existing values, experiences, and needs of potential users; 3) *complexity*—degree to which the innovation is perceived as difficult or easy to understand or use; 4) *trialability*—perception that components of the innovation can be experimented with/tried out on a limited basis; and 5) *observability*—results are perceived as visible to others. Intended users are more likely to adopt innovations that are perceived as having more relative advantage, compatibility, trialability, and observability and less complexity (Rogers, 1995; Rogers & Stephens, 1997). These attributes were used to guide the development for discussions with the expert consultants and to assess how the information gathered from these and other data sources about structures and processes might have facilitated outcomes for various components of the programs.

Finally, a *theory of change approach* was used; this approach assumes that underlying any social intervention is an explicit or latent "theory" about how the intervention is meant to change outcomes (Weiss, 1995). A "theory of change" is a logical argument or underlying philosophy for how and why the program is addressing a specific target population's needs. Logic models, which are used by many Federal initiatives to facilitate program monitoring and evaluation (Kaplan & Garrett, 2005), are often used to visually represent theories of change. Specifically, logic models are graphic displays that describe the logical linkages among program *inputs* (resources), *activities*, *outputs* (e.g., participants reached), and short-, intermediate- and longer-term *outcomes* (McLaughlin & Jordan, 1999; W. K. Kellogg Foundation, 2001). If enough detail is provided in the logic model, then managers and program evaluators can use it as a tool to "tell the performance story for their program" (McLaughlin & Jordan, 1999, p. 65). In this program assessment, we developed the logic model after reviewing data sources (i.e., Program Announcements) and interviewing the program coordinator and expert consultants to uncover the theory of change. The program logic model is presented in Section 3.

1.6 Methods for Program Assessment

These program assessment methods were informed by the program assessment methodologies of The MayaTech Corporation that have been used in other Federal program assessments. The primary data collection method was secondary analysis (review) of existing program materials and documents. This review was supplemented with telephone or in-person discussions with the Program Coordinator and expert consultants for each program as discussed below. Multiple methods and data sources were used to collect the information on structures, processes, and outcomes used in this assessment. These methods and data sources included: 1) semi-structured discussions with CMS/ORDI staff and a panel of expert consultants, which included selected grantees, review panel members, and the President of the National HBCU Research Network for Health Services and Health Disparities (HBCU Research Network); and 2) reviews of program documents including, past and present HBCU and HSI program announcements; final reports and one-page summaries of completed projects; curriculum vitae and publications of grantees who served as expert consultants; summary reports of training/technical assistance and research and development activities; and the program coordinator's program summaries and historical account of developing the research agenda for the CMS/ORDI health services research grant programs. Discussion guides were developed for each program and each type of stakeholder in consultation with the program coordinator. Five expert consultants were contacted using the HBCU grantee discussion guide; three were contacted using the HSI grantee discussion guide; one was contacted using the HBCU Research Network President guide; and three were conducted using the HBCU and Hispanic proposal review panel member guide.

Much of the data contained in this report are self-reported; however, where available, objective data sources were consulted for additional documentation of the outputs and outcomes of the programs. These additional sources included: the publication reprints of grantees to identify additional lessons learned and policy implications of the research; the CRISP (Computer Retrieval of Information on Scientific Projects), an NIH-supported searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other research institutions to identify federal funding of grantees; and the Web of Science (WoS) website for bibliometric data on the use of grantees' articles by other researchers.

Information about *structures* was captured primarily through record and document reviews. Data on *processes* were captured primarily through the discussions with the Program Coordinator and expert consultants and reviews of the "Methods" or "Procedures" sections in final reports of the projects. *Outcomes* were captured primarily through review of final reports and project summaries, publications, supporting materials provided by interviewees, and searches of databases to identify additional objective data on outcomes. Content analyses were used to organize and analyze the information. Descriptive statistics (frequencies and percentages) are provided in the narrative or tables of later sections of this report, where appropriate. Triangulation (Denzin, 1978; Miles & Huberman, 1994) was used to compare information on an assessment issue where multiple data sources were consulted. Triangulation involved inspecting and reviewing quantitative and/or open-ended responses from multiple data sources to discern commonalities or differences in patterns of response (e.g., an examination of grantees' versus reviewers' versus the program coordinator's perceptions). Such content analyses were useful in examining the extent to which perceived influences differed or were similar based on one's role in the project. Triangulation methods were also used to crosscheck self-reported or interview data with other subjective data sources (e.g., perceptions of other interviewees) or with objective data sources (e.g., data in progress reports, reprints of publications, or other public records such as CRISP).

1.7 Relationship of the Program Assessment to the CMS Mission

The HBCU and Hispanic health services research grant programs and related CMS projects support CMS' mission, vision, goals, and two of its three program objectives (access to quality care and services to beneficiaries). Through its HBCU and Hispanic Health Services Research Grant Programs, CMS was seeking to support investigators at HBCUs and HSIs to implement applied research projects that relate to identifying, implementing, and evaluating solutions for eliminating health disparities among its African American and Hispanic American beneficiaries. Thus, these programs were designed to fund research projects that examine health disparities issues of importance to CMS' African American and Hispanic American beneficiaries. Additionally, the projects were expected to enhance the capacity of investigators at HBCUs and HSIs to successfully compete for CMS research and program funds in the future.

This program assessment is consistent with CMS' commitment to implementing the mandates of the HBCU and Hispanic Executive Orders, which include monitoring: 1) the extent to which CMS developed ways to maximize the participation of HBCU investigators in CMS-sponsored programs per Executive Order 13256, and 2) the effectiveness of CMS' education initiatives within the Hispanic community per Executive Order 13230. In addition, CMS states in its *Annual Performance Plan for 2005* that "a regular systematic review and assessment of CMS' research program is important to ensure that CMS' beneficiaries obtain maximum benefits from R&D spending" (p. V-187). Thus, this program assessment is consistent with CMS' *GPRA/Annual Performance P*lan, which in addition to internal assessments calls for external assessments of its R & D programs every three years; FY05 was the target year for such external assessments. The GPRA performance goal (R1-05) is to "assess the relationship between CMS research investments and program improvements" (APP, V-186). This goal presents a challenge in that the outcomes of many of CMS' R&D activities are not realized within the funded period of the R&D projects. However, external assessments coupled with internal assessments are expected to provide CMS with needed information to: 1) monitor its role as an effective steward of taxpayers’ monies; and 2) “ensure that CMS’ beneficiaries obtain maximum benefits from R&D spending” (APP, V-187).

2. THE HBCU/HISPANIC HEALTH SERVICES RESEARCH AGENDA

Information in this section of the report is based on a review of the program announcements (PAs) for each program (present and past), and the program coordinator's summary of activities. The PAs for the HBCU and Hispanic Programs appear in Appendices A and B, respectively.

2.1 Developing, Implementing, and Managing the HBCU/Hispanic Research Agenda

The CMS/ORDI Program Coordinator, Dr. Richard Bragg, provided the following historical account of developing the research agenda for the HBCU and Hispanic programs. The program coordinator is the only fully dedicated staff person for both programs, and has been continuously involved as the only Project Officer for the projects from the inception of the programs. The review of program announcements and available data in project reports support his historical account. It is worth noting that his account includes additional information that is key to understanding the structures and processes that were needed to facilitate the outputs and outcomes to be presented later.

As the Minority Health Services Research Coordinator with the Centers for Medicare & Medicaid Services, Dr. Bragg develops, implements, and manages the extramural research agenda to reduce health disparities for minority populations, in particular, CMS' African American and Hispanic American beneficiaries. The extramural research agenda is implemented through the Historically Black Colleges and Universities (HBCUs) and Hispanic Health Services Research Grant Programs. The purpose of these Grant Programs is to support HBCU and Hispanic investigators in implementing health services research activities to meet the needs of diverse CMS beneficiary populations. These are small, applied research grants for up to two years at $125,000 per year that implement and evaluate strategies for eliminating health disparities among African American and Hispanic American populations. Additionally, the program enhances the capacity of HBCUs and HSIs to successfully compete for CMS research grants and funds from other federal agencies and foundations.

Funding areas include access to health care, utilization of health care services, health outcomes, quality of health services, barriers to care, and activities related to health screening, prevention, outreach, and education. The grants also examine socio-economic differences and other factors that influence the design and operation of programs that address health disparities affecting African Americans and Hispanic Americans. The types of funded research projects have typically included: Educational Interventions, Developmental Interventions, Intervention Evaluations, Needs Assessment Studies, and Quantitative and Qualitative Studies.

As stated earlier, the objectives of the Health Services Research Grants Programs are to: 1) encourage HBCU and Hispanic health services researchers to pursue research issues which impact the Medicare, Medicaid and SCHIP programs, 2) assist CMS in carrying out its mission focusing on health care quality and improvement for its beneficiaries, 3) assist HBCU and Hispanic researchers by supporting extramural research in health care capacity development activities for African American and Hispanic American beneficiaries, 4) increase the pool of African American and Hispanic American investigators implementing the research, demonstration, and evaluation activities of CMS, 5) promote research that will be aimed at developing a better understanding of health care services pertaining to African Americans and Hispanic Americans, and 6) assist in fostering inter-university communication and collaboration regarding African American and Hispanic American health disparity issues. One of the unique contributions of these programs is the focus on intervention research with populations considered “hard to reach”. The research programs present a new paradigm, strategies, and tactics to better the health of these populations. To date, CMS has funded 31 HBCU projects and 22 HSI projects. Dr. Bragg has served and currently serves as project officer for each of these grants.

In April 1995, Dr. Bragg came to the Centers for Medicare & Medicaid Services (CMS) (formerly the Health Care Financing Administration; HCFA) from the National Cancer Institute (NCI) where he was the Public Health Advisor/Program Director focusing on avoidable mortality and primary prevention studies (prostate, breast, and cervical cancers) among African American, Native American, aging, and underserved populations. Dr. Bragg was hired by CMS to develop a health services research program for African Americans. After his arrival at CMS, he joined the now defunct African American Research and Demonstration Initiative Workgroup which was in the old Office of Research and Demonstrations (ORD), to develop a strategy to assist HBCUs in enhancing their capacity to conduct Medicare and Medicaid research and program activities. He wrote a plan to implement a research agenda for HBCUs using the Presidential HBCU Executive Order that directed executive departments and agencies to establish funding on an annual basis to be awarded in grants, contracts, or cooperative agreements to HBCUs. This plan was approved by the then Director of ORD.

The research plan included the following activities:

- Recruit HBCUs to assist CMS in achieving the HBCU Executive Order by supporting extramural and intramural research in health care capacity development activities for the African American community.
- Promote research at CMS aimed at developing a better understanding of health care services issues pertaining to African Americans.
- Evaluate ORD projects to determine their impact on minorities, i.e., program activities, quality of care, health services research issues, consumer information, and the presentation of internal seminars on relevant issues.
- Strengthen the ORD internal Research and Development data collection system for project activities regarding African American populations.
- Develop research and demonstration initiatives such as intramural and extramural research, grants, and contract solicitations for health care issues regarding African Americans.
- Develop health care research strategies for African Americans and other minority populations that would focus on Medicare and Medicaid issues.
- Coordinate HBCU research capacity development activities involving faculty, students, and institutional Offices of Sponsored Research personnel locally and nationally.

- Coordinate with CMS and the Department of Health and Human Services on other research/demonstration activities regarding minority populations, especially African Americans.
- Disseminate information to African American health care providers, consumers, academic institutions, and health organizations. The focus was on communicating with HBCUs and representative organizations nationally and statewide.
- Serve as a source of information, technical assistance and referral for other ORD personnel and external customers interested in research and development for African American health services as well as other minority populations.
- Provide consultation and expertise to researchers in the public and private sectors and public health institutions on the aforementioned research areas.

Dr. Bragg later met with the ORD and CMS leadership to discuss initial funding for the plan. CMS appropriated $15,000 to assist in this effort. Dr. Bragg then wrote an interagency agreement between the Office of Minority Health and CMS and secured an additional $10,000. The funds were used to develop a capacity building conference for HBCUs to obtain their input regarding an HBCU Health Services Research Grant Program. The conference was held October 18-19, 1995 at Morehouse College in Atlanta, Georgia. There were 44 persons in attendance from 18 HBCUs in the Southern Region. This conference was an initial attempt to develop ties between researchers at HBCUs and CMS staff. It was planned to: 1) foster inter-university communication regarding health care issues, 2) facilitate discussion about the need for a research network among HBCUs, and 3) encourage HBCU investigators and others to work individually and/or collaboratively to promote research aimed at developing a better understanding of health services research issues pertaining to African Americans.

CMS' components which had representatives participating in the conference were the: Office of the Administrator, Associate Administrator for Policy, ORD, Medicaid Bureau, Bureau of Data Management and Strategy, and the Health Standards and Quality Bureau. CMS' senior representatives in attendance were: the Associate Administrator for Policy, the HBCU Workgroup Coordinator, and the Regional Administrator from Atlanta. The Regional

Administrator (Region IV) sent a videotape of his speech. Senior Department representatives attending were: Dr. Walter Broadnax (then Deputy Secretary, Department of Health and Human Services); Dr. David Satcher (then Director, Centers for Disease Control and Prevention and former U.S. Surgeon General), and a representative from the Office of Minority Health. From this meeting, four research groups with goals and actions steps were developed. HBCU investigators expressed interest in submitting proposals for funding to the proposed HBCU Health Services Research Grant Program.

After the conference, Dr. Bragg met with the Director of ORD to discuss funding for an HBCU Health Services Research Grant Program. The Director allocated $663,146 for new research projects (Year 1) and $643,407 (Year 2) for continuation of these projects. A second HBCU capacity building conference was held at Howard University in Washington, D.C. in 1996 for HBCUs in the Mid-Atlantic Region. The conference was similar to the one in Atlanta in which HBCU researchers received information about research priorities and opportunities that existed within CMS. The purpose was to enhance the capacity of HBCUs to participate in a broad array of program activities at CMS. Representatives from 15 HBCUs attended.

In October 1996, Dr. Bragg acquired funds to invite HBCU senior researchers to meet in Atlanta, Georgia at the Minority Health Professions Foundation to discuss the first step in developing an HBCU Network for Health Services Research in the African American Community. He presented a blueprint to the researchers on the development of the Network. The meeting focused on how to compete for funding from federal, state, and local agencies, both governmental and foundation based. It laid the foundation for the development of collaborative initiatives with researchers from HBCUs, other academic institutions, and community-based organizations. Outcomes from the meeting were: 1) the development of goals and objectives, justification, and rationale for the research network, 2) selection of officers for the network, 3) selection of standing committees, and 4) identification of network operating procedures. This idea for the Network evolved from Dr. Bragg's responsibilities at the NCI where he had been project officer for the African American and Native American Cancer Research Networks.

In 1996, Dr. Bragg wrote the first HBCU research solicitation. Twenty applications were submitted to CMS and six projects were funded in 1996. On June 15, 1997, Dr. Bragg participated in the 14th Annual Meeting of the Association for Health Services Research; the meeting's theme was entitled, *Issues & Answers for Improving Health in the 21st Century*. Dr. Bragg was a member of the panel session entitled, "Health Care Financing Administration: Update on New Research." The chair of the panel was the HCFA/ORD Director. This session provided an overview of ORD's activities with a special focus on HCFA's HBCU Health Services Research Grant program. Dr. Bragg presented information on the development of this new HBCU research agenda and why there was a need for HBCU investigators to participate in health services research to help improve the health of African Americans in the 21st century.

In 1998, Dr. Bragg initiated a meeting with the Director of ORDI (formerly Office of Strategic Planning) to discuss funding for a *Hispanic Health Services Research Grant Program*. He developed a paper on the need for such a program modeled after the HBCU program; and solicited and received support from members of the CMS Hispanic Agenda for Action (HAA) Workgroup. He also used the Hispanic Presidential Executive Order to support this agenda. The Director approved this grant program in 1998 and Dr. Bragg wrote the Hispanic solicitation. Dr. Bragg has written and distributed solicitations for the HBCU and HSI Research Grants Programs annually since their inceptions in 1996 and 1998, respectively. In April 2005, he wrote and mailed the HBCU and HSI solicitations [which were the most recent at the time of this program assessment and are included in Appendices A and B, respectively].

The HBCU and HSI grant programs evolved over the years to the current emphasis on identifying intervention research and improving health-related attitudes, knowledge, beliefs, and practices related to the following six health disparities priority conditions: infant mortality, cancer screening and management, cardiovascular disease, diabetes mellitus, HIV/AIDS, and adult and childhood immunizations. Other population specific health concerns included asthma, obesity, oral health, and mental health. The proposals address research designed to: 1) remove barriers and improve access to health services, 2) increase the efficient utilization of health services, 3) improve quality of care, 4) reduce health care costs, and 5) increase use of preventive services. For example, the projects have focused on breast and prostate cancer screening; children with asthma; childhood and adult immunizations; insuring children; and improving HIV and AIDS outcomes among Medicare or Medicaid beneficiaries (Bragg, personal correspondence, December 8, 2005).

2.2 Program Priorities

The information in this section is based on a review of the various program announcements (PAs) for each program and the program coordinators' summaries of the funded projects by year and type of project. (Appendix A contains the PA and Appendix C contains the summary profiles for the HBCU program; Appendix B contains the PA and Appendix D contains the summary profiles for the HSI program).

Historical Overview

The programs as well as the priorities for funding at CMS/ORDI have changed slightly over the past 10 years. The prevailing CMS mission statement and goals, Presidential Executive Orders, DHHS Secretary's directives, and the nation's *Healthy People Objectives (2000* and *2010)* were the bases for program priorities. As noted in the previous section, in earlier years of the program (1996 and 1997), there was only an HBCU program. The funded intervention programs over the years have focused on the priority conditions of prostate cancer, breast and cervical cancer, cardiovascular disease (CVD), colorectal cancer, diabetes, End-stage Renal Disease (ESRD), HIV/AIDS, adulthood and childhood immunizations, and infant mortality. Two health promotion programs have also been funded—one developed a computer-based nutrition program and the other focused on a program to improve exercise and dietary behaviors of elder adults with hypertension. The types of HBCU projects were broader in scope in announcements prior to 2004, and also included funded projects that were: needs assessment, program evaluation developmental intervention, and educational intervention studies.

By 1998 the CMS was also focusing its efforts on Hispanic researchers through a separate grants program. The Hispanic funded grants addressed similar priorities with the exception that there were no funded projects for prostate cancer, CVD, ESRD, or infant mortality. There have been no Hispanic health promotion projects, but two Hispanic educational intervention projects—one to implement cultural and linguistically competent assessment and training of providers on CMS programs, and another focused on a case management approach to insuring uninsured Latino children. The Hispanic program also previously funded a broader scope of projects including the same types as mentioned for the HBCU program-- needs assessment, program evaluation developmental intervention, and educational intervention studies.

An important component of the CMS/ORDI strategy is to fund capacity building activities for its grantees and other investigators and graduate students at HBCUs and HSIs. The technical assistance/training and research and development (TAT/R&D) activities were of a wide variety over the course of the programs (discussed later). The HBCU training activities have been implemented through direct funding to the HBCU Research Network, grantee institutions, or other partnering organizations. These other organizations and partners also many times co-sponsored the events via matching dollars or in-kind contributions of facilities, staff time, and materials. Other Federal agencies have also served as co-sponsors of these activities, providing monetary resources as well as speakers and trainers from their agencies and grantee pools. In addition to the complete listing of TAT/R&D activities in Appendix E; later in this report we report on the outputs (numbers reached) and outcomes (participants' reports of impacts on their own or colleagues' individual research capacity or on their institution's research capacity subsequent to the training activities).

Since 2002, CMS/ORDI has also funded a set of activities under the rubric, "Educational Outreach and Disease Prevention." These grants were to HBCUs, HSIs, community-based partner organizations, and faith-based institutions to implement strategies to disseminate information and increase knowledge, awareness, and access to care for African Americans and Hispanic Americans in adult influenza immunization, diabetes self-management, obesity self-management; and faith-based and community health education for African American seniors. A summary of outputs and outcomes for these grants is presented in Section 4.4. Appendix F presents the specific details of these programs (grantee names, years of funding, locations, target audiences, objectives, and immediate and long-term outcomes).

Research Priorities (as of April 2005)

According to the 2005 Program Announcements (see appendices A and B), both grant programs address research on interventions and improving health-related attitudes, knowledge, beliefs, and practices related to the six health disparities priority conditions: infant mortality, cancer screening and management, diabetes mellitus, cardiovascular disease, HIV/AIDS, and adult and childhood immunizations. Other population specific health concerns include: asthma, obesity, oral health, and mental health. Priorities have been shaped by the CMS mission and goals, the President's Executive Orders, and the *Healthy People 2010 Objective*s.

Notably, in earlier years of the programs, CMS was interested in several types of research projects: Needs Assessments, Program/Intervention Evaluations, Developmental Interventions, Educational Interventions, and Quantitative/Qualitative Research Studies. A brief description of each type of these projects of interest (adapted from the PAs) follows:

1) **Needs Assessment Studies**. These studies used existing survey designs that were based on analysis of existing data systems. Examples included surveys of health services knowledge, attitudes, and practices of the target populations; assessment of utilization of health services by the target populations; health risk factors for the target population; and barriers to health promotion activities for the target population.
2) **Intervention Evaluation Studies**. These studies supported the adaptation of and evaluation of existing intervention methods using previously validated instruments. Examples included evaluating current intervention adaptations for HIV/AIDS, diabetes, hypertension, heart disease, and cancer.
3) **Developmental Intervention Studies**. These studies developed and pilot tested new intervention methods designed to be sensitive to the health services needs of African Americans/Hispanic Americans. Examples included teen pregnancy, HIV/AIDS, mammography screening, and prostate screening intervention development and pilot testing.
4) **Educational Intervention Studies**. These studies were expected to inform populations-at-risk about certain health problems as they related to African Americans and Hispanic Americans. Examples included developing educational programs to enhance the awareness, knowledge, and understanding of African Americans and Hispanic Americans in regards to health prevention, treatment, and cultural implications of access to and use of health care.
5) **Quantitative/Qualitative Research Studies.** These studies examined issues related to access and barriers to care, costs of care, quality of care, and services utilization for priority health disparities and selected CMS beneficiary populations.

Currently, the types of studies eligible for both the HBCU and HSI programs are Educational Intervention Studies and Developmental Intervention Studies (2005 PAs). Specifically, CMS was interested in supporting the following two types of studies:

1) **Educational Intervention Studies**. These studies are expected to inform populations-at-risk about certain health problems especially as they relate to African Americans and Hispanic Americans. A follow-up plan should be developed to determine the effectiveness of the intervention**.** An example might include developing an educational program to enhance the awareness, knowledge, and understanding of Hispanic Americans about prevention, treatment, services, and/or strategies for accessing the health care system. The projects will reach a minimum of 400 participants. (Underlining was added for emphasis in this report to denote a new requirement since the last PA; see the discussion below).

2) **Developmental Intervention Studies**. These studies will develop promising new approaches to reducing disease, encouraging changes in health behavior, and promoting health among African Americans and Hispanic Americans—for example, using computers to disseminate health related information or testing the effectiveness of a health hotline in reducing health disparities. The projects will reach a minimum of 400 participants. (Underlining was added for emphasis in this report to denote a new focus or requirement since the last PA; see the discussion below).

Note (as underlined) that in the more recent PAs CMS stipulated the minimum sample size (400 participants), which was not the case in the previous PAs. Added language in 2005 also addresses the need for a follow-up plan for the educational interventions to determine effectiveness and the development of promising new approaches to disease reduction, behavioral change, and health promotion for the developmental intervention studies. Also in earlier years, funding was available under each program to conduct technical assistance/training (TAT) and research and development (R&D) activities separately for the HBCUs and HSIs. More recently, as reported by the program coordinator and expert consultants, some activities have been combined across programs due to reduced funding. Nonetheless, even in the context of dwindling funding, CMS continued both its research grants and capacity building activities in the context of the increasing urgency to eliminate health disparities.

In Section 3, the program logic model is presented. In Section 4 are the summaries of each Program, the TAT/R&D activities, and the education/outreach and disease prevention activities. Also included in Section 4 are the summaries and detailed funding history of the research, TAT/R&D, and education/outreach disease prevention programs.

3. THE PROGRAM LOGIC MODEL

3.1 Display of the Program Logic Model

Figure 3.1 below displays the logic model for the HBCU/HSI Health Services Research Grants Program. This model is an integrated synthesis of both programs and the training activities.

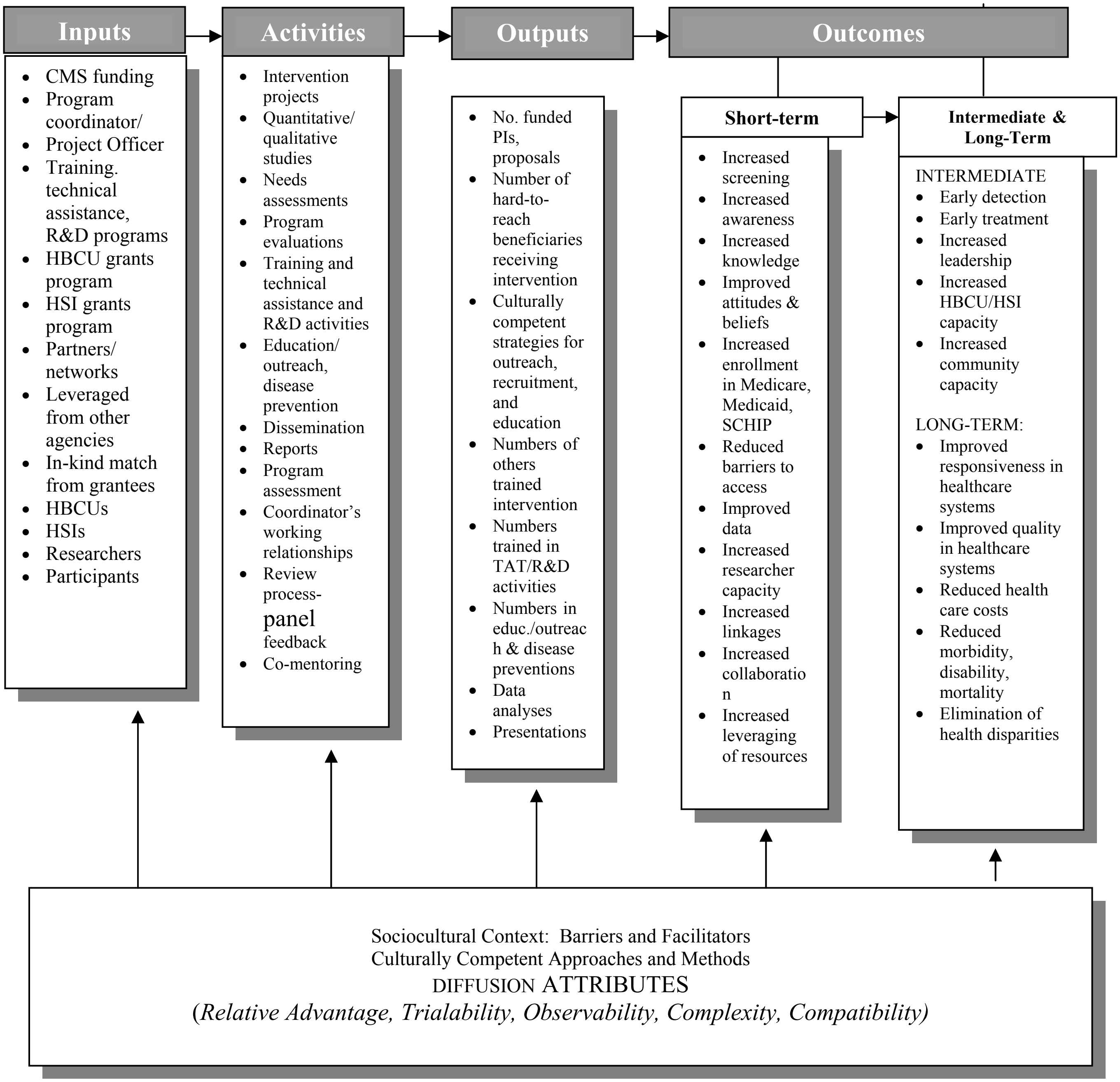


Figure 3.1. Logic Model for the Integrated HBCU/HSI Health Services Research Grant Programs and Related Training/Technical Assistance and Research and Development Initiatives

3.2 Description of the Program Logic Model

In the Logic Model (Figure 3.1) the long-term impacts are identified as: systems level improvements in HBCU/HSI institutional capacity and responsiveness and quality of care in healthcare systems; the reduction of morbidity, disability, and mortality; and the reduction of health care costs due to improved individual outcomes (changes in knowledge, attitudes, beliefs, self-care, obtaining screening, enrollment in eligible programs). Other complex interrelationships between inputs, activities, outputs, and outcomes (i.e., changes in individual behavior and systems level changes such as policies and structures) are not indicated in this model but are recognized as contributing factors as to whether long-term outcomes and, ultimately, program and CMS' goals will be achieved.

The Logic Model graphically displays the linkages between the *structures* (e.g., resources available from CMS and its partners) to engage in *processes* (activities) that will result in *outcomes* (outputs and short-term and long-term outcomes) to achieve the long-term goal of eliminating health disparities and reducing CMS' expenditures due to late detection and treatment. Specifically, the resources (staff, grants, infrastructure enhancements, partnerships) make it possible for CMS to engage in various types of interventions, research studies, TAT/R&D, and other programmatic activities targeting HBCU/HSI researchers and CMS' beneficiaries. In every component of the model are elements of cultural competency and sociocultural factors that serve as barriers to or facilitators of the structures, processes, and outcomes. Thus, the Logic Model provides a framework for documenting the CMS/ORDI resources available for the programs and for assessing the contribution of the HBCU and HSI research grant programs, TAT/R&D activities, and educational outreach and disease prevention activities to the preparation of the researchers, enhancement of institutional capacity, and elimination of health disparities.

4. RESEARCH, TRAINING, AND EDUCATION/OUTREACH PORTFOLIOS

4.1 HBCU Health Services Research Grant Program

The information in this section of the report was compiled from reviews of the final reports for HBCU projects provided by CMS/ORDI, and the one-page program summaries (profiles) provided by the Program Coordinator for the 31 funded HBCU projects at the time of this report, by type and year. These profiles appear in Appendix C. Exhibit 1 in Appendix C displays these projects programmatically by health disparity focus and type of research project. Most (n=24) of the HBCU grants were of the following types: educational or developmental intervention, health promotion, education, or program evaluation. Table 4.1A includes a list of these 24 HBCU projects. The projects are listed by type with: grantee institutions and date of funding; their locations; targeted population, disparity, or intervention; and project sample sizes. All samples for these projects were comprised of human participants (primary data).

Among the HBCU intervention projects, an equal number of projects focused on prostate cancer and breast and cervical cancer disparities (n= 5 each). The next most frequently reported number of projects was in the diabetes and End-stage Renal Disease (ESRD) category (n=4). Only one or two projects were funded in the other intervention categories or project types. Although not reflected in Table 4.1a, the locations of the projects were more widely distributed than the locations of the institutions because several of the grantees collaborated with other HBCUs, community-based organizations, faith-based institutions, community clinics, university hospitals, and other entities in neighboring communities and counties as well as in other states. For example, one of the HIV/AIDS projects involved a collaboration of eight HBCUs (led by University of Maryland Eastern Shore in Prince Anne, Maryland, but which included HBCUs in Alabama, Delaware, Georgia, Maryland and Virginia).

Table 4.1A
HBCU Intervention Projects

Locations, Priority Populations and Disparity Condition/Issues, and Numbers Reached (by Type)
N=24 (of the 31 HBCU Programs)

HBCU Project Type/Grantee/Date	Location	Priority Population/Intervention	Sample Sizes*
Prostate Cancer			
1-Alcorn State University, 1996	Lorman, MS	Men; screening; education, knowledge, rural SW MS	195
2-Lincoln University, 1997	Lincoln, PA	Men; education, awareness; rural and urban	1,182
3-Morgan State University, 2001	Baltimore, MD	Men; education screening; Baltimore Metropolitan area	418
4-Tennessee State University, 2003	Nashville, TN	Men; screening; education; faith-based	NC 420
5-Tuskegee University, 2004	Tuskegee, AL	Men, significant others; screening; education; rural	IP 275
Breast/Cervical Cancer			
1-Florida A & M University, 1996	Tallahassee, FL	Women; mammography; elderly	567
2-Morehouse School of Medicine, 1998	Atlanta, GA	Women; mammography, educational, elderly	216
3-Tennessee State University, 1998	Nashville, TN	Women; mammography; educational	361
4-Meharry Medical College, 2000	Nashville, TN	Women; breast cancer screening; educational; pilot study	260
5-Tuskegee University, 2001	Tuskegee, AL	Women; mammography screening; educational; rural	150
Colorectal			
1-Alabama A & M University, 2004	Normal, AL	All; education; reduce risk; colorectal screening	IP 250
Diabetes/ESRD*			
1-Howard University, 1998	Washington, DC	At-risk persons; ESRD; health care practices	539
2-Southern University and A&M College, 1998	Baton Rouge, LA	All; low literacy; reducing educational barriers	53
3-Univ. of the District of Columbia, 2001	Washington, DC	All; urban and rural; self-care	256
4-Texas Southern University, College of Pharmacy, 2005	Houston, TX	All; diabetes management education	NP -
HIV/AIDS			
1-Univ. of MD Eastern Shore, 1999	Eastern Shore, MD	All; 8 HBCUs; prevention services for students	4,774
2-Tennessee State University, 2002	Nashville, TN	Men; homeless mentally ill; prevention	257
Cardiovascular Disease			
1-University of Maryland Eastern Shore, 1996	Eastern Shore, MD	All; utilization of heart and vascular procedures; education, knowledge	133
2-North Carolina A&T University, 2003	Greensboro, NC	All; relaxation techniques, training, education, health promotion	NC 360
Child Immunization			
1-Morgan State University, 1996	Baltimore, MD	AFDC beneficiaries; children; inner city; oral rehydration therapy; immunization.	203

**All human participants; ESRD = End-stage Renal Disease NP = New Project*
IP = In Progress NC = No Cost Extension

Table 4.1A—continued
HBCU Intervention Projects

HBCU Project Type/Grantee/Date	**Location**	**Priority Population/Intervention**	**Sample Sizes***
Infant Mortality			
1-Shaw University, 2005	Raleigh, NC	Pregnant Medicaid recipients; improving pregnancy outcomes	NP -
Health Promotion			
1-Prairie View A&M University, 2000	Houston, TX	All; computer-based nutrition program	200
2-Southern University and A&M College, 2000	Baton Rouge, LA	Elders with hypertension; exercise, diet	42
Program Evaluation			
1-Morgan State University, 1999	Baltimore, MD	Pregnant/teen mothers; comprehensive health; school-based; inner city	877
TOTAL			11,988

**All human participants; ESRD = End-stage Renal Disease NP = New Project*
IP = In Progress NC = No Cost Extension

Table 4.1B below summarizes the number of participants in intervention programs by type of project. The summary for the Hispanic interventions is included also, but will be discussed after a summary of the HBCU non-intervention projects.

Table 4.1B
Number of Participants in Intervention by Type of Program*

Project Type**	**HBCU n**	**HSI n**	**Totals**
Prostate Cancer	2,490	-	2,490
Breast/Cervical Cancer	1,554	923	2,477
Colorectal Cancer	250	1,060	1,310
Diabetes/ESRD	848	-	848
HIV/AIDS	5,031	587	5,618
Cardiovascular	493	-	493
Child Immunization	203	-	203
Children Health Insurance (SCHIP)	-	274	274
Health Promotion	242	-	242
Education	-	500	500
Program Evaluation	877	504	1,381
TOTAL	**11,988**	**3,848**	**15,836**

**Control or comparison group participants who later received the intervention are not included.*
***HBCU Infant morality and Diabetes projects are not included (new projects –no count available)*
Hispanic Diabetes and breast cancer projects are not included (new project – no count available)

The HBCU intervention projects reached almost 12,000 individuals (n=11,900). Projects included participants in urban and rural areas; of low literacy; men and women, young children; pregnant teens; individuals with a diagnosis of or at risk for diabetes, cardiovascular diseases, or other selected health conditions. Most were African Americans who were CMS beneficiaries or eligibles and their providers; in one project a comparative sample of White beneficiaries was also used. It is important to note that even the comparison samples received some level of the tested intervention following the collection of posttest data to evaluate the intervention. The age groupings spanned the life course and included infants and toddlers, adolescents, young and middle-aged adults, and the elderly. Most projects have been completed; four were still in progress - two had a no cost extension and two were new at the time of this assessment.

In addition to the intervention projects, the HBCU program also funded 7 non-intervention projects that were primarily quantitative research studies. Table 4.1C summarizes these studies, including their topics, data collection methods, sample/data characteristics, and key findings. Two studies each were focused on access and barriers to care; costs of care; and quality of care. The other study focused on utilization. Most of the quantitative analyses were secondary analyses of existing public use datasets such as the National Longitudinal Survey of Aging and the National Crime Victimization Survey; or administrative databases such as hospital discharge or medical claims data. Two studies had qualitative components (one employed content analysis of prevention programs and the other employed focus groups). The studies addressed a variety of research gaps for African American populations—mental health and other health care utilization patterns, HMO claims, diabetes care standards, benefits for pregnant and parenting teens, and intragenerational caregiving. All of these studies have been completed.

Table 4.1C
HBCU Quantitative/Qualitative Projects

Topic/Grantee	**Method**	**Sample/Data**	**Key Findings**
1. **Barriers** to minority **access** and differential health care utilization Howard University, 1996	Quantitative; secondary analysis (Longitudinal Survey of Aging)	560 African American men and women; 6,880 White men and women; both groups over 70	AA poorer, **less** educated Poor health status predicts hospitalization; AA admitted later in disease stage; living w/ relatives at risk; among good health group, W more likely to use Doctor's office services
2. Health Risk factors, **Barriers** to Health Care Seeking Meharry Medical College, 1997	Quantitative; primary data collection	N=360; Medicare and Medicaid eligible; low income housing residents 18+	High cholesterol, blood pressure, and associated risks; lack awareness and knowledge; no gender differences
3. Reducing rehospitalization and rehabilitation medical **costs** Southern U and A&M College, 2000	Quantitative; experimental; pretest/posttest with comparison group (case management Intervention)	24 teens with spinal cord injury (SCI) 17 intervention, 7 comparison group; 15 of 17 on Medicaid	Enhanced case manager services can significantly reduce rehospitalization for SCI youth and reduce health care costs
4. Violence prevention-a public health strategy to reduce Medicaid health care **costs** Howard University, 2002	Quantitative—analysis of administrative and crime data Qualitative—review of effective violence prevention programs	Hospital discharge data for gun violence; National Crime Victimization Survey data; Program materials	Proposed intervention strategies to improve access to medical care for uninsured and insured Symposium presented
5. Medicaid Managed Care **quality** and **costs** Morehouse School of Medicine, 1999	Quantitative—retrospective cohort study of Georgia Medicaid claims data to investigate quality of care disparities in HMO health plan	Claims data of 3,465 Medicaid beneficiaries; Blacks and Whites living with diabetes mellitus followed over 12 months	HMO plan did not achieve ADA quality standards; no equitable system of care for Medicaid beneficiaries; need systems level quality improvement; dr. visits increase ADA adherence
6. Intragenerational Caregivers of Aged **(cost)** Howard University, 1999	Qualitative—focus groups on stress and coping; training needs; feasibility of home-based care	129 elderly caregivers (age 58-101) of other elderly; in DC and Putnam Co., FL	Culturally sensitive policies needed for better communication network between caregivers and govt. agencies; policies to assist caregivers; quality health care in home reduces long term care costs
7. Mental health services utilization, Tennessee State University, 1996	Quantitative; secondary analysis of CMS reimbursement data files	Medicare elderly with and without mental diagnoses (race, SES, co-morbidity effects)	Costs for beneficiaries with mental diagnoses higher; data suggest importance of chronic disease management models

4. 2 Hispanic Health Services Research Grant Program

The information in this section of the report was compiled from reviews of the final reports for Hispanic/HSI projects, and the one-page program profiles provided by the Program Coordinator of funded HSI projects by type and year (The profiles appear in Appendix D along with Exhibit 2 which displays the projects programmatically by type of research). Table 4.2A includes a list of the 12 HSI projects that were of the following types: educational or developmental intervention, health promotion, education, or program evaluation. The projects are listed by type with: grantee institutions and year; their locations; targeted population, disparity, or intervention; and project sample sizes. All samples for these projects, except one that involved medical records review, were comprised of human participants. More than 3,800 persons were reached in these intervention projects.

Three of the 12 HSI intervention projects targeted breast cancer or cervical cancer; and three projects targeted HIV/AIDS. Two projects were educational interventions; and one each was in the other categories: colorectal cancer, diabetes, children's health insurance, and a program evaluation for an intervention with post-menopausal women. Not surprisingly, most of the projects were located in the western or southwestern U.S. where HSIs were located or where large percentages of Hispanics/Latinos were located –i.e., California, Arizona, New Mexico, Texas, and Colorado. Two projects were located in northeastern regions and one in a southeastern location with large Hispanic/Latino populations (Newark, New Jersey and Boston, Massachusetts in the northeast; and Miami, Florida in the southeast); and one program was located in South Carolina where it focused on immigrant populations. All but one of the programs focused on CMS beneficiary populations; the one program that did not focus on beneficiaries focused on providers who were likely to serve beneficiary populations. The within-

Table 4.2A
Hispanic Intervention Projects

Education, Health Promotion, and Program Evaluation Projects
Locations, Priority Populations and Disparity Condition/Issues, Sample Sizes (by Type)
N=12 of the 22 HSI Programs

HIS Project Type/Grantee Date	**Location**	**Priority Population**	**Sample Sizes***
Breast/Cervical Cancer			
1-University of Arizona, Tucson, 1999	Tucson, AZ	Post-reproductive age Latinas near US-Mexico border; cervical and breast cancer screening	504
2-Fresno Foundation, 2000	Fresno, CA	Managed Medicaid recipients; Pap smear screening; system level	419 Med. Records
3-Charles R. Drew University, 2005	Los Angeles, CA	Low income public housing residents; mammography screening	NP -
Colorectal			
1-UMDNJ-New Jersey Medical School, 2004	Newark, NJ	Older minorities; inner city; knowledge and screening	IP Trained 60 Surveyed 1,000
Diabetes			
1-New Mexico State University-Las Cruces, 2005	Las Cruces, NM	At risk; tailoring diabetes services	NP -
HIV/AIDS			
1-University of Texas Houston-El Paso, TX, 1999	El Paso, TX	Providers; transcultural case management; integrated HIV health care services; support services	115
2-University of California-San Francisco, 2000	San Francisco, CA	Latinas; intergenerational prevention	72
3-University of Miami School of Medicine, 2005	Miami, FL	Persons living with HIV; education; randomized study	IP 400
Children's Health Insurance (SCHIP)			
1-Boston Medical Center Corporation, 2001	Boston, MA	Uninsured Latino children; community-based case managers intervention; Randomized Control Trial	274
Education			
1-Latin American Research and Service Agency (LARASA), 2002	Denver, CO	Latinos on Medicaid, Medicare, and SCHIP; culturally/linguistically competent assessment & training for providers	100
2-University of South Carolina Research Foundation, 2003	Columbia, SC	Ltd English Proficiency immigrants; navigating US healthcare system; Medicaid/SCHIP enrollment; reduce use of ER; increase use of primary care	400
Program Evaluation			
1-University of Arizona, Tucson, 2002	Tucson, AZ	Post-reproductive women along US-Mexico border; cancer prevention	504
Total			3,848

* NP = New Projects, IP = In Progress, NC = No Cost Extension

group heterogeneity of Hispanics/Latinos was reflected in the samples that included: participants from along the US-Mexico border, Puerto Ricans, Cubans, Mexicans, and Central American immigrants. Similar to the HBCU projects, these projects spanned the life course focusing on children as well as the elderly. Beneficiary populations included post-reproductive age Latinas, managed care Medicaid recipients, low income public housing residents, inner city seniors, patients diagnosed with diabetes, persons living with HIV, uninsured children, and limited English proficiency immigrants. Also targeted for training were cases managers for child services and providers for adult and child Latinos on Medicaid, Medicare, and SCHIP. The child health insurance intervention was a randomized control trial (RCT). Most of these projects had been completed at the time of this assessment; two were still in progress and two were new.

In the HSI program, there were 10 non-intervention (qualitative and/or quantitative) studies. These are displayed in Table 4.2B. Three of these projects focused on access and three focused on barriers to care; two each focused on quality of care and needs assessments; and three each focused on utilization. The studies focused on a variety of research gaps or unmet needs for Hispanic Americans— a cost assessment model for telemedicine, adherence rates for treatment of emergency department asthma, health care access for migrant and seasonal agricultural workers, HMO Medicaid recipients, Mexican American elderly's suboptimal medication use, total hip or knee replacement, perinatal/infant and childhood health services, health care cost and utilization related to language barriers, effective patient-provider communication, and healthcare quality. Methodologies included case-control studies, secondary analyses, self-assessment surveys, policy reviews, focus groups, and probability surveys. All studies have been completed.

Table 4.2B

Hispanic Quantitative/Qualitative Projects

Topics, Grantee, Data Collection Method, Sample/Data Characteristics, and Key Findings (N=10)

Topic/Grantee	Method	Sample/Data	Key Findings
1.Role of culture in access and utilization of telemedicine Arizona Cancer Center, 2000	Quantitative—telemedicine intervention evaluated	Hispanic, Native Americans, Whites in Tucson, AZ Patient charts Patient satisfaction 3-mo. post visit Physicians	Developed cost assessment model for telemedicine; starting point for understanding cost efficacy of telemedicine
2. Risk, barriers, Severity for ER Asthma Ponce School of Medicine, Puerto Rico, 2000	Quantitative—case series analysis using chart review	5,700 medical charts of asthma cases in Emergency Depts. (ED), Ponce, Puerto Rico	3% adherence rates to NIH National Guidance for treatment of ED asthma
3.Migrant and seasonal farm workers access, use, barriers, health status Michigan State University, 2001	Quantitative—cross-sectional health and risk behavior survey and clinical exams	295 agricultural workers, 18+, Flint, MI; assessed oral/ dental health; CVH; ATOD use; STI/HIV; mental health; utilization; TB; environmental health; women's health	Access to health care a serious problem; use dependent on need for care, lack of insurance, cultural diffs.; legal status; Contributed to the state-based health care reform for benefits of farm workers, Medicaid regs. and appropriations funding for health services for this pop;
4.Assuring **quality** health care for Medicaid consumers University of Massachusetts Boston, 1998	Quantitative—Secondary analyses of HEDIS 3.0 indicators and CAHPS*	Hispanic/Latino consumers of MassHealth (Massachusetts Medicaid) services	Policy recommendations based on data—state and privately funded HMOs work together to improve insurance access, preventive care, and utilization
5. Medication analysis on Mexican aged **(quality of care)** Univ. of Texas at San Antonio, 2001 ***CONTINUED***	Quantitative—Secondary analysis to determine suboptimal med. use and outcomes (expenditures, mortality, morbidity)	Probability sample of 3,050 Mex. Amer. Elders in 5 southwestern states; Hispanic Established Population for Epidemiologic Studies cohort linked with CMS data	Examining polypharmacy, drug-drug interactions and inappropriate med. Use with mortality; polypharmacy predicted mortality indept. of age, SES, chronic disease status or severity; drug-drug interactions or interaction between polypharmacy and drug-drug interactions not predictive

*The *Consumer Assessment of Healthcare Providers and Systems* (CAHPS) program is a public-private initiative to develop standardized surveys of patients' experiences with ambulatory and facility-level care.

Table 4.2B *–cont.* **Topic/Grantee**	**Method**	**Sample/Data**	**Key Findings**
6. Ethnic differences in **utilization** of elective hip or knee replacement surgery for arthritis Univ. of Texas Science Center at San Antonio, 1998	Quantitative—case-control study using Medicare claims data; matched on age, sex, county of residence	Mdcr & Mdcd residents of Bexar Co., TX with (cases) and without (controls) total hip or knee replacement (THR-n=825; TKR—n=2,275); have surgery as beneficiaries from AZ, IL, NM, TX	THR less likely to include Hispanics than TKR or other hospitalization reasons; less Hispanic THR likely due to lack of access to health care and low SES
7. **Use** of perinatal, infant, and childhood health services Arizona State University, Tempe, 1998	Quantitative—secondary analysis of Newborn Intensive Care Program (NICP) data and birth certificates Qualitative—impressions of women in care and nurses	Women using AZ's NICP services (US born, Mexican-born, non-Hispanic White); NICP nurses ; Tempe, AZ	In system all enrollees eligible for services, no Hisp. Disparities found; Differential diagnosis and treatment by ethnicity found by linking birth certificate data to NICP clinical info; suggested need for richer perinatal, infant, child data
8. Health services **utilization** Massachusetts General Hospital, 1999	Quantitative—secondary analysis of patient data, census, hospital data Qualitative—focus groups with physicians	Data: Health Care Cost and Utilization Project Inpatient Database merged with Amer. Hospital Assoc. Annual Survey of Hospitals and Census data; Hispanic and Whites in 3 states—CA, NY, FL;	Language barriers affect cost—e.g., physicians rely on costly and risky diagnostic tests because of communication barriers
9. **Assessing need** for and developing cultural and linguistic competence Latin American Research and Service Agency, 1999	Quantitative—self-assessment survey of providers Qualitative—policy review	Latino patients and providers/administrators of Medicaid MCO serving Latinos—physicians, nurse practitioner, phys. asst., nurses	Effective patient-provider communication key to quality health care; language without cultural competence is not enough to create trust between patients and physicians; need to integrate cult. Comp. and language
10. Community-based **assessment** of Hispanic health Council of Latino Agencies, Washington, DC, 2003	Quantitative—survey using probability, stratified sample	819 adult Hispanic residents in Washington, DC	Timely enrollment in CMS programs may limit severe and expensive health problems and health care cost for Hispanics

4. 3 Technical Assistance/Training and Research and Development Activities

The information in this section of the report was compiled from reviews of the final reports for training activities and the program coordinator's summaries of TAT/R&D activities. Table 4.3a includes a list of types of TAT/R&D activities, frequency of offerings, and numbers of participants by program based on the program coordinator's report. Table 4.3b includes a list of all training activities, locations, and numbers reached based on written reports.

Table 4.3A
Number of Participants in Technical Assistance/Training (TAT) and
Research and Development (R&D) Activities*

Project Type	**Number of Trainings (n)**	**Number of Participants by Program**		
		HBCU (n)	**HSI (n)**	**Totals (n)**
Grant Writing Workshops	17	369	250	619
Data Users Workshops	16	284	181	465
HBCU Data Users Conferences	2	120	-	120
HBCU Infrastructure	2	80	-	80
Health Services Research Conferences	11	1,397	192	1,589
HBCU Partnership Conferences	2	290	-	290
HBCU Research Networking Seminars	5	311	-	311
TOTAL	**55**	**2,851**	**623**	**3,474**

*Summary generated using Program Coordinator's written reports

The TAT/R&D activities provided training and networking experiences for more than 3,400 participants primarily from HBCUs and HSIs. Some of these events also included participants from partner organizations, faith-based institutions, Federal agencies, and community-based organizations. Workshop locations varied as they were selected for their proximity to an HBCU

Table 4.3B

Summary of Technical Assistance/Training and Research and Development Activities: Frequency, Locations, Target Audiences, and Numbers Reached*

Activity Type/Code	Number of Activities	Locations	Audiences**	Numbers Attended
1. HBCU/HSI Grant Writing Workshops	17	8 at HBCUs—Mid-Atlantic and Southern Regions;	HBCU/HSI junior faculty, graduate students, health profs., researchers, FBOs	369
		9 at HSIs—Mid-Atlantic, Western, Midwest Reg.		250
2. HBCU/HSI Data Users Workshops/ TA on Accessing and Utilizing CMS' Medicare and Medicaid Data for Research	16	8 at HBCUs in Mid-Atlantic and Southern Regions; Private organization;	HBCU/HSI health services researchers	284
		8 at HSIs in Mid-Atlantic, Western and Midwestern Regions		181
3. HBCU Data Users' Conferences	2	Howard University Washington, DC	HBCU faculty, administrators, health services researchers;	120
		Morehouse College Atlanta, GA	HBCU researchers; DHHS, CMS reps.;	
4. Developing Capacity for HBCUs Infrastructure to Conduct Health Services Research	2	Southern University and A & M College Baton Rouge, LA	20 HBCUs—faculty and other researchers from Mid-Atlantic and Southern Regions	40
		Bowie State University- Bowie, MD	Faculty members; Directors—Offices of Sponsored Programs, Contracts and Grants; VPs—Institutional Advancement, Planning & Research	40
5. HBCU Office of Sponsored Programs Project	12	CMS/DHHS/OMH/Office of Public Health & Science/Minority Health Professions Foundation Atlanta, GA	12 HBCUs; staffs and Directors in Offices of Sponsored Programs	-
6. HBCU/HSI Health Services Research Conferences	11	7 HBCUs in Mid-Atlantic and Southern Regions	HBCU/HSI grantees; reps. NIH, NCI, AHRQ, CDC, NCMH, NCHS, state health depts., CBOs, FBOs, majority institutions., students, health profs.	1,247
		1 at CMS		150
		3 at HSIs in Mid-Atlantic and Southwestern Regions		192

**Summary generated from review of Program Coordinator's written reports*

Table 4.3B—*continued*

Activity Type/Code	**Number Activities**	**Locations**	**Audiences****	**Numbers Attended**
7. CMS/HBCU Partnership Conferences	2	Southern University and A&M College Baton Rouge, LA	Reps. from HBCUs, CMS, White House Initiative on HBCUs, OMH, DHHS, New Orleans Dept. of Health, Tulane Univ. School of Public Health, Southern Univ.	162
		Bowie State University Bowie, MD	Reps. from HBCUs, CMS, majority institutions., NIH, NCI, AHRQ, NCHS, AoA, OMH, MD State DOH, SHIRE, Prince George's Co. Health Dept., Delmarva Fdtn.	128
8. HBCU Research Network Seminars	4	Tennessee State University, Center for Health Research Nashville, TN	HBCU health services researchers, faculty members, health profs.	25
		Southern University and A&M College Baton Rouge, LA	HBCU health services researchers, faculty members, health profs	30
		Bowie State University 45 Bowie, MD Southern University 181 Baton Rouge, LA	Health disparities researchers in Mid-Atlantic region Southern Region	226
9. HBCU Health Services Research Network Planning Meeting	1	Minority Health Professions Foundation Atlanta, GA	HBCUs in Mid-Atlantic & Southern regions; researchers, faculty, sponsored research admins	30
10. Conference on Improving Health Outcomes in Minority Populations: Building on Minority Centers for (MEDTEP Progs)	1	Collaboration: CMS, Henry Ford Health System Resource Center for African American Aging Research, AHRQ, NIA, Veterans Admin., Pfizer, Inc. Arlington, VA	MEDTEP Centers researchers, reps. from CMS, AHRQ, NIH, other federal agencies, minority-focused research centers, public and scientific comm	200
11. American Public Health Association (APHA) Annual Conferences	7	Sites of the APHA Conferences in 1997-2002 and 2004	Grantees; reps. from public health orgs./ assocs., fed. govt., FBOs, HBCUs/ HSIs, CBOs, maj. instns., res. orgs., foundations	Appx. 175
12. HBCU Visiting Scholars Associates Program	2 (individuals; 90-dy appt)	CMS Central Headquarters	Associate Professor, Anthropology, Morgan State University	1
		Regional IV Atlanta Office	Associate Professor/ Dir., Office of Spons. Prog. Shaw University	1
TOTAL				**3,851+**

Acronyms/Abbreviations:** ***AHRQ-Agency for Healthcare Research and Quality ***AoA***-Administration on Aging ***CBO***-community-based organization ***FBO***-faith-based organization ***MEDTEP***-Medical Treatment Effectiveness Programs ***NCHS***-National Center for Health Statistics ***NCI***-National Cancer Institute ***NCMHD***-National Center for Minority Health and Health Disparities ***OMH***-Office of Minority Health ***NIH*** National Institutes of Health or HSI that served as co-sponsor/co-host of the workshops. Funding was made available primarily to grantee institutions that also held research grants or to HBCU/HSI partner organizations, such as the National HBCU Research Network for Health Services and Health Disparities. These were regional workshops so institutions/locations were also selected for the regional proximity to other HBCUs and/or HSIs, and in some instances for their proximity to CMS headquarters or regional offices. Participants evaluated each activity and these evaluation reports provided the basis for reported outcomes. A summary of the objectives of each type of TAT/R&D activity and reported outcomes follows.

Grant Writing Workshops

There were 17 workshops, which attracted 369 participants for HBCU workshops and 250 for HSI workshops. The objectives of these workshops were to: train HBCU and HSI researchers, faculty members, and health professionals to develop fundable research proposals relative to understanding and improving certain aspects of minority health behavior; develop an HBCU and HSI network of cross-institutional collaborators in health services research; explore methods of increasing minority participation in research populations; examine successful grants that have been written to learn more about the mechanics of writing a fundable grant proposal; enhance the capacity of HBCU and HSI researchers to work with CMS.

Reported outcomes based on evaluation forms completed immediately following the workshops or shortly thereafter were as follows: 1) Investigators had a clearer understanding of how to write a health services research grant and the CMS grant review process; 2) Cross-institutional collaborations were initiated; 3) Research workgroups were organized to develop ideas for health services research projects; 4) Letters of intent were developed and submitted to CMS; 4) Participants received additional information from conference trainers after returning to their campuses; and 5) participants from the workshops submitted applications to the HBCU and

HSI grants programs; some were successful in the CMS grants competition, and others were successful in other competitions.

Data Users' Workshops

There were 16 workshops; 284 participants attended the HBCU workshops and 181 participants attended the HSI workshops. These workshops provided participants with technical assistance on accessing and utilizing CMS' Medicare and Medicaid data systems for health services research. Objectives of the workshops were to: increase the number of HBCU and HSI investigators with the basic skills needed to begin conducting research focusing on minorities using CMS data sets; orient HBCU and HSI researchers to the use of CMS' Medicare, Medicaid, and Medicare Claims Beneficiary Survey data; inform HBCU and HSI researchers about the acquisition and use of CMS data files including file layout, data field definition, and manipulation and use of CMS data for research purposes; provide hands on experience with using CMS data sets to answer research questions; increase researchers' technical skills and ability to conduct minority health services research; encourage cross-institutional collaboration focusing on using CMS data; and inform HBCU and HSI researchers about CMS' Research Data Assistance Center (ResDAC).

Reported outcomes for the data users' workshops included the following: 1) Participants gained knowledge about how to utilize CMS data to answer research questions related to health care quality and reducing health disparities for African American and Hispanic American communities; 2) Participants were encouraged to utilize CMS data sets; 3) Participants identified their research interests and potential collaborators, partners, and/or mentors for a research project; and 4) Participants became knowledgeable about CMS' Research and Data Assistance Center (ResDAC).

Data Users' Conferences

There were two data users' conferences held at HBCUs which were designed to increase researchers' awareness of the CMS data and data systems and more specifically to enhance capacity at HBCUs to conduct health services research. The two conferences were held at Howard University in Washington, DC (50 participants), and the other at Morehouse School of Medicine in Atlanta, Georgia (70 participants). Specific objectives of these data user's conferences were to: provide HBCU health services researchers with an increased awareness about CMS, CMS data systems, and how CMS components and extramural researchers use these data in relevant content areas; establish an initial network of HBCU health services researchers with established linkage and contact with CMS staff; present attendees with an overview of the mission, goals, and organizational functions of CMS; provide a comprehensive overview of CMS research activities that may be of relevance to the HBCU research community; inform HBCU researchers about the CMS' grants process; increase HBCUs' capacity to conduct health services research using CMS Medicare and Medicaid data, i.e., the design, implementation, and operation of research projects that address health care issues such as delivery, access, and quality; and encourage HBCU researchers to pursue funding at CMS and other Federal agencies and to submit high quality applications for funding.

Reported outcomes for these two HBCU data user's conferences were as follows: 1) Fostered inter-university communication regarding health care issues; 2) Development of a research network among HBCUs; 3) Encouraged HBCU researchers to work individually and collaboratively in health services research activities; 4) Establishment of four research groups to focus on cancer, maternal health, diabetes, immunizations; and 5) Development of goals and action steps for research development.

HBCU Infrastructure Workshops

Two workshops were held: one at Southern University and A&M College in Baton Rouge, Louisiana (40 participants) and the other at Bowie State University in Bowie, Maryland (40 participants). The objectives of these workshops were to: discuss barriers experienced by HBCUs in obtaining funding for health services research; discuss the Office of Sponsored Programs infrastructure that may facilitate obtaining funding for health services research; inform attendees about the process of obtaining and completing health services research grants submitted to CMS; identify resources, capabilities, and priorities of the Office of Sponsored Programs; and increase the capacity of HBCUs to develop quality research.

Reported outcomes included: 1) Increase knowledge about the strengths and weaknesses of the Office of Sponsored Programs infrastructure at HBCUs; 2) Identified strategies for increasing incentives for researchers at HBCUs, such as release time and salary increases; and 3) Develop recommendations to improve the infrastructure of HBCUs.

HBCU/HSI Health Services Research Conferences

Eleven research conferences were held throughout the U.S. to provide forums for researchers to disseminate their research findings about racial disparities in health outcomes. Nearly 1,400 participants attended the HBCU and HSI conferences. Conferences were planned as regional events and were held at various HBCU and HSI research grantee institutions. One of the conferences was also held at the CMS Central Office (Auditorium) in Baltimore, Maryland. The conferences were designed to share research findings, foster networks, establish partnerships, and facilitate "co-mentoring" (i.e., faculty members could gain new knowledge, expertise, and other capacities from faculty and health professional researchers at their peer institutions in the same or other disciplines).

Specific objectives of the health services research conferences were to: disseminate research findings about racial disparities in health outcomes; address critical issues in health disparities that threaten the health of African American and Hispanic communities; discuss strategies to minimize the differences in health status among African Americans and Hispanic Americans; describe emerging approaches to decrease barriers to care in the African American and Hispanic American communities; discuss successful interventions for decreasing health disparities among African Americans and Hispanic Americans; discuss implications for health policy decisions resulting from research findings; provide a forum for discussion about the HBCU and HSI health services research projects; discuss capacity building, community outreach/intervention strategies, and methods for health services research in minority communities; and establish partnerships among HBCUs and HSIs with local, state and federal government agencies and other prospective partners to address disparities in health outcomes for African Americans and Hispanics/Latinos.

Reported outcomes were as follows: 1) Exchanged scientific information about ongoing health services research; 2) Networked with researchers and government representatives focusing on minority health; 3) Increased knowledge about CMS mission and goals; 4)Shared methods of conducting health services research with a diverse population; 5) Identified policy implications for research findings; 6) Developed strategies to address the differences in health status and health disparities experienced by the African American and Hispanic American population; and 7) Developed recommendations to improve the health outcomes of African Americans and Hispanic Americans.

In addition, partnerships were formed between HBCUs and HSIs and other parties interested in reducing health disparities and improving the health status of African Americans, Hispanic Americans, and other underserved populations such as: the National Institutes of Health

(NIH), National Cancer Institute (NCI), Agency for Healthcare Research and Quality (AHRQ), National Center on Minority Health and Health Disparities (NCMHD), National Center for Health Statistics (NCHS), majority institutions, state health departments, community based organizations, faith-based organizations, graduate students, and health professionals.

HBCU Partnership Conferences

Two CMS/HBCU partnership conferences were held: The theme of these conferences was, "Fostering Partnerships to Improve Health Quality and Reduce Health Disparities among African Americans." One was held at Southern University and A&M College in Baton Rouge, Louisiana and the other was held at Bowie State University in Bowie, Maryland. Specific objectives were to: provide an open/public forum to discuss issues and make recommendations related to CMS' programs and priorities designed to improve the quality of health care for African Americans; share information and ideas among HBCUs and CMS to develop a plan to promote better outcomes among African American Medicare and Medicaid beneficiaries; form and support partnerships to increase avenues of communication, promote achievement of goals, and strengthen HBCU capacity building; increase knowledge about the needs of HBCUs in order to conduct quality health services research; increase knowledge about CMS' mission, goals, and research priorities; and discuss the advantages of the formation of college/university consortia working together to develop program and research proposals for CMS.

The first conference at Southern was attended by 162 attendees with representatives from CMS, HBCUs, the White House Initiative on HBCUs, the Office of Minority Health, DHHS, the New Orleans Department of Health, Tulane University School of Public Health, and the Southern University System. The conference at Bowie State University was attended by 128 individuals, including representatives from HBCUs, CMS, majority institutions, DHHS, NIH, NCI, AHRQ, NCHS, Administration on Aging, U.S. Office of Minority Health, Maryland State

Department of Health and Mental Hygiene, Summit Health Institute for Research and Education (SHIRE; local partner in community where conference was held), Prince George's County Health Department (county where conference was held), and the Delmarva Foundation (serving the tri-state region where the conference was held—Delaware, Maryland, and Virginia).

Reported outcomes for these conferences were: 1) Identified resources, capabilities, and research priorities of HBCUs and CMS; 2) Identified specific topics related to increasing health disparities around which partnerships could be formed between HBCUs and CMS; 3) Identified approaches to reducing barriers to partnering; 4) Explored strategies for establishing partnerships between HBCUs, CMS, majority institutions, foundations, community-based organization, and others; and 5) Discussed strategies to increase the capacity of HBCUs to conduct quality health services research and educational outreach.

HBCU Research Network Seminars

As shown in Table 4.3A, five HBCU networking activities were held and 311 researchers attended these seminars. The initial activity was the HBCU Health Services Research Network Planning Meeting held in 1996 at the Minority Health Professions Foundation, in Atlanta, Georgia. This meeting included participants from HBCUs in the Mid-Atlantic and Southern Regions, and was attended by researchers, faculty members, and sponsored research administrators at these institutions.

Specific objectives of the HBCU Health Services Research Network Planning Meeting were to: identify an advisory committee to implement program activities for the network; identify appropriate individuals to coordinate the efforts of the network; discuss the development of an information center for collection and dissemination of information to HBCUs; address ways to increase the capacity of HBCUs to develop quality research; identify ways to promote HBCUs' access to major research initiatives; develop a dialog of research ideas and mutual assistance in utilizing CMS data bases effectively; and encourage collaboration/partnerships among researchers at HBCUs and other predominately Black colleges.

Reported outcomes of the initial planning meeting were as follows: 1) Began the first step toward the development of an HBCU network to compete for funding available through Federal, state, and local funding institutions, both governmental and foundation-based; 2) Development of goals and objectives, justification, and rationale for the network; 3) Selection of officers and standing committees for the Network; 4) Establish the foundation for the development of collaborative initiatives with researchers from HBCUs, other academic institutions, and consulting firms; 5) Began the process of developing a strategic plan for the Network; 6) Suggested strategies in which participating HBCUs could pursue integrated programs of research; and 7) Discussed strategies to foster inter-university communication and collaboration regarding health care issues in the African American community. The Network is formally titled, The National Historically Black Colleges and Universities Research Network for Health Services and Health Disparities.

Four subsequent seminars were held on the theme, “Investigating Determinants of Health Disparities in the African American Communities:” one at Tennessee State University in Nashville, two at Southern University and A&M College, and one at Bowie State University. Specific objectives of these seminars were to: share research findings on selected HBCU research projects; discuss HBCU researchers’ current knowledge about health disparities among African Americans; discuss HBCU strategies to address health disparities among African Americans; clarify the role of the HBCU Research Network in helping to reduce health disparities; identify HBCU health disparities research needs; and identify gaps in the knowledge about health disparities.

Reported outcomes of the research networking seminars were as follows: 1) Identified gaps in the knowledge about health disparities; 2) Made recommendations to improve the health outcomes of African Americans; 3) Identified future network strategies for near/short/long term goals; 4) Discussed emerging approaches to address the differences in health disparities and health status among African Americans; and 5) Discussed potential collaborative research efforts related to health issues in the African American community.

Other TAT/R&D Activities

There were four other sets of activities which were also sponsored or co-sponsored by the CMS HBCU/HSI programs: 1) an HBCU Office of Sponsored Programs Project; 2) a collaborative conference on improving health outcomes for racial-ethnic minorities; 3) a Visiting Scholars Program; and 4) presentations at the annual meetings of the American Public Health Association.

Office of Sponsored Programs Project

Between October 1995 and October 1998, CMS' ORDI was involved in a cooperative agreement with the DHHS Office of Minority Health, and the Minority Health Professions Foundation. Staff at 12 HBCUs participated in the program. These participants included the Directors and their staffs of HBCU Offices of Sponsored Programs at HBCUs and their staff. Specific objectives were to: increase the participation of twelve (12) selected institutions in service, technical, biomedical, and scientific related Federal and non-Federal Department of Health and Human Services (DHHS) initiatives by providing training and technical assistance in the development and/or enhancement of an Office of Sponsored Programs on their respective campuses; familiarize HBCUs with the various grant making programs available through DHHS and non-Federal sources; provide information about implementation of fiscal and financial management policies and procedures in compliance with Federal guidelines; develop the appropriate skills, knowledge, and abilities needed for the preparation of research training proposals and the development of grants; broaden the exposure of DHHS and other grant making entities to HBCUs that completed training and were available to participate in health related activities (advisory boards, faculty development, student internships, and fellowships); ensure HBCUs' ability to develop, implement, and sustain the appropriate administrative and management infrastructure to support federally funded initiatives; and establish an ongoing channel of communication between DHHS, HCFA (presently CMS) and selected HBCUs (through the Minority Health Professions Foundation) to facilitate ongoing awareness of DHHS initiatives and HBCU capabilities.

Reported outcomes for the Project were: 1) Publication of a comprehensive curriculum and related training manual to develop knowledgeable and skilled leaders for an Office of Sponsored Programs; 2) Delivery of a curriculum to teams from each of the participating schools; 3) Preparation of training manuals that can be used by others in teaching/learning situations; 4) Delivery of technical assistance and completion of initial post-training assessment of training effectiveness through a site visit to each participating school; and 5) Evaluation of the effectiveness of the training and of the project's impact on the administrative infrastructure of the Office of Sponsored Programs at participating schools.

Collaborative Conference on MEDTEP

In September 1998, a conference was held on "Improving Health Outcomes in Minority Populations: Building on the Minority Centers for Medical Treatment Effectiveness (MEDTEP) Programs." This conference was a collaboration between CMS/ORDI; Henry Ford Health System Resource Center for African American Aging Research; AHRQ; National Institute on

Aging; Veterans Administration; and Pfizer, Inc. The conference was held in Arlington, Virginia and drew 200 participants including: HBCU and HSI researchers; other minority researchers; policy makers; media; the research community; advocacy groups; majority universities and colleges; and representatives from CMS, other Federal Government agencies, and the sponsoring organizations. Specific objectives of the conference were to: analyze, review, and develop strategies to address the differences in health status and barriers to care among minority populations; advance health and health care provided to vulnerable populations; discuss the use of a Center structure to develop a minority health agenda; discuss the Center experiences in developing minority investigators; and describe methodological advancements including advancements in assessment of barriers to care and differences in health status in vulnerable populations.

Reported outcomes included the following: 1) Informed CMS, AHRQ, NIH, other Federal agencies, minority-focused research centers, and the public and scientific community about research activities from MEDTEP; 2) Shared results of studies to improve health outcomes in minority and vulnerable populations; 3) Disseminated program information to stakeholders; 4) Communicated future directions for research and health policy related to minority health outcomes based on the MEDTEP Centers perspective; and 5) Provided information on improving the effectiveness of medical diagnosis and treatment in minority populations.

Visiting Scholars Program

The program sponsored the placement of two scholars at CMS' Central Headquarters Office in Baltimore, Maryland and the Region IV Office in Atlanta, Georgia. Both scholars were from HBCUs. The appointee at CMS' Central Office was an Associate Professor of Sociology/Anthropology at Morgan State University in Baltimore, Maryland. The Region IV appointee was an Associate Professor and Director of the Office of Sponsored Programs at Shaw

University in Raleigh, North Carolina. Specific objectives of the visiting scholars program were to: support the participation of HBCU faculty members in the health services areas of Medicare, Medicaid, and SCHIP at CMS; provide information about CMS' mission and goals and Medicare, Medicaid, and SCHIP; support mechanisms through which health services activities and research are being accomplish; increase participants' knowledge about the policies and procedures which govern the awarding of grants and contracts related to health care delivery of Medicare and Medicaid beneficiaries; provide information about other health related programs, and legislative/budgetary processes; and provide information about CMS' administrative procedures.

Outcomes reported by the participants were: 1) Participated in research panel review meetings, workshops, and conferences; 2) Identified and collected data needed to improve the utilization of health services by African Americans; 3) Acquired knowledge about the proper acquisition and use of CMS files and data content, including file layouts and data field definitions, and in manipulation and use of CMS data for research purposes; 4) Met with key leadership regarding CMS' mission and goals; 5) Completed extensive literature searches and reviews regarding African American health issues; and 6) Participated in the HBCU workgroup meetings.

APHA Meeting Presentations

Selected grantees attended and presented their research findings in symposia organized and sponsored by the CMS HBCU/HSI research grant programs at the annual meetings of the American Public Health Association. These panel sessions were held on-site at the APHA conferences in 1997 through 2002 and in 2004. Specific objectives of these presentation activities were to: present and discuss issues about the influence of race on access to and use of prevention and primary and acute care services; describe successful community-based approaches to reducing health disparities among African American and Hispanic American communities; present research findings on selected HBCU/HSI projects; provide a forum for discussion about the HBCU/HSI projects and implications for policy decisions regarding African American and Hispanic American health; disseminate information about the HBCU and HSI Health Services Research Grant Programs.

Reported outcomes included: 1) Audiences reached—An average of 25 participants at each panel session, including representatives from public health; organizations and associations, federal government, faith based organizations, HBCUs, HSIs, community based organizations, majority universities, foundations, research organizations among others. 2) Presenters who benefited reported that they: a) Exchanged scientific information on HBCU/HSI ongoing research; b) Presented strategies designed to help reduce health disparities among the African American and Hispanic populations; c) Shared results of their studies to improve health outcomes in the African American community and Hispanic community; d) Identified policy implications for research findings; e) Networked with participants at the conference; and f) Shared methods of conducting health services research on a minority population. A summary of the APHA presentations appears in Appendix G. Some presentations served as the basis for manuscripts that were later published in peer-reviewed journals; some of these as well as other selected publications of the expert consultants and other grantees appear in Appendix H.

4.4 HBCU and HSI Educational Outreach and Disease Prevention Activities

To further address the CMS mission to "assure health care security for beneficiaries" and CMS' objectives for improving access to quality health care, the HBCU and HSI research grant programs also supported 15 projects that delivered various education/outreach and disease prevention activities. These activities were designed to provide information to increase awareness and knowledge, clarify myths, test outreach and education strategies, and increase access to health care for disease prevention for vulnerable populations. Programs were specifically funded in four areas: adult influenza immunizations, diabetes self-management, obesity self-management, and faith-based and community health education for African American seniors. The first three programs targeted both African American and Hispanic/Latino beneficiary populations. These activities and the number of participants are summarized in Table 4.4. A complete listing of the objectives and outcomes for each type of activity is presented in Appendix E along with the grantees, their locations, numbers of workshops or other activities conducted, and number of participants reached by each program (HBCU or HSI).

These projects reached nearly 3,000 beneficiaries or eligibles. The 15 contracts were used to implement 96 activities. Most activities were workshops held in community locations in partnership with churches, health clinics, schools, HBCUs or HSIs, a sorority, and housing facilities such as YMCA elder housing, temporary shelters for men, and low-income resident housing. Two of the Hispanic projects were pilot studies to test the effects of tailored diabetes education. Most projects have been completed, but three of the obesity self-management projects are still in progress. (See Table 4.4).

Table 4.4
Numbers of Contracts, Workshops and Numbers Reached in
Education and Outreach and Disease Prevention Activities

Project Type	**Number of Contracts**	**Number of Activities**	**Number of Participants by Program**		
			HBCU n	**HSI n**	**Totals N**
Community-based Adult Immunization	3	18	483	393	876
Community- Based Diabetes Self-Management	7	37	938	177	1,115
Community- Based Obesity	4	36	224	646	870
Faith-based and Community Health Education for African American Seniors	1	5	124	--	124
TOTALS	**15**	**96**	**1,769**	**1,216**	**2,985**

Specific outcomes for the projects varied by project type. The adulthood influenza immunization projects provided free flu shots to 876 African American and Hispanic adults age 50 and older. In addition to receiving their immunizations, participants were also provided with health knowledge about the importance of securing immunizations and complications of not receiving immunizations. Short-term outcomes indicated increased numbers of individuals obtaining flu shots and increased health knowledge. Expected long range outcomes included: improved immunization self-care behaviors and lifestyle changes; decreased incidences of influenza and pneumococcal disease complications; and decreased hospital days, health care expenditures, and morbidity related to this heath problem.

The diabetes self-management projects provided education to 1,115 African Americans and Hispanic Americans, most of whom had been diagnosed with diabetes mellitus (DM). Immediate outcomes included: increased knowledge of diabetes, increased awareness of complications associated with uncontrolled diabetes, and increased knowledge of self-management of diabetes. Expected long range outcomes included: improved diabetes self-care behaviors and lifestyle changes; increased physical activity; improved adherence to diabetes treatment; decreased incidence of complications; and decreased hospital days, expenditures, morbidity, and/or disability related to this disease.

The obesity self-management projects provided educational and health promotion interventions to 870 African Americans and Hispanic Americans. Immediate outcomes included: increased knowledge of obesity, awareness of complications associated with obesity, and knowledge of self-management of obesity. Expected long range outcomes included: improved obesity self-care behaviors and lifestyle changes (dietary control, increased physical activity, and weight loss); and decreased incidence of complications, hospital days, health care expenditures, morbidity, and/or disability related to obesity.

The faith-based community health education project was implemented in a Baptist church in Baton Rouge, Louisiana and reached 124 African American seniors. The educational activities focused on enhancing the physical, spiritual, and mental well being of seniors and their families. Using the theme, “Seniors Leading the Way to Better Health,” seniors were provided with experiences and information about good health practices to prepare them to serve as role models in advocating healthy lifestyles for themselves and their families. The education focused on adult immunizations, diabetes, cancer, hypertension, and stroke. Expected outcomes were: improved education, knowledge, and awareness; prevention of heart disease and stroke; and reduced complications resulting from the conditions on which education was provided.

4.5 Funded Value of the Portfolios

The total HBCU and Hispanic Research Grant Programs portfolios and related program activities were funded at $14,071,631. Table 4.5a summarizes the total research funds distributed over the history of the programs by activity type and program. In Appendix F, Tables F1-F6 provide more details (e.g., grantees, year of funding, and project status) for the distributed funds by program (i.e., HBCU and HSI) and activity type (i.e., research intervention, research non-intervention, TAT/R&D, or education/outreach and disease prevention). As shown in Table 4.5A, more than half (57.3%; $8,056,479) of the funds were distributed to the intervention research grants projects; and 27.6% ($3,889,422) was distributed to the non-intervention research projects, for a total of $11,945,901 in support of research activity (85.4% of the total funds distributed). The amount distributed for technical assistance/training and research and development activities was $1,698,690 (12.1% of the total funds); and education/outreach and disease prevention activities funds totaled $427,040 (3% of the total funds distributed). By program, 58.8% of funds were distributed to HBCU grantees or HBCU-focused training and outreach activities; 42.8% of funds were distributed to HSI grantees or HSI-focused training and outreach activities. These percentages are somewhat artificial in that some training activities and outreach and disease prevention activities may have included both African American and Hispanic/Latino serving organizations and CMS beneficiary populations.

Table 4.5A
Summary of Funds Distributed by Activity and Program*

Research/Activity Type	**Distribution of Funds by Program**			
	HBCU	**HSI**	**Totals**	**% Activity Funds are of Total**
Intervention Research	$5,413,949	$2,642,530	$8,056,479	57.3
Non-intervention Research**	$1,512,198	$2,377,224	$3,889,422	27.6
Technical assistance/ Training and R&D***	$1,143,690	$ 555,000	$1,698,690	12.1
Education/Outreach and Disease Prevention	$ 240,000	$182,040	$ 427,040	3.0
TOTALS	**$8,309,837**	**$5,756,794**	**$14,071,631**	100.0

**See Appendix F for Tables with funding details by activity, program, year, and project status.*
***Quantitative and qualitative projects*
****R&D: Research and Development*

Table 4.5B displays the amount awarded by year across both programs for the intervention and non-intervention projects. Figure 4.1 (see page 61) graphically displays these same data. Funding for the programs has been declining steadily since 2000.

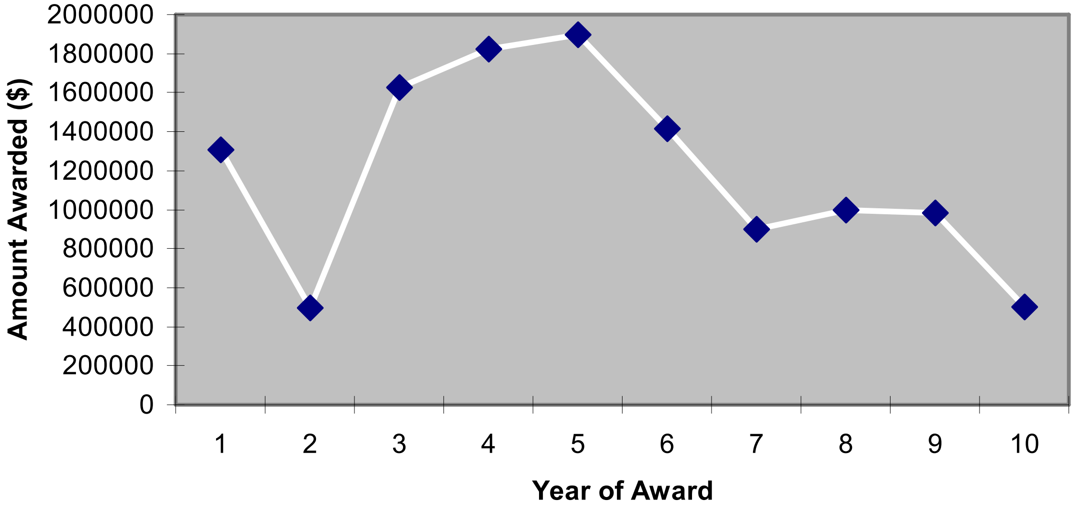
Table 4.5B

Summary of Amounts Awarded and Number of Grants for Intervention and Non-Intervention Projects across both the HBCU and HSI Programs (by Year)

Year	Amount Awarded	Number of Programs				
		Total N	**HBCU N**	**HSI** N**	**Intervention N**	**Non-Intervention*** N**
1996-97 N, C	$1,306,555	6	6	--	4	2
1997-98 N,C	656,939	3	3	--	2	1
1998-99 N,C	1,466,919	6	3	3	3	3
1999-2000 N,C	1,824,722	8	4	4	4	4
2000-01 N,C	1,898,934	8	4	4	5	3
2001-02 N,C	1,415,784	6	3	3	4	2
2002-03 N,C	896,845	4	2	2	3	1
2003-04 N,C	998,876	4	2	2	3	1
2004-05 N,C	980,521	4	2	2	4	--
2005 N	499,806	4	2	2	4	--
TOTAL	**$11,945,901**	**53**	**31**	**22**	**36**	**17**

** New Studies (N) and Second-year Continuation Studies(C)*
***HSIs were first funded in 1998*
****Program emphasis shifted to intervention studies only with the FY2004 PAs*

Figure 4.1 Amount Awarded by Year for Intervention and Non-Intevention Projects (Both Programs) (1=1996 10=2005)



4.6 Focus of Projects and Activities Relative to CMS' Mission and R&D Program

In this section, a discussion of the ways in which the HBCU and HSI projects and activities fit with the CMS mission and assist in accomplishing the R&D functions is provided. In a later section (Section 8) a summary of the assessment of the relationship between CMS research investments in the HBCU and HSI Programs and CMS program improvements (performance goal R1-05 in CMS' APP for FY05) is offered.

Relative to CMS Mission and Goals

> CMS accomplishes its mission "to assure health care security for (its) beneficiaries" by pursuing six major goals and related program objectives (refer to Section 1.2). The projects and activities of the HBCU/HSI Programs fit well with two of the three CMS goals, which are to: "protect and improve beneficiary health and satisfaction," and "promote understanding of CMS programs among beneficiaries, the health care community, and the public." The specific CMS program objectives to which these projects relate include: 1) "improve access to services for underserved and vulnerable beneficiary populations, including eliminating health disparities"; and 2) "strengthen CMS' communications with (its) beneficiaries, caregivers, partners, and stakeholders to enhance the information provided to beneficiaries."

Several programs and activities described in Section 4 and the project summaries in Appendices B through F have focused on the CMS goals and program objectives above. For example, many projects have specifically sought to protect and improve beneficiary health, and/or promote better understanding of CMS programs. HBCU and HSI programs have reached approximately 19,000 CMS beneficiaries, eligibles, their partners, stakeholders, and caregivers, across the research intervention and outreach projects. Beyond these groups, the technical assistance/training and R&D activities reached approximately 3,800 individuals from various stakeholder groups. These figures are conservative estimates given that there are expected to be additional numbers reached/served in reports for projects still in progress or completed projects for which final reports had not been received at the time of this assessment. More specificity about this fit relative to the CMS mission follows.

Some programs focused on providing information about enrolling in Medicare, Medicaid or SCHIP, or provided beneficiaries who were already enrolled with education directly or through/to their providers to improve access to health care services (e.g., immunizations and screenings). For example, some beneficiaries or their caregivers were unaware of their eligibility for preventative health screenings covered under Medicare, Medicaid, or SCHIP. Several programs that focused on providing information to and enhancing the knowledge of beneficiaries or eligibles included populations across the life span—women during the perinatal period, uninsured infants, young children in need of immunizations, adolescents at risk for injuries due to violence, pregnant and parenting teens, young adults who are homeless, middle-aged adults who are mentally ill, migrant and seasonal agricultural workers at risk for environmental health problems, post-reproductive age women on the U.S.-Mexico border, and inner-city and rural elderly. In some projects populations were included in the intervention and education/outreach programs who were at risk for or living with diagnosed conditions and eligible for care under Medicare, Medicaid, or SCHIP (e.g., screenings for prostate cancer, breast cancer, and cervical cancer; dental health; or eligibility to enroll in insurance programs).

In several studies, beneficiaries or eligibles who had not yet experienced the targeted health condition received education or services to screen for, prevent or manage the health condition. Various preventable health problems were the focus of these studies—e.g., diabetes mellitus, obesity, CVD, and HIV/AIDS. Such prevention is expected to stem the rise in health disparities for vulnerable populations. As shown in the program logic model, it is expected that through education and/or information about screening, self-care and healthier lifestyles, some conditions will be prevented while others will require earlier detection, improved adherence behavior/ treatment, and participants' engagement in healthier lifestyles to reduce complications associated with these conditions—which should, ultimately, result in reduced disparities in morbidity, disability, and mortality.

Healthcare professionals such as physicians, nurses, and case managers were also targeted in some studies or educational outreach activities. In still other projects, the general public was targeted as a strategy for helping vulnerable populations to achieve improved access to care and services. Train-the-trainer programs proved useful in expanding the network of available health educators for a targeted community or populations at risk. For example, *promotoras* and health navigators provided needed bilingual and bicultural advocates in some community-based programs; educating intragenerational caregivers of the elderly was found to be a promising practice for getting information to the elderly who might be too frail to attend educational sessions held outside the home; and educating physicians and case managers about the cultural and linguistic needs of Hispanic Americans in a Medicaid HMO resulted in needed improvements in utilization of services.

A shortcoming of these programs, however, is the two-year timeframe for funding. Unlike related research grants supported by NIH or CDC, which have a five-year life cycle, the HBCU and HSI projects are expected to result in culturally sensitive, promising approaches, that are developed, pilot tested, implemented, and evaluated within a two-year timeframe. Therefore, realistically and practically only individual level outcomes related to changes in knowledge, awareness, and intentions to change behavior can be measured. The intermediate and longer-term outcomes, which were often stated at the systems level, cannot be measured within a two-year timeframe. Examples of intermediate term, systems-level changes might include institutional changes in research capacity and changes in health care systems that improve access to and quality of care. Examples of longer-term, systems-level changes might include reduced costs, morbidity, mortality, and disability that result in eliminating health disparities for a particular health condition/issue.

It is noteworthy that at the time of this assessment the HBCU and HSI programs had reached approximately 19,000 CMS beneficiaries, eligibles, and related stakeholders across the intervention and educational outreach projects. Thus, while collecting important data on these beneficiary populations that can guide the Agency's future direction, the projects have also provided needed services to a sizeable group of underserved and vulnerable beneficiaries or eligibles. Also of note is that some researchers do apply for additional funding from other agencies to sustain their programs.

The TAT/R&D activities also facilitated progress on the CMS goal to promote understanding of its programs and the related program objective to strengthen communications with stakeholders. The grant writing workshops, data user conferences, research networking seminars, approximately 3,500 participants attended infrastructure conferences, research conferences, and partnership conferences. Participants included HBCU and HSI PIs, their colleagues and graduate students; prospective grantees; partners from community-based and faith-based organizations; professional associations; representatives from other Federal agencies, foundations, and private for-profit or non-profit entities. In some forums, CMS representatives were present to inform participants about CMS programs and research priorities and to increase their knowledge of CMS' mission and goals. These forums included: the grant writing workshops, partnership conferences, and the data user's conferences. In other settings, CMS representatives learned about the involvement of grantees and their institutions in CMS-related projects and lessons learned to improve CMS programs. One of the conferences ("Improving

Health Outcomes for Minority Populations") was specifically designed to inform CMS and collaborating agencies and organizations about research activities and findings from the Centers for Medical Treatment Effectiveness Programs (MEDTEP). In another partnership conference, grantees made recommendations to CMS about needed services, programs, and research for minority beneficiaries. The Office of Sponsored Programs Project had as a specific objective, "to establish an ongoing channel of communication between DHHS, HCFA (presently CMS)" and selected institutions. Finally, the Visiting Scholars Program had a reported outcome indicating that scholars met with key CMS leadership regarding CMS' mission and goals.

Relative to CMS Research Program

CMS' research program has multiple aims which are to: 1) provide CMS and the health care policy community with objective analyses and information to foster improvement in CMS programs and to guide the Agency in its future direction; 2) develop, test and implement new health care financing policies; 3) monitor and evaluate the impact of CMS' programs on its beneficiaries, providers, States, and other customers and partners; and 4) produce a body of knowledge that is used by Congress, the Executive Branch, and the States to improve the efficiency, quality, and effectiveness of the Medicare, Medicaid, and State Children's Health Insurance programs (APP, V-187). In addition, CMS aims to coordinate its R&D activities on a variety of levels—e.g., with other Federal and State organizations, institutions of higher education, non-profit organizations, professional organizations, community and private partners, and advocacy groups. As with its overall R&D program, the TAT/R&D activities of the HBCU and HSI programs have been critical to "developing research networks, establishing contacts, and producing new knowledge important in defining CMS' R&D agenda, avoiding duplication of effort, stimulating research on CMS issues by researchers outside of CMS, and generally increasing the productivity of CMS R&D." The lessons learned in developing and implementing the interventions and qualitative and quantitative projects have also produced a number of presentations, publications, and other products which are consistent with CMS' research aims. Examples of such products and accomplishments are presented in the next section of this report.

Research Investment Relative to Program Improvements

The research grants provide needed funding for investigators at institutions that have historically lacked the research infrastructure to compete successfully for external funds. Where the infrastructure has been adequate, HBCU and HSI investigators have had the additional challenge of proposing innovative strategies or project ideas that respect the cultural integrity of their target populations but lack sufficient pilot testing or other preliminary studies to convince review panels of their promise. The HBCU and HSI programs encourage the innovativeness that CMS indicates in its goals is valued to improve access to care and services for its hard-to-reach beneficiaries.

The HBCU and HSI grants have often served as the stimulus or catalyst for additional grant writing/seeking that has resulted in richer programming. Regarding its goal to serve as an effective steward of public funds, it seems that the HBCU and HSI programs and related activities have produced substantial outputs relative to their inputs. Nearly 22,000 beneficiaries or eligibles for CMS programs have been reached and a significant number of dissemination activities have increased the professional community's understanding of the risk and protective factors that need attention to further address the widening gap on health disparities for CMS beneficiaries from vulnerable populations. These projects have also yielded a number of culturally appropriate and sensitive intervention models that can be transferred to other settings to address the need for improvements in access to, quality of and cost of care.

5. ACCOMPLISHMENTS

5.1 Accomplishments of Principal Investigators

Several indicators adapted from the MayaTech Corporation's program assessment methodology were used to assess the "impact" of the HBCU and HSI programs on the research capacity of individual investigators and their institutions. These indicators focused on investigators' productivity in terms of: 1) presentations, publications, and other dissemination activities; 2) new products and methodologies based on the funded projects; 3) investigators' professional development and leadership roles in their institutions, or local, regional, state, national or international venues for eliminating health disparities; 4) contributions of the investigators, their project findings, or the overall programs to policy development; and 5) their success in obtaining extramural funding from other governmental agencies or non-governmental and private sector funding sources to sustain their projects, continue health disparities and health services research, or continue to build individual or institutional research capacity. The following sections present evidence of investigators' success in these areas.

This information was obtained through a review of investigators' responses to the program coordinator's requests for additional information about their productivity; reviews of progress and final reports; discussions with expert consultants; and queries of the CRISP database. CRISP (Computer Retrieval of Information on Scientific Projects) is the searchable database maintained by the NIH Office of Extramural Research. It contains federally funded biomedical research projects conducted at universities, hospitals, and other research institutions funded by NIH, Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), CDC, AHRQ, and the Office of Assistant Secretary of Health (OASH). The CRISP queries were used to document the reported funding success and to capture additional information about the grants (e.g., type of funding mechanism, period of performance, and health disparities issues if not apparent in the investigators' reports. Some investigators may have been funded by Federal funding mechanisms not included in this database or were funded and do not show up because of the newness of their grants or data entry errors on the part of the CRISP web manager. Separate tables are included to reflect those projects identified through CRISP. A centralized repository for non-governmental funding sources does not exist; a manual search of each foundation's or private sector's website would have been required which was beyond the scope of work for this assessment. In some cases, press releases or university websites were consulted to verify the data. However, in most instances the self-reported data are reported without triangulation or any other validation.

Presentations

An approach adapted from The MayaTech Corporation's program assessment methodology was to use the number and types of publications, presentations, and other products as "a rough measurement" of the productivity and contributions of the investigators and a [potential] benchmark for measuring the performance of future grantees. This information also indicates the extent to which the outputs from grantees have been widely disseminated throughout the health disparities and health services research fields.

Table 5.1 lists the venues in which investigators have made presentations about their CMS-funded projects (processes and outcomes). These venues include national and international forums in which results, lessons learned, and implications for research, practice and policy have been shared. In addition to these outlets, investigators also listed a host of local and regional meetings at which they shared their knowledge and expertise. These were too numerous to list here but include venues such as: on-campus seminars and grand rounds, community forums, faith-based institutions, state legislatures, county and state health departments, media outlets, worksites, schools, and healthcare settings. Presentations consisted of both peer-reviewed and invited presentations. Some of the invited presentations were keynote addresses or were made in plenary sessions before national audiences; several other sessions were poster sessions or academic lectures.

Table 5.1
Selected Conferences Where Investigators Have Shared Their Project-Related Findings and Lessons Learned

National Meetings:
Academy of Health Services Researchers
Alliance for Health reform
AHRQ User Liaison Program: Workshop for Senior, State, Local, and Tribal Health Officials
American Diabetes Association
American Public Health Association (APHA)
Association of Health Services Meeting
Henry J. Kaiser Foundation Conference on “Race as a Factor in Medical Decision-Making”
National Cardiovascular Health Conference
National Council of LaRaza Annual Conference
PAHO/NHLBI Symposium on *Promotores de salud*, Santiago de Chile, South America
Robert John Schlegel Lecture in Social Pediatrics, King/Drew Medical Center, Los Angeles, CA
University of North Carolina-Chapel Hill School of Public Health Minority Health Project Videoconference

Statewide Conferences:
Convocation of Southern State Epidemiologists
Georgia Statewide Diabetes Conference
Georgia Office of Civil Rights Symposium: Eliminating Racial and Ethnic Health Disparities

Publications

Data were available for 27 of the investigators. Nearly 80% of the investigators reporting (21 of 27 total investigators) published findings or lessons learned based on their CMS-funded research. The self-reports indicate 76 project-related publications overall, with 62 (82%) of them in peer-reviewed journals. Other publication outlets included books or book chapters (edited volumes, some by the investigators), technical reports, or short articles for news journals of their professional organizations. Several publications appear in journals focused on vulnerable populations or racial-ethnic minority groups such as *Ethnicity & Disease*, the *Journal of*

Immigrant Health and the *Journal of the National Medical Association*. A recent volume of the *Journal of Health Care for the Poor and Underserved* was dedicated solely to research produced by the CMS-funded HBCU and HSI research grant projects. This issue included 10 articles in which 14 CMS-funded investigators participated as lead authors or co-authors (see Appendix H for a complete listing). Table 5.2 includes a list of the journals in which selected project-related publications appeared. (See Appendix H for a list of selected publications).

Product and Methodology Development Activities

In addition to disseminating project findings, the projects were quite successful in developing products and methods for potential future use in other health disparities research. Several of the projects reported on products that were produced as a result of their grant. Not surprising, the vast majority of the products were generated by the intervention projects. These products include culturally and linguistically competent health education materials, curricula, brochures, pamphlets, audiovisual materials, and instruments for data collection. Several culturally and linguistically appropriate research methods for recruitment, enrollment, and data collection were also generated. Although most of these products were drawn from reviews of reports of intervention projects, the qualitative and quantitative studies also reported on adapted or newly developed approaches for reaching vulnerable populations. A selected list of such strategies and products appears in Table 5.3.

Table 5.2

Selected Journals in which PIs have published Peer-Reviewed Articles on Project-Related Topics since their HBCU and HSI Award

Ambulatory Pediatrics
American Journal of Cardiology
American Journal of Obstetrics & Gynecology
*American Journal of Public Health***
Archives of Disease in Childhood
Archives of Pediatric and Adolescent Medicine
Arthritis & Rheumatism
Behavioral Medicine
BioMedicina. The Journal of the HispanoAmerican Biomedical Association
Cancer
Cellular and Molecular Biology
Child Welfare
Clinical Pediatrics
Clinical Pediatric Emergency Medicine
Education for Health: Change in Learning and Practice
*Ethnicity and Disease***
*Ethnicity & Health***
Health Affair
Health Care Management Science
Health Education Monograph Series
Health Promotion Practice
Hispanic Health Care International
Journal of the American Board of Family Practice
Journal of the American Medical Association
Journal of the National Black Nurses Association
Journal of Community Health
Journal of Developmental and Behavioral Pediatrics
Journal of Gerontology
Journal of Health Care for the Poor and Underserved,***
Journal of the Hispanic Medical Association
Journal of Immigrant Health **
*Journal of the National Medical Association***
Journal of Pediatrics
Journal of Reproductive Medicine **
Journal of Sexually Transmitted Diseases
Maternal and Child Health Journal
Medical Care
*Medical Care Research and Review***
New England Journal of Medicine
Pediatrics
Pediatric Emergency Care
Prevention of Chronic Diseases
*Public Health Reports***

**In addition to the Special Issue dedicated specifically to HBCU/HSI programs, some investigators have also published individual articles.*

**Multiple investigators have published in the outlet

Table 5.3
Products and Methodologies Produced by HBCU and HSI Projects

CULTURALLY AND LINGUISTICALLY APPROPRIATE MATERIALS:

- Childhood immunizations for physicians
- Childhood immunizations for patients
- Treatment for Dehydration
- Effects of Diarrhea
- Stress Book
- Group Intervention Model Session Outline and Handouts
- *The Soul Food Pyramid: Guidelines for Teaching African Americans with Low Literacy*

NEEDS ASSESSMENTS AND OTHER MONOGRAPHS AND REPORTS

- Key health risk factors and barriers to health care seeking; Nashville, TN (Meharry Medical College and Tennessee State University)
- *The State of Latino Health in the District of Columbia* (Council of Latino Agencies, Washington, DC) 2005
- *Monograph: A Report of a Survey: Factors associated with breast cancer screening among elderly blacks.* Morehouse School of Medicine in collaboration with Clark Atlanta University. June 2002

MEASURES:

Questionnaires for low literacy populations
Risk assessments, preventive assessments, disease management guides, health history, dietary intake, *Health Care Practices Questionnaire*

STRATEGIES FOR RECRUITMENT AND RETENTION

- Inner-city-- public housing partners; e.g., use presidents of Tenant Association to recruit and identify facilities
- Use promotores and promotoras for US-Mexico border populations and migrant workers
- Rural men—repeated reminders, provide transportation
- Participant incentives (cash and non-cash)
- Inner city and rural community women—use resource mothers to conduct follow up visits and reinforce the education and practice
- Distribute culturally appropriate literature to health clinics and city health departments in neighborhoods where participants/target population live
- Pilot test materials for clarity, readability
- Allow time for participants to engage and be motivated to complete the intervention; more labor intensive and expands the time needed for intervention

INTERVENTIONS

- Special attention and guidelines for developing culturally relevant and sensitive educational materials
- Multimodal presentations—AV, slides, videos, printed materials, interactive speaker forums, speakers videotaped for later
- Group Intervention Models for multi-site replication of education, outreach and disease prevention
- Train-the trainer models effective with providers, health professionals, and community members/beneficiaries—Health Resource Mothers, *promotoras,*
- Special albums for immunization records to facilitate mothers' documentation of children's immunization
- Case management approach to enroll children in health insurance programs

Additional Funding for Sustainability

The ability of projects to obtain follow-on funding to continue and expand upon their HBCU and HSI-funded research was used as another indicator of performance. Based on the information the investigators reported, at least 30 follow-on grants and contracts were awarded to at least 10 projects. Federal agencies, State agencies, foundations, and private sector sources awarded these grants. Table 5.4 lists selected Federal funding awards; Table 5.5 lists selected non-Federal awards; and Table 5.6 lists sources for these and other awards. These grants ranged in amount from $15,000 to more than $4 million.

A query of CRISP indicated that the type of funding mechanism for these grants varied (see selected list in Table 5.4). Some awards were conference grants related to eliminating health disparities or setting a research agenda for Latino and African American populations; others were training grants for faculty and/or students at the undergraduate, graduate or postdoctoral levels (e.g., R24 M-RISP grants or clinical faculty training grants). Some were individual awards (e.g., K02, K23); others were cooperative agreements or partnership grants. Some of the partnership grants were between the HBCU and HSI and majority institutions such as: the Meharry Medical College/Vanderbilt research collaborative on compliance with recommended colonoscopy guidelines (an NCI-funded U-54); and an R24 funded by AHRQ between the Morehouse School of Medicine, University of Alabama at Birmingham, and Kerr White Institute for Health Services Research, a training collaborative for postdoctoral biomedical clinicians.

Table 5.4
Selected Follow-on Federal Grants Awarded to PIs to Continue or Expand Health Disparities and Health Services Research and Build Capacity

Investigator	Agency	Mechanism *	Amount**	Health Disparities Issue
Balcazar (Univ of No. TX)	NHLBI		$429,153	CVD Enhanced Dissemination Utilization Center
	AHRQ	R13	$ 19,200	Conference-Latino Health Agenda for 2010
	CDC	ASPH CA	$249,833	Promotoras de Salud Contra la Hypertensión
	HRSA		$ 15,000	Strategic plan for Natl Latino Health Conf.
Flores (Medical Coll. of WI)	AHRQ	K02	$499,095	Insuring Uninsured Children—collaborations, policy links, qualitative, RCT
Fomby (Southern)	AHRQ	R13		Small Grants Program Conference Support; CMS/AHRQ partnership
Husaini (Tenn St. U)	AHRQ	R24 (M-RISP)		Developing Health Services Researchers at Tenn. State. U. and Meharry Medical College;
	NIH	MBRS		Depression and Black Elderly
	NIMH	R24 (M-RISP)		Minority Mental Health Research at Tenn. State U.; dev. center for faculty and students
Obisesan (Howard U)	NIA	K23		Gene lipids, exercise, body composition-Blacks
	NCRR	M01		Alzheimer’s
Amin (Morgan)	AHRQ	R24		Health Research Enhancement at Morgan State University
Hargreaves (Meharry)	NCMHHD	P20 (03-07)		EXPORT Center for Health Disparities Research/Director, Core-Community Outreach/Info Dissemination; PI is Dean of College; $4.4M total
	NIDDK	P60 (02-07) infrastructure	$409,664	Core-Behavioral Health Disparities with Vanderbilt U. (lead); eliminating diabetes disparities for African Americans; collaborative
	NCI	U54 (01-06)	$ 80,000	Pilot—compliance with colonoscopy with Meharry-Vanderbilt Partnership
	NCI	U54/R01 (01-06)		Disparities in compliance with recommended colonoscopy (Meharry)
	Others as PI	Co-PI		Southern Community Cohort Study (related to Meharry-Vanderbilt partnership); 6-state lifestyle risks for cancer study; Asthma Disparities Center (NHLBI); Healthy Communities Access Demonstration Program (HRSA)
	CDC	Co-PI	$ 59,000	Nashville REACH 2010—CVD and diabetes

Table 5.4--continued

Investigator	**Agency**	**Mechanism***	**Amount****	**Health Disparities Issue**
Mayberry (Morehouse)	AHRQ	P01 (00-05)	$2,128,225	Access and Quality of Care for Vulnerable Black Populations—knowledge dev. re best practices for faculty, providers, partners
	AHRQ	P01 (00-05)		Improving Immunization Rate in Low-Income Children
	NCMHHD	P20		Core-Maternal and Child Health-LBW, asthma, health insurance, medically underserved, Hispanics, Caucasian and African Americans
	AHRQ	R24 M-RISP	$1,373,253	Morehouse Clinical Faculty Research Training Program partnered with Univ. of Alabama-Birmingham and Kerr White Institute for Health Services Research; postdoctoral, biostats, health services research
	CDC	RRCMH (01-02)	$81,400	CDC Regional Research Center for Minority Health (RRCMH)
	CDC	RRCMH (01-05	$435,881	CDC Regional Research Center for Minority Health (RRCMH)
	CDC		$43,831	Cultural competence in prevention of STDs
Webster (Univ of DC)	NIH	(RIMI)	$4,200,000	Continue work investigating diabetes disparities and enhance research infrastructure through mentoring collaboration with Howard Univ.
Jones (Morehouse)	AHRQ	MRISP (02-05)		Translating Research into Primary Care Practice; nurse-mediated care effects on preventive services and medical recordkeeping
	AHRQ	Contract	$25,000	Race/Ethnic Disparities in Self-Reported Use of Screening Mammography

**Federal awards only*
***If available;*
ASPH=American Schools of Public Health CA=Cooperative Agreement M-RISP=Minority Research Infrastructure Support Program
RIMI=Research Infrastructure in Minority Institutions

Table 5.5

Selected Follow-on Non-Federal Grants Awarded to HBCU/HSI Investigators to Continue or Expand Health Disparities and Health Services Research and/or to Build Research Capacity at Individual or Institutional Levels

Investi-gator	Agency	Amount**	Health Disparities Issue
Balcazar	Internal	$ 48,826	Smoking and dylipemia in Hispanic Type II Diabetics
	Others as PI		Also co-PI for several grants in which he assisted in grantwriting: NIH/NCMHHD grant, $1,346,691; RWJF grant of $850,000; Participation and Training in Health Sciences (PATH), NIH/NCRR, $965,975;Improving patient provider communication, RWJF, $150,000;
Betancourt	RWJF		National Program Office-Disparities Solutions Initiative
Flores	RWJF	$300,000	RTC of Case Management to Insure Uninsured Children. RWJ Generalist Physician Faculty Scholars Program
	The Common-wealth Fund	$640,395	RCT of Effectiveness of Parent Mentors in Improving Morbidity, Resource Use, and Quality of Life in Urban Minority Children with Asthma
	RWJF	$300,000	Improving Chronic Illness Care Targeted Grants: Family-Centered Approach to Reducing Childhood Asthma Morbidity and Resource Use: A RCT of Community-based Management by Parent Mentors
	State of NJ	$ 12, 498	Interpreter Services to Limited English Proficient Patients in New Jersey: Needs Assessment and Policy Recommendations
	Healthier Wisc. Partnership	$450,000	A RCT of Culturally Appropriate Weight Loss Intervention for Overweight Latino Children
Mayberry	Aetna	$650,000	Improving Diabetes Care for Low-Income African Americans through Health Technology; partnership between Morehouse and community-based medical center;
	Kaiser	$ 10,000	Racial and ethnic differences in access to cardiac care
	Others as PI		Pfizer Foundation Southern HIV/AIDS Prevention Initiative; Morehouse Emory Partnership to Reduce CV Disparities (NIH); Health Promotion and Disease Prevention Research Center (CDC); Development of a Bioinformatics Infrastructure (NCRR-RIMI); Three-Dimensional Approach to Eliminating Disparities in Health (NIH); RCMI Clinical Research Infrastructure Initiative (NCRR-NIH)
Jones	Georgia HR Dept.	$ 33,000	Foodborne Illness Campaign

Table 5.6
Sources of Follow-on or Related Funding to Expand or Continue Health Disparities Research or Capacity Building Activities

Federal or State Agencies	Foundations
• Agency for Health Research and Quality (AHRQ) • CDC • CMS • National Cancer Institute (NCI) • National Center on Minority Health and Health Disparities (NCMHHD) • National Institute of Aging (NIA) • National Institutes of Health (NIH) • National Institute on Diabetes and Digestive and Kidney Diseases (NIDDK) • National Center for Research Resources/NIH (NCRR) • States of: Delaware, Georgia (Department of HR), Maryland, Massachusetts, New Jersey, Texas (Area Agency on Aging), Wisconsin	Foundations: • Aetna Foundation (diabetes) • The California Endowment • Robert Wood Johnson Foundation (Disparities Solutions Initiative) • Pfizer Foundation • Blue Cross Blue Shield Foundation of Massachusetts Private Sector: • Cyracom International

The most success with Federal funding in terms of a source, based on the CRISP review, appears to have been with AHRQ followed by NIH and several of its Institutes. An additional award, which does not appear in CRISP, was made recently to the University of the District of Columbia (an HBCU) for $4.2 million dollars to continue the investigator’s (Dr. Connie Webster) work examining health disparities among African Americans and to enhance UDC’s research infrastructure through a mentoring collaboration with Howard University, another HBCU. Another project which did not appear in CRISP but which received Federal funding is the CDC Regional Research Center for Minority Health (RRCMH) at Morehouse School of Medicine (Dr. Robert Mayberry, PI). While most of these awards are directed toward capacity building, a primary aim of these conference and training grants or institutional infrastructure awards is to position researchers at HBCUs and HSIs to compete successfully for individual investigator Federal grants such as NIH's R-01 awards.

A review of self-reports shows that several Federal, foundation and internal awards have been made to investigators to support their research as well as research infrastructure for centers and programs, including: the Center for Health Research at Tennessee State University (an HBCU effort, led by Dr. Baqar Husaini), the Center for Underserved Children at the Medical College of Wisconsin (an HSI effort led by Dr. Glenn Flores), the Disparities Solution Center (funded by RWJF and led by Dr. Joseph Betancourt at an HSI), the CVD Enhanced Dissemination and Utilization Center at UT School of Public Health at Houston El Paso Regional Campus (Dr. Balcazar), Center for Cross-Cultural and Community Health Research (Dr. Balcazar), and the Program for Healthcare Effectiveness Research at Morehouse School of Medicine (Dr. Mayberry).

In addition, some success stories include career moves away from HBCUs or HSIs but continuation or expansion of health disparities initiatives at the HBCU/HSI such as Dr. Mayberry's recent $650,000 award from the Aetna Foundation, a collaboration between Morehouse School of Medicine and a community-based medical center to implement a multidimensional provider level intervention to improve diabetes care among low-income, inner-city adults with diabetes. Dr. Mayberry is now Director of Health Equity Research at Baylor Health Care System in Texas but will maintain an adjunct faculty appointment with Morehouse.

Leadership Roles

The HBCU and Hispanic investigators have held or currently hold a number of leadership positions in their discipline or on Federal and other panels related to health services research, health disparities research, and eliminating health disparities. Table 5.7 lists a selection of these preeminent appointments, commissions, or elections to roundtables, technical work groups, advisory panels, editorial boards, and leadership positions at the state, regional, or local levels. In addition, a number of investigators serve as Directors or Co-Directors of research centers on their campuses or with affiliated institutions that address racial/ethnic health disparities, including: the Hispanic Health Disparities Research Center, Center for Cross-Cultural and Community Health Research, Multicultural Education, Disparities Solution Center, Center for the Advancement of Underserved Children, and Center for Health Research.

Table 5.7
Selected Leadership Roles Held by HBCU/Hispanic Investigators

National (Federal):
- National Academy of Sciences, Expert Panel on DHHS Collection of Data on Race and Ethnicity
- Institute of Medicine: Roundtable on Health Literacy; Committees on Guidance in Designing a National Health Care Disparities Report; Understanding and Eliminating Racial and Ethnic Disparities; Identifying Institutional and Policy Strategies to Increase Health Care Workforce Diversity
- CDC Futures Initiative Fast Track Retreat, Public Health Research Working Group
- DHHS/OMH, Expert Panel, Health Care Language Services Implementation Guide
- US Surgeon General's Workshop on Improving Health Literacy, panelist

Annual meeting reviewer:
- Academy of Health Services Research and Health Policy
- American Public Health Association
- Child Health Services Research Meeting

Grants review panels
- Johnson & Johnson Community Health Care Program
- NIH Health of the Population Integrated

Editorial Boards:
- *Journal of Health Care for the Poor and Underserved*
- *Texas Public Health Association Journal*

Peer reviewer for journals:
- *AIDS Education and Prevention*
- *American Journal of Epidemiology*
- *American Journal of Preventive Medicine*
- *American Journal of Public Health*

continued

Table 5.7—*continued*

- *Annals of Epidemiology*
- *Cancer*
- *Epidemiology*
- *Ethnicity and Disease*
- *JAMA*
- *Journal of Health Care for the Poor and Underserved*
- *Journal of the National Medical Association*
- *Milbank Quarterly*

National Advisory Panels (non-Federal):

- Academy for Health Services Research and Health Policy Planning Committee
- Association for Black Cardiologists, Joint Committee on Racial Disparities in CVD
- Black Administrators in Child Welfare, Board Member
- Cardiovascular Health Care
- Center to Address Disparities in Children's Oral Health
- Evaluation Guidance for Community-based Organizations
- Kaiser Family Foundation Committee on Reducing Racial Disparities in Health
- National Blue Ribbon Panel on Community-based Evaluation Networks to Support the Elimination of Racial and Ethnic Disparities
- National Commission on Culture and Risk Assessment in African American Children and Families, Commissioner
- National Historically Black Colleges and Universities Health Services and Health Disparities Vice President
- National Standards for Healthcare Interpreter Services
- National Hispanic Medical Association
- Pediatric Research, American Academy of Pediatrics
- RWJF Leadership Program, the RWJ Clinical Scholars

State/Regional/Local:

- DC: DC Board of Nursing, Chair
- FL: Florida's Initiative for Healthcare Quality
- GA: Dekalb County, NAACP, Executive Committee
- LA: Tulane University Community Advisory Board, CDC Community Health Center
- MD: Family League of Baltimore, Mayoral Appointment, Board Member
- PR: University of Puerto Rico-Cambridge Health Alliance-Harvard University EXPORT Center
- TN: Safety Net Providers of Nashville/Middle Tennessee, Advisory Board
- TX: Medical Indigent Care in Texas, Task Force Member
- WI: Wisconsin's Asthma Coalition

Contributions to Policy Development

As adapted from the MayaTech program assessment methodology, policy development indicators were of several forms, including testimony before legislative bodies, presentations to Agency officials, participation in the development of policy documents, and the use by a third party of project findings that influenced governmental programming or policy development. For example, in 2004 Dr. Anna McPhatter at Morgan State University made a presentation to the Baltimore County Public Schools, on the topic "Achieving Cultural Competence in Schools" addressing the President's "No Child Left Behind" policy. Dr. Joseph Betancourt at Harvard Medical School has delivered several keynote speeches, plenary talks, and consultative lectures on the "Unequal Treatment" Report (http://newton.nap.edu/catalog/10260.html). This was based on his participation as a member of the Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care.

Dr. Glenn Flores published an article in *Pediatrics,* which received national attention. The study found, using an RCT, that uninsured Latino children randomly assigned to case managers were more likely than those assigned via traditional outreach efforts for Medicaid and SCHIP to obtain health insurance, be insured continuously, obtain insurance faster, and have their parents be satisfied with their coverage. At the invitation of Senator Bingaman (D-NM), Congresswoman Solis (D-CA), and Congressman Waxman (D-CA), Dr. Flores presented his research in insuring underserved Latino children at a Congressional Briefing. Senator Bingaman co-sponsored the "Covering Kids Act of 2005" (S.1049 sponsored by Senator Bill Frist, MD [R-TN]), requesting $100 million in funding for outreach and enrollment efforts for the SCHIP program. Congresswoman Solis also sponsored a bill in support of additional funding to insure children. In January, 2006, the article was also featured at the Kaiser URL www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34596). The article also received coverage in *Staff Health Notes*, a publication of the National Conference of State Legislatures.

Contributions to Investigators' Professional Development

Promotions within professional careers were also used as indicators of performance. Several of the expert consultants indicated that this was a key indicator of success for them in their rating of the program, and were also quick to note that their career advancements were directly related to their participation as a grantee in the HBCU and HSI programs. These promotions included, among others:

- Balcazar—tenured Professor, Health Sciences Center at Fort Worth, University of North Texas School of Public Health; Department Chair, Social and Behavioral Sciences and Professor; Director Center for Cross-Cultural and Community Health Research, Institute for Public Health Research; Assistant Dean, El Paso Regional Campus; Dean El Paso Regional Campus.
- Bishop—promoted to Chair, Department of Social Sciences
- Flores—tenured Associate Professor, Wisconsin Medical College, Milwaukee, Department of Pediatrics; Director, Center for the Advancement of Underserved Children
- Fomby—appointed Professor, University of Phoenix
- Forrester-Anderson—tenured Professor, Morgan State University; and Visiting Scientist at Johns Hopkins University Prostate Cancer Research Institute
- Jones—promoted to Associate Professor
- Mayberry—promoted to Professor of Community Health and Preventive Medicine, Morehouse School of Medicine; recently appointed Director, Epidemiology, Baylor Health Care System; and
- McPhatter-promoted to Full Professor, Morgan State University.

There were also several honors and awards held by investigators, which many of them attributed in part or whole to the work they were able to accomplish through their HBCU or HSI grants. These included:

- Fellow status in professional organizations such as:

- American Academy of Pediatrics
- Society for Pediatric Research
- Scholar Programs
- RWJF Generalist Physician Faculty Scholar,
- NIH National Health Disparities Research Scholar,
- Visiting Scientist Johns Hopkins University.

In addition to the accomplishments of the PIs, the Program Coordinator also established internal (CMS) and external working relationships, which included additional structures and processes that affected progress toward the programs' goals. These relationships are summarized in the next section.

5.2 Accomplishments through Program Coordination

Appendix I includes a listing and description of the working relationships the Program Coordinator has established and maintained over the course of the program to support funding and TAT/R&D activities for the HBCU and HSI Programs.

Internal Working Relationships. Within CMS the Program Coordinator has met with CMS' leadership, various workgroups committees on health disparities, and coordinators of other CMS funding programs. In these sessions or through participation on CMS committees and workgroups, the Program Coordinator provides overviews of the Programs' accomplishments, advocates for additional or continuing funding for the HBCU and HSI programs, provides guidance on eliminating health disparities based on lessons learned from the HBCU and HSI projects, and assists in designing and planning initiatives to address the needs of CMS's most vulnerable beneficiary populations. The Program Coordinator has also been called upon to provide information about the grantees as examples of CMS' involvement in health disparities research and capacity building activities.

External Working Relationships. The Program Coordinator engages in similar activities through networking and partnership activities with interagency workgroups, review panels, or individual agency staff. These activities include recruiting staff from other agencies to serve as review panel members, engaging other agencies to sponsor or co-sponsor TAT/R&D activities, providing information and data to other agencies to support their efforts to fund health disparities research, and serving on panels at professional meetings with other Federal staff to report on the government's health disparities initiatives. In addition, these activities have also included service on workgroups to provide technical assistance in prioritizing minority data recommendations for policy changes, developing research opportunities at other agencies focusing on Medicare and Medicaid beneficiaries, improving data collection and reporting systems, and providing information about CMS' programs and activities to support the initiatives of others. Specific accomplishments are presented in Appendix I.

6. SHORTCOMINGS AND OPPORTUNITIES FOR STRENGTHENING THE OVERALL PROGRAMS

The HBCU and HSI health services research programs, educational outreach projects, technical assistance, and other program activities have been successful in contributing to the achievement of CMS' mission, vision, goals and program objectives that focus on access to quality care and services to beneficiaries. The research programs have: 1) promoted health services research for African American and Hispanic American populations; 2) increased the capacity of HBCU and Hispanic investigators to develop, implement, and evaluate quality research projects; 3) established partnerships with external groups such as HBCUs, HSIs, majority institutions, private research foundations, state and federal health agencies, faith based organizations, community based health organizations and others; 4) addressed the health needs of African Americans and Hispanic Americans; and 5) encouraged collaboration efforts of HBCU and Hispanic researchers.

However, the programs were not without shortcomings. Many HBCU and HSI principal investigators were novice researchers submitting their first proposal for federal funding. Some initial proposals were overly ambitious, with small sample sizes, inadequate research teams, vague methodology, lack of detail, and unreasonable budgets. The investigators did not have the technical expertise, operational experience or full understanding of the research process to implement their projects.   Members of the proposal review panels evaluated all proposals, and provided detailed analyses and recommendations to applicants.

Grant writing workshops were offered by CMS to assist potential investigators in developing their applications. Content was provided about the essentials of proposal development, examples of goals and objectives, appropriate sample sizes, selecting the research team, developing the budget, submitting the application, and the proposal review process, among other areas. Subsequently, proposals were more focused, with sample sizes based on power analyses, appropriate research designs, strong research teams and reasonable budgets.

In addition, the lack of adequate research infrastructure at HBCUs to support the implementation of health services/health disparities research limited the success of some projects. Over several years, the following challenges related to infrastructure were experienced.

- Institutions not requesting funds for the project activities in a timely manner.
- Extended time frame for recruiting personnel for the project.
- Lack of flexibility at some schools for budgeting, performance monitoring, and processing paperwork for the projects.
- Weak protocols to guide the administrative aspects of the projects.
- Problems with disbursing funds to investigators.
- Lack of communication among the personnel in the Office of Sponsored Research, administration, grants accountant, and the research investigator
- Delays in approving expenditure requests for funded projects.
- Delays in ongoing institutional collaboration.
- Extended time frames for Institutional Review Board (IRB) approval for a project.

Based on these infrastructure concerns, CMS offered two infrastructure workshops to assist in strengthening the research infrastructure of HBCUs. The workshops, *Developing Capacity for HBCUs Infrastructure to Conduct Health Services Research,* were implemented in the Mid-Atlantic Region and Southern Region. The workshops were designed to: 1) address the strengths and weaknesses of the Office of Sponsored Programs Infrastructure at HBCUs; 2) discuss barriers that have been encountered by the HBCU Office of Sponsored Programs in achieving their mission, goals, and objectives; 3) discuss resources that are needed to accomplish the goals and objectives of the HBCU Office of Sponsored Programs; and 4) increase the capacity of HBCU Office of Sponsored Programs in serving as a liaison between faculty, administration, grant accountant, and funding agencies.

Further, a small number of HBCU/HSI investigators were unable to obtain the required sample size for their projects and had difficulty implementing some aspects of their study. The scope of work was unrealistic and there were coordination and management problems with staff and fiscal resources. Data collection was also inadequate. For some projects, deadlines were missed for the progress reports, final reports, and close out of projects. Investigators did not publish in peer reviewed journals as required. The expected collaborations with other HBCUs, HSIs, and community health organizations were not established for some projects. In these cases, each investigator was assisted to strengthen their projects by the CMS project officer through individual technical assistance.

It is also important to note that even though the studies were small in scope (400 participants per study), a consistent outcome has been the ability of most investigators to recruit participants often described as “hard to reach.” Despite the aforementioned issues and the labor intensive nature of these research projects, most investigators successfully implemented their projects. The investigators were able to provide education, knowledge, and information about health services and health disparities issues and how to navigate the health care system to receive services. These interventions resulted in increased knowledge; increased implementation of health promotion and disease prevention activities; and increased access to care.

7. EXTERNAL EXPERT CONSULTANTS' PERSPECTIVES

External expert consultants for the HBCU and HSI programs provided their input to this program assessment by sharing their perspectives, as appropriate, based on their role or association with the program (i.e., grantees, network partner, or panel reviewer). External expert consultants provided perspectives on: the strengths of the program; recommendations to improve or change the program; whether the program should continue at CMS; the need for the program at CMS; and the program's overall success. Except where noted otherwise, the perspectives of HBCU- and HSI-related external expert consultants are merged for this discussion.

The external expert consultants offered the following additional information about the structures, processes, and outcomes of the HBCU and HSI programs. These insights were based on their personal experiences as grantees, members of the proposal review panels, or representatives of partner/networking organizations. Their comments included the following perspectives.

7.1 Strengths of the Program

Regardless of their role or program affiliation, each expert consultant was able to identify several strengths of the program, many of which related to the program's impact on investigators:

- Several grantees reported that their participation at the TAT/R&D programs resulted in funding from CMS; three had received NIH funding and several had received foundation or private funding based on their CMS projects.

- External expert consultants also knew of others who did not receive CMS funding, but as a result of the TAT/R&D, these other researchers were also able to compete successfully for funding from other agencies or foundations. One expert consultant indicated that the presentations at APHA also provided recognition to them and revealed to others the unique leadership roles HBCU and HSI investigators can play in health disparities research. She commented, "We live in and work in and are located in the communities where these projects take place." This facilitates access and community buy-in for effective recruitment and enrollment, and reduced attrition.

- These experts also reported that their CMS experiences prepared them to compete successfully for funding from other agencies to sustain community programs for the beneficiary populations targeted by their CMS project as well as new populations. Both grantees and proposal review panel members made specific comments regarding the opportunity the grant programs provided for new investigators to collect pilot data that positions them to be more competitive for NIH funding.

- Several grantees reported that as a result of their experiences their promotion and tenure process at their universities was either greatly facilitated or accelerated. One grantee, who was a very experienced researcher, added that even though he had considerable experience, it was his success with the HBCU research grants program that propelled his career, resulted in increased recognition for his programs at his university, and caught the attention of the university's administrators in terms of enhancing his center's infrastructure to support such research activity.

- Grantee members who served as expert consultants submitted their curriculum vitae for review and these provide objective evidence of the numerous other grants, publications, presentations, and other products that have resulted from their experiences as grantees. These were previously summarized in Section 5.

- All of the external expert consultants commented on the enhanced capacity at HBCUs and HSIs either for individual investigators or at the institutional level to support research. This capacity extended beyond the funded investigator to other faculty, research staff, students, health care professionals, faith leaders, and other community members.

Regarding other strengths of the program, the external expert consultants pointed out:

- Without exception that much of the program's success is attributed to Dr. Bragg and that he has been the only program officer. They noted that through his efforts in leveraging program dollars and seeking out other Federal and non-Federal partners, that both the grants programs and the TAT/R&D activities have been enriched. The expert consultants were also aware that as Program Coordinator, Dr. Bragg is often called to provide input for testimony on the Agency's or the Department's (DHHS) health disparities research initiatives.

- External expert consultants at other Federal agencies also cite the value of having the Program Coordinator provide information on these programs for their own agencies' efforts to develop responses to eliminating health disparities. Other agencies have co-sponsored events and trainings with CMS so that their staffs and grantees could benefit from the TAT/R&D activities of these programs.

- The TAT/R&D activities are key components of the program success as noted above. In addition to enhancing capacity among individual grantees and other participants, these activities have also provided a forum in which grantees have built their confidence to apply for grants or make presentations before professional audiences.

- The programs have also facilitated collaborations among more and less experienced investigators from institutions of higher or lower capacity, which have resulted in funding from CMS as well as other sources.

- The programs have provided opportunities for co-mentoring among attendees that has resulted in additional funding for health disparities interventions, multi-site projects, and transfer of effective practices in one community to another community for health disparity issues.

- The proposal review process was cited as invaluable in preparing investigators for success with the CMS programs as well as with other funding programs. The feedback that applicants receive is reported as useful in seeking funds from other sources, even if applicants were not successful with the CMS program to which they submitted. In addition to detailed feedback, the proposal review panels are composed of a mixture of academic researchers, community practitioners, and Federal government representatives. Both the process and panel compositions were described as "unique" and "meritorious" and it was suggested that the programs should be used as a model by other Federal funders. Even though other agencies have support programs such as M-RISP, it was suggested by the expert consultants that these programs do not work directly with the investigators in a nurturing, supportive research environment. Nor do they provide the networking and collaborative opportunities afforded by the TAT/R&D activities of the HBCU and HSI programs. The HBCU expert consultants also noted that the involvement of the HBCU Research Network and its President have been key to their success.

- Finally, in addition to building individual capacity, some researchers have gone on to assume leadership positions in their institutions (e.g., as Directors of research centers) or in their communities, which is leading to enhanced institutional capacity and community capacity to address health disparities. Additional health disparities interventions have been implemented and norms are changing in the communities toward valuing prevention and early intervention. In some instances, the expert consultants noted that they receive calls or invitations regularly from the community as a result of participants remembering their experiences in the CMS-funded effort. Expert consultants noted that as a result of publishing articles and presenting papers about their projects they are also receiving invitations from majority institutions to assist with recruiting hard-to-reach populations for clinical trials. HBCU and HSI investigators have been able to achieve their enrollment and retention goals within their two-year projects while their peers funded through more traditional programs have struggled with their recruitment, enrollment, and retention.

7.2 Program Need and Continuation at CMS

When asked if such a program is still needed or should continue at CMS, the external expert consultants responded “absolutely” or “definitely.” The following is a summary of their comments:

- The need resides not only in the growing health disparities which will require culturally appropriate prevention and intervention models, but also in the need to prepare young investigators and experienced faculty/staff to be competitive for larger grants such as those funded by NIH and CDC in order to develop, implement, and test additional interventions to address health disparities. Because of the nature of the HSI program (i.e., a specific focus on Hispanic investigators rather than investigators from limited capacity institutions such as is the case for the HBCU program), there were more comments among HSI expert consultants about the critical need that this program addresses in providing research opportunities to expand the Latino workforce.

- For both programs there were comments about the gap the funded projects close in terms of providing much needed data to inform CMS’ policy and programming for their target communities. However, because of the widening gap between the percentage of trained researchers from racial-ethnic minority groups and the percentage of these groups in the general population, there remains a critical shortage of culturally anchored scholars to tackle the complex health care needs these groups present. An enhanced pool of researchers is thought by consultants to be needed to contribute diverse perspectives to analyses and interpretation of existing data such as those that reside in CMS’ database to inform more responsive policy and practice.

- One of the expert consultants commented that the type of data collected and analyzed by these projects complements the omnibus survey data typically used to address health disparities. In addition to a broad stroke look at a specific racial-ethnic minority group in a particular community, these projects also highlight the heterogeneity within the targeted CMS beneficiary populations in terms of language, country of origin, residency status, geographic location, urban/rural differences, or socioeconomic status.

- In addition, some consultants noted that for particular issues of interest to CMS, they could mobilize quickly to respond since their institutions are in the target communities where CMS beneficiaries live. These projects increased both their visibility and credibility with the communities, and one member noted that the participants were impressed that CMS had funded the project that involved community participants so closely. In many cases, investigators also live in the same communities. For example, one expert consultant reported on how these CMS-funded researchers might be used to suggest strategies for improving outreach to beneficiaries (e.g., in the case of the recent prescription drug education efforts); or how as the result of their initial disparity project (e.g., breast cancer screening) they were able to increase response for another effort (e.g., influenza immunizations) in a low income community.

7.3 Suggestions for Improvement

The external expert consultants provided the following suggestions to improve the HBCU and HSI programs:

- All external expert consultants mentioned the need for increased funding; however, they varied with respect to the resource needs. Some commented that funding was needed to support more projects and more investigators. "We often turn away very good applications; we need to change that."

- Others were concerned about the dwindling dollars for funding, which affected the number of awards. However, they suggested that funds are needed to support multi-site projects to replicate the success documented in previously funded programs.

- Other suggestions related to funding addressed the need for a longer period of funding. In this area, there was a difference between HBCU and HSI expert consultants' comments. Expert consultants for the HBCU program suggested that the longer funding period would provide time in which to see the benefits of prevention and intervention programs in terms of reducing mortality and morbidity (e.g., through early screening and detection). Expert consultants for the HSI program focused their comments about the need for a longer grant period on the need for a longer time for the career development of the investigators (e.g., to collect data and publish).

- Another suggestion offered was that, "the success of the program should be shared among various players such as policymakers and decision makers at different levels to garner support for the current program and to expand it to other Federal agencies." Several expert consultants commented that the program's accomplishments should be more widely disseminated or disbursed.

- Assist grantees with finding a consultant or co-PI with technical expertise needed for their project when indicated by the review process; invite researchers outside of the Eastern region to TAT/R&D activities in Washington, DC so that they can meet CMS and other Federal agency personnel and Congressmen/women and their staffs.

8. SUMMARY, LESSONS LEARNED, POLICY IMPLICATIONS, AND CONCLUSIONS

8.1 Summary of Key Findings

There were 53 projects funded under the HBCU and Hispanic Health Services Research Grant programs: 31 funded under the HBCU program; and 22 funded under the Hispanic program (See Profiles of HBCU and Hispanic Projects with description and key findings in Appendix C and D respectively). In addition, there were several projects funded as education/outreach and disease prevention projects, and program funds were leveraged to conduct a number of technical assistance/training and research and development activities. The total HBCU/HSI Research Grant Programs portfolios and related activities were funded at $14,071,631 through discretionary funding. At its peak of funding, the programs funded six research projects, three for each program. The program currently funds two projects for each program and a limited number of training and research and development activities.

Despite dwindling funding in recent years, these projects and training activities had a number of results relative to CMS' mission and goals:

- Research intervention programs reached more than 15,800 persons in communities of color that included CMS Medicaid, Medicare, and SCHIP beneficiaries or eligibles.
- Education/outreach and disease prevention programs reached close to an additional 3,000 hard-to-reach individuals in community-based settings.
- The TAT/R&D activities reached more than 3,400 HBCU or Hispanic/HSI researchers and graduate students; representatives from NIH, NCI, AHRQ, CDC, NCMHD, NCHS; state and local health departments; community based organization; faith based organizations; and health professionals. In addition to investigators funded through the programs, there is some evidence from expert consultants' reports that these activities resulted in an increase in the number of HBCU and Hispanic investigators implementing health services research.
- The HBCU and Hispanic grants have demonstrated the capabilities of these researchers to assist CMS in achieving its program goals and objectives. HBCU and Hispanic researchers have demonstrated new ways to appreciably increase mammography, prostate

screening, influenza immunization, and other preventive health outcomes in minority communities. These and other studies help provide CMS with a better understanding of the needs of African American and Hispanic American communities, and will help CMS to make some decision about spending that will lower overall health care costs while reducing health disparities among African Americans, Hispanic Americans and other ethnic minority groups.

- HBCU and Hispanic researchers have collected and disseminated important data related to the health, health care, and health behavior of the African American and Hispanic communities to the larger scientific community. In Washington, DC a CMS-funded needs assessment project was the first such comprehensive survey in that region and it identified several key barriers to and facilitators of access to quality health care for Latinos.

- Findings from research conducted by HBCU and Hispanic investigators have demonstrated that they have the potential for helping to reduce health disparities through prevention/intervention and saving millions of dollars that would otherwise be spent on treatment. One study of minority youth who were living with spinal cord injuries used cost data to demonstrate the savings benefit of providing culturally competent case management services for these youth.

- In rural Southwest Mississippi, the findings showed that there was no transportation system within or between the targeted counties. This situation made it difficult for residents to obtain needed services such as screening. Providing opportunities to obtain transportation can improve access to screening services.

- Findings from an HBCU research project showed that the perceived risk for breast cancer showed an inverse association with age, with older women more likely to believe they were not at risk at all and less likely to perceive their risk as high. Women in the oldest group were considerably less likely than those younger groups to know that an annual mammogram was recommended.

- One study illustrated the close interrelationships among acculturation, income, and health in agricultural communities on the U.S.-Mexico border. The findings suggest that acculturation is associated with provider preference while income is associated with health care utilization behaviors. Not surprisingly, extremely low-income women were less likely to purchase prescriptions and less likely to visit a provider than somewhat higher income women.

- Computer-based education programs can be used as a strategy for influencing health behaviors of African Americans.

- Community-based participatory projects, such as faith-based outreach programs have the potential to help reduce health disparities in breast cancer and other diseases because: they build on existing social ties to generate discussion about breast cancer among family and friends, outreach to church and community groups can provide a cultural environment that is effective for motivating health changes in minority populations, and they can help overcome barriers such as distrust in medical tests and the medical establishment in general.

- A medication analysis in elderly Mexican Americans may be the first study to examine the relationship of polypharmacy, drug-drug interactions, and inappropriate medication use with mortality in a community-based elderly cohort in the United States. The results indicated that increasing the number of medications alone might pose a long-term mortality risk, at least in this population. The project may improve the understanding of the mechanism leading to suboptimal medication use among elder Mexican Americans. It may help providers and policy makers establish effective approaches to promote optimal treatment plans among Mexican elders.

- Several of these projects have been replicated in other communities or expanded in the original community of implementation with limited funding. Through these projects and the CMS grant programs, HBCU and Hispanic investigators are helping to fill the gaps in knowledge about the nature and extent of health disparities between and among various racial and ethnic groups and among subgroups within each racial and ethnic group. They are helping CMS to increase the knowledge and understanding about the underlying causes of disparities in health status and health care and the interrelationship among the causes or factors. They are also assisting CMS with its vision and goals to meet two of its three program objectives: access to quality care and services to beneficiaries.

There have also been several professional accomplishments of investigators funded by the programs, including the following:

- Many HBCU and Hispanic researchers are now applying for and receiving grants from other Federal agencies such as the Agency for Healthcare Research and Quality; National Cancer Institute, National Institutes of Health, and National Center for Minority Health and Health Disparities. They have also received funding for similar or related community health disparities research or interventions from foundations (e.g., the Aetna Foundation recently funded a diabetes intervention for African Americans; the Robert Wood Johnson Foundation funded a Disparities Solutions Center and additional research on a project for uninsured Latino children).

- Several investigators reported that their careers were accelerated by their participation as an investigator in one of the programs. Several were tenured and/or promoted at their institutions and attribute this success directly to the programs. Several PIs also lead health disparities research centers on their campus or initiatives in their communities.

- Several HBCU and Hispanic Health Services Researchers present papers and participate in annual research conferences. The audiences include researchers from HBCUs, Hispanic organizations/institutions, majority institutions, Federal officials, state health departments, other representatives from DHHS, foundations, health organizations, and community groups.

- HBCU and Hispanic researchers present panel sessions at the American Public Health Association (APHA) Annual Conferences. They present their research findings and discuss issues about the influence of race on access to and use of prevention, primary, and acute care services, and describe successful HBCU/HSI research projects targeted to the African American and Hispanic communities.

- HBCU and Hispanic investigators are helping to provide leadership, awareness, and understanding of health disparities in their minority communities. Through existing research projects and other program activities they are able to suggest additional research agendas. For example, one of the expert consultants heads the Center for the Advancement of Underserved Children, another leads the implementation of the Health Disparities Research Agenda for a major health care system, and consultants have served on panels such as Institute of Medicine committees for eliminating health disparities and increasing health care workforce diversity.

- The results of these projects are reaching professional audiences through publications such as the recent compilation of articles in the *Journal of Health Care for the Poor and Underserved.* As a result of wider dissemination of the lessons learned and key findings from these projects, investigators are also invited to make other presentations, serve as consultants and members for Federal panels or review committees, and provide expert testimony for hearings on health disparities issues.

- The investigators have also developed several new products and methodologies that are being used to better understand risk and protective factors and processes in racial-ethnic health disparities. These contributions include culturally sensitive and linguistically appropriate measures, procedures, recruitment and enrollment strategies, and data collected in needs assessments, quantitative analyses of administrative data, and focus groups and interviews with the target populations.

8.2 Lessons Learned

The following lessons learned are based on a review of the final reports of HBCU and Hispanic intervention and research projects, external expert consultants, discussions, and review of other program materials:

- The HBCU and Hispanic research programs provide insights into the reasons health disparities exist and possible strategies to reduce those disparities.

- Effective research in minority communities is labor intensive; HBCU and Hispanic researchers have been engaged in this type of research for 10 years. Although the grants that supported these projects were small relative to the dollar amounts of grants from NIH, CDC, or foundations, investigators were able to leverage in-kind services and other resources provided by others at their institutions or in the communities where the projects were implemented. Faith-based institutions and community-based organizations were key partners in these projects.

- HBCU and Hispanic researchers are able to reach those who are identified as hard to reach. In several instances, these projects were implemented across multiple sites with wide geographic distribution. Through the leveraging of resources described above, a grantee institution was able to extend its capacity to HBCU or Hispanic researchers in other communities. However, the small grant dollars were probably insufficient to implement a high quality program in every site due to the lack of resources to support the PI's travel to monitor the fidelity of the intervention in distant sites. Nonetheless, there were several instances in which investigators reported that a tested intervention or proven recruitment strategy in one site was adapted and used in another site or with another health disparity issue (e.g., using a prostate cancer screening strategy to promote breast cancer screening).

- Persons eligible to receive preventive services under Medicare for screening services often do not take advantage of these services. After participating in HBCU and HSI intervention studies, many participants who were eligible to receive preventive services became involved in screening and preventive care programs.

- Persons engaged in preventive services had an increased likelihood of detecting abnormalities in the early stages. One of the benefits of early detection is decreased costs.

- Increasing participation in preventive services is contributing to a beginning realization among minority communities that early detection can result in cure. The belief in some minority communities that going to a hospital or a diagnosis of cancer means a death sentence is being reversed as more individuals are treated early, recover and share their stories. Prostate cancer projects have also been able to demonstrate that African American men's fear of examinations for prostate cancer can be reduced and result in improved screening rates and early detection. Other projects have demonstrated the effectiveness of training providers or using promotoras and case managers to improve screening and service utilization for Latino populations.

- The HBCU and Hispanic program evaluations consistently indicated that there is a need for continuation of these and similar research projects and program activities. Some investigators have been successful in acquiring grants from other Federal agencies and foundations because of their demonstrated success with managing a CMS-funded project. One investigator was recently awarded a $4.2 million grant from NIH to continue her disparities research activities and to enhance research capacity and infrastructure at her institution through a mentoring partnership with another minority institution.

- Finally, the success of the HBCU/HSI research grant programs is integrally tied to the program coordination activities facilitated by the Program Coordinator who also serves as Project Officer for all of the projects. This CMS staff person maintains working relationships with individuals internal to CMS and the DHHS as well as those external to the Agency and Department through membership on a number of committees, workgroups, and presentations at professional meetings. These working relationships facilitate networking and potential funding opportunities for the HBCU/HSI researchers and have resulted in activities that have been co-sponsored by these other partners. These working relationships have also increased the visibility of the HBCU/HSI programs such that individual researchers' capacity has also been recognized, resulting in a number of investigators being named to Federal workgroups, committees, and review panels. Moreover, some investigators have also been recognized as leaders in health disparities research, which puts them in a more competitive position when applying for other funding. Individuals from other federal agencies have indicated they are exploring ways to incorporate some of the ideas from the programs in their own health disparities research agenda.

8.3 Policy Implications

The following are selected policy implications based on a review of the final reports of completed HBCU and Hispanic health services research projects.

HBCU PROJECTS

Prostate Cancer Screening

- The disproportionate incidence of mortality from prostate cancer among African American men warrant the establishment of policies generating resources for the advancement of relevant research, and the development and implementation of relevant educational programs. Research must continue to address the areas of screening, diagnosis and treatment, specifically as they affect African American men. Further, African Americans must work to fill gaps in their knowledge about prostate cancer in order to make informed choices. Programs must focus on health promotion, disease prevention, and service utilization in order to maximize participation of the African American population.

- With the emergence of prostate cancer as a public health problem, information from a population that is at high risk will help researchers, health professionals, and policymakers to prioritize needs and allocate resources to reduce the burden or prostate cancer in the African American community.

Breast Cancer

- Although the incidence of breast cancer is lower for African American women compared to white women, African American women are more likely to be diagnosed with more advanced forms of breast cancer and less likely to be diagnosed with smaller, non-metastic breast cancer than white women. There is a need for a more aggressive and sustainable educational intervention research effort directed at increasing the use of mammography screening among young and older African American women. This research should examine the relationship between actual and perceived knowledge about breast cancer and the actual use of mammography screening services. Future research should also educate women about the importance of preventive health care behavior and educate physicians about the importance of encouraging preventive healthcare behaviors. Faith based organizations are an important resource and should be more involved in intervention research. More effort should be invested in educating Medicare beneficiaries about the availability and importance of mammography screening.

Diabetes and End-Stage Renal Disease

- For at risk African Americans, there is a continuous need to identify and reduce barriers (e.g., sociodemographic, structural, social psychological, stress and knowledge) to desirable health care practices associated with two of the main precursors of ESRD – diabetes and hypertension. There is a need to provide research interventions that may help control these diseases.

- Diabetes is the seventh leading cause of mortality in the United States and the sixth leading cause of deaths among African Americans. African Americans are almost twice as likely as whites to have diabetes, experience higher rates of complications from the disease and have higher rates of disability from complications of diabetes. Intervention research focusing on intense monitoring, diabetes education, diet, nutrition education, exercise, and support (in a culturally sensitive manner) may improve self-care behaviors and decrease critical risk factors associated with complications of diabetes.

- Minorities with low literacy skills require special approaches to learn diabetes self-management care.

- More published diabetes literature needs to be written at a fourth grade level and health professionals must be trained to recognize literacy camouflage' and how to reach a low literate person without embarrassing them.

- Additional system level quality improvement programs in diabetes care must be developed for Medicare beneficiaries.

HIV/AIDS Interventions

- HIV/AIDS has had a profound and devastating effect on the African American community. It is the leading cause of death among persons between the ages of 25 and 44. Young people are at severe risk. The use of peer education programs is an effective strategy for providing information about HIV/AIDS to college students and may help to reduce long-term health care costs (e.g, pay now or pay later). Prevention education about HIV/AIDS infection with African American college students may also have a multiplier effect on HIV/AIDS risk reduction within the African American community. Policy makers should encourage peer education program on HIV/AIDS and health care issues on all college campuses.

- HIV infection among homeless adults with mental illness is a significant and growing concern. Research on persons with severe mental illness (SMI), including homeless individuals with SMI documents higher prevalence rates of HIV infection than in the United States as a whole and rates of HIV transmission that are 13-76 times greater than in the national population. A behavioral intervention demonstrated that impaired homeless mentally ill African American men are able to receive information about HIV/AIDS to decrease unsafe sexual activities that may place them at risk for contracting HIV/AIDS. There is a continuing need for HIV prevention programs focused on people who are homeless and the mentally ill who inject drugs. They fall outside of most social service systems and special efforts must be made to address their needs. While the number of funded HIV prevention efforts targeting the homeless mentally ill population (including one tested in the setting of this study) has grown, no systematic programs addressing the prevention needs of drug users with severe mental illness who live in shelters have emerged. A review of prevention research suggests that the most efficacious approach for this population (homeless and mentally ill who inject drugs) would include the following elements: HIV/AIDS education sessions, HIV risk assessment and behavior-change skills-building group sessions, and the training of selected participants to act as HIV risk reduction peer advocates. To assure long-term effects on client outcomes, the program should be provider-led rather than researcher-led and should assume that the large majority of these individuals are sexually active and can learn low risk sexual behaviors.

Cardiovascular Disease Interventions

- Cardiovascular disease is the leading cause of death in the United States, regardless of race or ethnicity. Mortality rates from heart disease are 50% percent higher for African Americans compared to whites. There is speculation that the reason for this disparity in mortality is that African Americans are less likely to participate in medical procedures and surgery associated with increased life expectancy. Policy makers should understand there is a difference in the way African Americans perceive the health care delivery system and the degree to which they trust the system. African Americans were more likely to think that health care providers were not interested in providing quality service to them because of their race. Data show that about a quarter of the participants were not aware of preventive measures, causative factors, and available treatments associated with cardiovascular diseases. More intervention research is needed to explore strategies to increase knowledge about prevention and treatment of cardiovascular disease among African Americans and why there are disparities in the availability of much needed surgical procedures.

Children Immunization Intervention

- Childhood immunization is an area where significant improvements have been realized. However, children below the poverty level had lower vaccination rates and only 74 percent of African American children had received the full vaccination series by age two, compared to 79 percent of white children. More work needs to be done to increase vaccination levels and avoid outbreaks of vaccine-preventable diseases among children.

The use of a support group model with follow-up support from indigenous health resource mothers proved to be effective in reinforcing education goals and follow through on immunization protocols. Culturally relevant literature developed from the project was utilized and follow-up visits to community clinics demonstrated that the materials were being used. More research is needed to identify ways of reaching a Medicaid population with the goal of the increasing knowledge about health education and promotion.

Health Promotions Interventions

- There is a need to develop different models for encouraging health promotion behaviors among African American adults in community settings as compared to traditional methods of instruction on nutrition. A computer-based education program can be a successful strategy for influencing health behaviors of African Americans. Individuals who received nutrition education by computer demonstrated a positive change in health promotion behaviors, eating habits, and knowledge of nutrition and diet as evidenced by increased mean scores on the HLPL II and decreased body mass index (BMI). Additional research is needed to identify ways to enhance a nutrition program if significant changes in weight and BMI are to be achieved.

- Another study found that community oriented and culturally sensitive health education program may provide a primary health promotion strategy that is less costly, more efficacious, and consumer community friendly than prior approaches. Culturally relevant materials are extremely important to educating minorities. Policy makers should invest in more community oriented and culturally sensitive health education programs.

Program Evaluation

- The disproportionate prevalence of teenage pregnancy among African American adolescents is inner-city America and its adverse consequences in terms of social, educational, economic, health, and demographic outcomes are well documented. Because poor students may lack motivation, self-esteem, and access to quality health care, comprehensive school-based programs may be needed to assist low-income pregnant adolescents to overcome the health, social, educational, and economic difficulties they face. Policy makers should invest in more research in this area.

Access and Barriers to Care

- Despite advances in research studies on the Black elderly, there were very few longitudinal studies on this population. Few studies had adequate samples of African Americans to examine within-group differences that may affect long-term health care utilization patterns. African Americans in a Longitudinal Survey on Aging (LSOA) were poorer and less educated than their white counterparts and were less likely to benefit from nursing home placement compared to Whites.
  Important differences continue to exist between older American health care services and overall health status. Continued efforts must be made to unravel what are the variances in health care utilization. More research is needed to understand why African Americans

with similar self-reports of health status receive different levels of care in long-term care facilities.

- A study focusing on health risk factors and barriers to health care seeking among Medicare and Medicaid eligibles in low income housing found that self perceived health status was a sensitive indicator of the need for medical care and eventually disability among both African Americans and Whites. Health education programs could result in a savings in Medicare and Medicaid costs. Greater efforts must be made to meet the health needs of these low-income residents through health care and social programs. Policy makers should invest in educating Medicare and Medicaid eligibles about health risk factors.

Costs of Care

- Medicaid costs for spinal cord injured (SCI) teens are extremely costly. One study focusing on this area found that rehospitalizations of SCI youth could be drastically reduced resulting in significant cost savings to the federal government by providing specialized case managers. Government, through state and private sector partnerships, should develop mandatory SCI ombudsmen programs to be implemented upon discharge of SCI youth from rehabilitation centers to assist with reducing preventable complications. Medicaid should implement a low cost maintenance program to pay for quarterly medical, psychological, and case management follow-up visits, which are designed to reduce the extreme costs of preventable hospitalizations. The SCI ombudsman program and case management intervention should be tested nationwide. Further studies are needed involving analysis of hospital discharge data to determine actual costs of care of youth who sustain spinal cord injuries due to violence.

- One study found that there might be a reduction in Medicaid expenditures for violence related injuries among African American youth by decreasing violence in these communities. Policy makers should support effective community-based strategies for violence prevention in major cities.

Quality of Care

- Lowering blood glucose to or near normal levels in all people with diabetes mellitus is the benchmark of diabetes care quality. Therefore, regular monitoring of glycemic status is a logical core recommendation for diabetes management. One study found that additional system-level quality improvement efforts in diabetes care must be sought and strategies to reduce racial disparities must be incorporated in quality improvements efforts. Efforts, which encourage more visits to primary care providers for Medicaid beneficiaries with diabetes, will improve adherence to care standards. Physician visits significantly increase the likelihood of adherence to American Diabetes Association (ADA) recommendations. The cost savings associated with quality improvements, such as in the reduction of hospitalizations, especially among African Americans, could be considerable.

- Increased stress and decreased coping mechanisms among older African Americans in urban and rural environments who are primary caregivers to other elderly African Americans has become a major problem in the United States. There is a lack of support for these individuals. The data suggest that most caregivers are elderly women. More studies focusing on intragenerational caregiving among African American aged population should be conducted. There is a need for more research examining the circumstances and impact of intragenerational relationships where older persons serve as resources to other aged family members or friends in times of health crises. Policy makers should rethink policy formulation towards elder care. Policies should be in place to help provide financial and other types of assistance to those elders involved in this type of caregiving. Providing quality health care in the home decreases the need for long term nursing home care and is not only more cost effective but provides a better quality of life.

Utilization

- Mental health services utilization among Medicare elderly in Tennessee is a concern. Patients with depression are not receiving adequate mental health care and therefore, the potential of cost offsets are not attained from the aggressive treatment of depression. Chronic disease management models, which account for mental and non-mental comorbidity, are extremely important. Rigorous testing of team oriented management approaches for patients with comorbid mental and physical illness should be undertaken to monitor cost containment and quality control over treatment modalities. Cost effective care for illnesses of importance to racial and ethnic minorities may require the re-structuring of medical teams to assure the coordinated management of mental and non-mental illness. Training practitioners to recognize their diagnostic and disease management tendencies that may be based upon perceptions related to patient's age, race, education, gender, income, and social characteristics is an important strategy for decreasing health disparities. Policy makers should support more research in this area.

HISPANIC RESEARCH PROJECTS

Cervical and Breast Cancer Interventions

- Substantial disparities exist in breast and cervical cancer incidence and/or mortality among Hispanic women in comparison to majority populations residing near the U.S.-Mexico border. This is due in part to significant differences in the utilization of cancer screening services. Older Hispanic women living on the border communities have few economic resources, limited educational attainment, and are minimally acculturated; which will require targeted strategies for reaching them. There is substantial heterogeneity in health risk and behaviors among Hispanic women living in border communities. Therefore policy makers should support public programs to promote cancer screening in Hispanic women that are tailored to target immigrant and monolingual Spanish speakers. This may require refocusing of resources and development of language and culture appropriate outreach and education activities and materials.

- Successful interventions to improve preventive health activities such as Pap smears among poor Central Valley Latinas in California should be implemented. Latinas may require approaches that do not depend on third party financing and individual providers. Several actions need to be taken to motivate Latinas to comply with Pap smear recommendations. These actions range from changes in organizational structures to increased community involvement. Low self-rating of general health, high Mexican acculturation level, factors such as low general medical knowledge and fatalism, along with social barriers such as population mobility and lack of reliable telephone access are associated with low levels of receiving Pap smears. Policies to increase the number of Pap smears among Latinas should incorporate those findings.

HIV/AIDS Screening

- One project used a Transcultural Case Management (TCM) model that was based on skilled, bilingual/bi-cultural community health workers (Promotores) who improved the linkages between Latino clients and medical or social service providers. The model fostered the autonomy of clients in the treatment decision-making process, while supporting the access and continuity of appropriate services. This study showed that promotores were effective in overcoming the most salient barriers to access and continuity of care. Promotores provided an understanding of how gaps in service delivery and the lack of a transcultural approach had created barriers to access to health care for HIV clients. Promotores were able to identify existing resources that could be used in the creation of collaborative linkages among agencies to help in the development of standardized guidelines for transcultural teams. The TCM model could be institutionalized in minority serving HIV/AIDS treatment agencies. Policy makers should consider providing funding to HIV/AIDS treatment agencies to create programs that develop peer-based linkages between case managers and clients.

- There is a need to advance the field of HIV prevention by improving the understanding of HIV prevention issues for Latina women, improving health services delivery for Latinos, and increasing their access to high quality HIV prevention services. This intergenerational HIV prevention intervention project for Latina women helped improve the understanding of HIV prevention issues for Latina women and health service delivery for Latinos, and increased their access to high quality HIV prevention services. Immigrant Latina women, many of whom were uninsured and/or may not have been legal residents, received HIV intervention. The incorporation of "familismo," or strong family orientation, was an effective strategy for recruiting women into the study. Women were very motivated to learn how to be more effective communicators about sexual health with their children. Therefore, programs that improve the knowledge of women about health related issues might be effective in improving the health of family members.

Children Health Insurance Intervention

- Lack of health insurance adversely affects children's health. Eight million US children are uninsured, with Latinos being the racial/ethnic group at greatest risk for being uninsured. The study entitled *The Effectiveness of Insuring Uninsured Latino Children Using Community-Based Case Managers: A Randomized Trial* is the first randomized, controlled trial comparing the effectiveness of various public insurance strategies for insuring uninsured children. Case managers provided information about program eligibility, helped families complete insurance applications, acted as a family liaison with Medicaid/SCHIP, and assisted in maintaining coverage. For policy makers, the study showed that community-based case managers were more effective than traditional Medicaid/SCHIP outreach and enrollment in signing up uninsured Latino children for insurance. The use of community-based case management could serve as a national model for obtaining insurance for uninsured children, particularly for those who are most vulnerable and difficult to reach.

Educational Intervention

- There is a need to assess and develop the capacity of health care providers to deliver culturally and linguistically competent care to Latino patients. Programs must be developed to assist health providers serving Hispanic Medicaid patients to develop the linguistic and cultural skills required to provide quality care. Latinos were encouraged to seek preventive services, thereby reducing health costs.

Program Evaluation

- Although, there is a general awareness of self-breast examination among all groups, Mexican-born as well as Spanish monolingual women are less likely to perform Self breast examinations (SBE). Implementing clinical breast examinations (CBE) was slightly lower for monolingual Spanish Speakers, although last reported examinations were the same across all groups. To address health disparities in this population, public programs promoting breast and cervical cancer prevention in Hispanic women must be developed to target immigrant and non-English speakers. Resources should be devoted to developing language and culture appropriate outreach activities and materials that promote screening, as well as identifying the resources that facilitate the timely diagnosis, treatment, and follow up of women with limited health care access identified through the screening process.

Access and Barriers to Care

- Telemedicine is defined as the delivery of health care by means of telecommunication technology. The Arizona Telemedicine Program (ATP) was established in 1996 to increase access to specialty medical care for underserved populations, including ethnic minorities. Programs to gain better understanding of the effect of culture on access and utilization of telemedicine services are needed. The use of telemedicine in its infancy and the cost to support such systems can be expected to decrease with emerging technologies. Focusing on the analysis of specific high volume specialities may guide prioritization of services. For example, telemedicine diagnoses in some sites could cost more than traditional services. The participation of telemedicine networks to increase specialty health care delivery to patients in underserved areas is important. Taxpayer support of telemedicine is dependent on the ability of the service to demonstrate clinical as well as cost efficacy. Policy makers must appreciate the complexity of cost models, the effect of distance and volume on cost, and the importance of mature data before making policy decisions.

- In regard to the risk factors and barriers to emergency department (ED) treatment for asthma in Puerto Rico, it was reported that the quality of asthma care in this setting was highly deficient. As a result, severe asthmatics can be considered as active members of the “vulnerable populations.” Asthmatics will need to expend a great deal of effort if they wish to reduce the severity of their disease. Findings may not be applicable only to Puerto Rico: published literature focused on other populations is consistent with the findings of this study. The Federal Government needs to improve the health status of severely asthmatic individuals. Asthma may need to be declared a public health problem and legislation should be enacted for realistic implementation of the National Guidelines for Asthma Treatment.

- Access to health care for migrant and seasonal farm workers is a serious problem. The utilization of health services by the migrant and seasonal population was dependent on the population’s need for care but was tempered by the population’s lack of insurance, its low-income status, cultural differences, and legal status. Policies to help reduce health disparities in this population need to focus on increasing income, insurance eligibility, and cultural competence among local health care providers.

Quality of Care

- Latinos make up more than 6% of the Massachusetts population and are currently the largest minority group in the state. Despite the fact that there is a publicly funded medical care system, access to free care is generous, and the Massachusetts residents generally have better health indicators than those in many other states, Massachusetts Latinos have persistent health disparities. One study suggested that Latino patients expect that health-care providers should facilitate their access to different services and materials. The clinical setting serving this population should have the resources available to make referrals and facilitate access to social services including housing, welfare, and child-care. Conditions should be created that enhance stable and personalized provider-patient relationships. They include a culturally competent staff, a welcoming clinical setting, and continuity of insurance coverage for all family members. Community-based organizations are key intermediaries connecting Latinos with health care and other services. State and privately funded HMOs should work together with community-based organizations to improve insurance access, preventive care, and utilization of available health services.

- In 2000, it was estimated that costs due to medication-related problems exceeded $177 billion. Because adults aged 65 years and older consume more than 30% of prescription medications, suboptimal medication management is a major patient safety concern among older adults. Polypharmacy was a predictor of mortality, independent of age, socio-economic status, chronic disease, health status or severity. This may be the first study to examine the relationship of polypharmacy, drug-drug interactions, and inappropriate medication use to mortality in a community-based elderly cohort in the United States. Despite limitations of the study, polypharmacy was the key suboptimal medication independent predictor for mortality in the cohort of Mexican American older adults studied. The results indicated that increasing the number of medications alone might pose a long-term mortality risk, at least in the older Mexican American population. Further research is needed to confirm the findings. Additional funding should be provided to study the mechanism leading to suboptimal medication use among elder Mexican Americans. This may assist providers and policy makers to establish effective approaches to promote optimal treatment plans among Mexican American elders.

Utilization

- One study examined the utilization of elective hip or knee replacements for arthritis among Hispanics and non-Hispanics in Bexar County, Texas. It assessed persons hospitalized for these procedures between February 1999 and January 2000. During the study period, 2,275 individuals had a total knee replacement and 825 had a total hip replacement. Recipients of hip replacements were significantly less likely to be Hispanic than were recipients of knee replacement or persons hospitalized for other reasons. The under-representation of Hispanics was more pronounced among persons undergoing total hip replacement for osteoarthritis compared with recipients of knee replacement for the same disease. This pattern persisted after adjusting for age, sex, type of medical insurance, and median household income by the zip code of residence. Further research is needed to determine strategies that increase the number of eligible Hispanics undergoing hip replacements.

- Another study examined at the use of perinatal, infant, and childhood health Services among high-risk Hispanic subgroups the Arizona’s Newborn Intensive Care Program. The results suggested that this study had important policy implications for expanding the system of prenatal, neonatal and post-neonatal care to reach high-risk subgroups of pregnant Hispanic women and their infants. Enrollment in the Newborn Intensive Care Program (NICP) was strongly associated with medical and social risk factors, but not tied directly to ethnicity. Public health investment must be allocated to collect and analyze richer perinatal, infant, and childhood data sets in order to better understand health disparities among Hispanic/Mexican American subgroups. Hospitals and health clinics providing delivery and neonatal services for Hispanic/Mexican Americans should also invest resources to improve quality of care, especially those infants whose mothers are economically and socially disadvantaged.

- A third study defined and explored Hispanic health services utilization. It examined the differences in utilization of diagnostic and therapeutic health services between Hispanics and Whites in three states, California, New York, and Florida. Strategies to increase the knowledge of front-line providers about Hispanic health care disparities should be developed. Increasing awareness around this issue would seem to be an important strategy for future research concerning Hispanic health disparities. Increasing access to care for Hispanics is a critical first step towards eliminating disparities in both health and health care. Funding should be provided for research to identify the impact of language barriers on cost and quality of care, in addition to strategies to identify methods to facilitate interpreter services for beneficiaries of CMS programs (including reimbursement demonstrations)

Needs Assessment

- A study assessed the cultural and linguistic competence of Medicaid providers serving Latinos in Colorado. The increasing number of Latinos on Medicaid created an additional dimension for providers working to achieve the Healthy People goals for this population. Funds should be made available to the Latino Provider Networks (LPN), which was an innovative approach for expanding the capability of all providers within the community to provide quality health care to underserved ethnic groups. Policy makers at the national, state, and local levels need to consider that in order to contain the cost of health care, patients need to be better informed in order to become more involved in prevention and early intervention.

- A community-based needs assessment of Hispanic health in the District of Columbia was the first study to obtain reliable baseline data on health status and health disparities experienced by the Hispanic community. A lack of access to care was one of the greatest challenges to D.C. Latinos' health. Strategies to increase access to health care may assist in reducing health disparities among D.C. Latinos. The beneficial role of community-based health clinics in the Hispanic community is significant. These clinics should receive additional funding because they are filling the gap in care health access, especially for Latinos who are uninsured. CMS would benefit from the efforts to reduce health disparities by gaining access to a new group of potential Hispanic beneficiaries. Timely enrollment in Medicare and Medicaid may limit severe and expensive health problems and health care costs. The assessment and subsequent interventions increased the likelihood that those DC Hispanics who enrolled in CMS programs would be more aware of and actively engaged in positive health behaviors and practices.

8.4 Conclusions

The program assessment was conducted to determine the overall effectiveness of the Historically Black Colleges and Universities (HBCUs) and Hispanic Heath Services Research Grant Programs. The programs were established in 1996 and 1998, respectively. Data analyzed for this program assessment indicate that studies conducted by researchers in HBCUs and Hispanic researchers have provided important findings about variables related to the health care and health behavior of African Americans and Hispanic Americans, particularly individuals labeled "hard to reach." Findings from these studies have contributed knowledge about reducing health disparities in mammography and prostate screening, immunizations, diabetes care, barriers to care, cultural barriers, and other disparity issues.

The CMS' HBCU and HSI research programs, training activities, educational outreach and other activities are responsive to the President's Executive Orders on HBCUs and Hispanics. They also contribute to the achievement of CMS' mission, vision, goals and two of its three program objectives (access to quality care and services to beneficiaries) by:

- Promoting health services research by and for African and Hispanic American populations.

- Increasing the capacity of HBCUs and Hispanic investigators to develop, implement, and evaluate quality research.

- Establishing partnerships between historically and predominately Black Colleges and Universities and Hispanic investigators with majority institutions, private research foundations, state and federal health agencies, community based health organizations, and other parties interested in improving the health status of Africans and Hispanic Americans.

- Addressing the health needs of African and Hispanic Americans in the health services arena.

- Encouraging collaboration efforts of HBCU and Hispanic researchers.

There is a clear structure-process-outcome linkage for these programs. The program logic model displayed in Section 3 captures the structural and outcome elements of the program, but many of the processes that link the structures to the outcomes are not readily observable via document reviews, the primary data collection method for this assessment. The s-p-o linkage was revealed primarily through discussions with the Program Coordinator and expert consultants. The training, technical assistance and research and development activities, especially grant writing seminars, CMS database users conferences, and presentations at professional meetings, have clearly positioned African American and Hispanic American researchers to be competitive and successful in CMS' and others' research and development programs. Beyond CMS, PIs also report tremendous success as leaders on their campuses and in their professional organizations, national forums, and their communities. The PIs (in their own voices) attribute this success to the preparation and training they received as a CMS grantee. In particular, the review process and composition of the review panels have been instrumental in ensuring success through the provision of detailed feedback on applications and insights from reviewers who are "on the ground" in the target communities.

In addition, others who have not benefited directly from CMS funding, due somewhat to its limited resources, have benefited indirectly by attending the TAT/R&D, which have exposed them to co-mentors and potential collaborators and strengthened their grant writing skills. The HBCU Network and its leadership have also been an important structure, but in terms of process, it is through the Network that many HBCU researchers first learned of the CMS programs or became connected to the TAT/R&D activities. In preparation for presentations at the CMS activities of annual research conferences and other professional conferences such as APHA or Academy Health, the network president, project officer, and network partners rehearse presenters the day before, suggest revisions to PowerPoint slides, and provide feedback to improve presentations before PIs are faced with a public audience. The networking meetings have also served as avenues to establish working relationships between researchers who might otherwise never meet potential collaborators. These collaborations have resulted in multi-site projects, sharing of resources, and leveraging resources to extend intervention projects to a larger number of participants than the CMS funds might otherwise reach. Through their connection to the network, researchers are also alerted to policy changes (actual or proposed) that have implications for their service populations, and learn more readily about released program announcements within CMS or at other Federal agencies. Most grantees and non-grantees were not primary data sources for this assessment, so this program assessment only provided limited insight into this s-p-o linkage.

The facilitators of the success of the HBCU and Hispanic Health Services Research Grants programs appear to be related to perceived attributes of innovative programs that Rogers' (1995) diffusion theory suggests are keys to understanding why an innovation is readily adopted by others. Several of the grantees reported on the *relative advantage* of the program as a key factor. Compared to other programs at CMS or other Federal agencies, the HBCU and HSI programs are perceived as unique because of their emphasis on supportive and nurturing activities, which are provided directly to the grantee, and even to prospective grantees. The accomplishments of the PIs and program are *observable*; reports from all data sources were consistent, providing evidence of the programs' accomplishments as a whole or for individual PIs. Third-party sources such as CRISP substantiated grantees' self-reports, progress reports, and the Program Coordinator's written reports. The program's *trialability* was evident from the many reports of how the TAT/R&D activities were provided to more than 3,500 participants and the intervention research programs reached nearly 19,000 CMS beneficiaries or target populations. The progress reports and discussions with expert consultants provide further evidence that researchers and intervention participants were open to the processes linking the availability of the interventions (structures) to the outcomes (getting screened or flu shots) because activities were viewed as culturally sensitive or delivered in culturally appropriate ways. Relatedly, several of the expert consultants mentioned that the TAT/R&D and grants programs were also easy to access (*simplicity*) and met their needs as a neophyte in the research enterprise. Finally, evidence for the program's perceived *compatibility* is found in the expert consultants' appreciation of the programs' flexibility in designing research agendas that focused on research issues which were both consistent with the mission, goals, and objectives of CMS and of high interest to them, and could be implemented in the context of their other responsibilities (e.g., as part of the land grant mission at some HBCUs or in providing service in non-traditional health care settings for Hispanic American researchers). In addition, prospective grantees could attend TAT/R&D activities with little travel burden, because the activities were implemented in sites proximal to the researchers' communities. One of the suggestions for program improvement was the overwhelming support for continuation of these programs at a higher level of secure funding and other resources.

Programs of this nature are extremely important in reducing health disparities in the United States. It is important that CMS not only continue these types of projects but also expand them. It is well known that health care costs are higher for African Americans, Hispanics, and other minority populations. The rapid growth in the size of the minority-aged population combined with their higher health care costs has the potential to negatively impact the health care and social security systems. Outcomes from studies completed by HBCU and Hispanic researchers include the identification of strategies for reducing health care costs for African Americans and Hispanic Americans by expanding preventive care programs and minimizing the types of morbidity that exacerbate costs.

The data from this program assessment suggest that HBCU and Hispanic investigators may be pivotal in developing research that will impact the health care and health behavior of African Americans and Hispanic Americans. These investigators have the unique expertise, knowledge, and sensitivity that are necessary to address the pressing health and health financing issues of African American and Hispanic American communities. They play a vital role in finding solutions to the many difficult health issues facing these vulnerable populations. Geographically, most HBCUs are located in predominately minority communities, and many faculty members live in these communities. These researchers understand the needs, limitations, and lifestyles of the people in the community, and the community trusts and respects researchers from HBCUs and HSIs in a way that other researchers cannot hope to enjoy. They are recognized as authentic voices, which then affords them access to the community.

The data also suggest that African American and Hispanic American researchers are sensitive to the cultural values and mores of their respective communities. They seek answers to questions that have not been asked and possess insights derived from personal cultural experiences. These insights are applied as data are analyzed and conclusions and recommendations are developed. Therefore, the perspective of African American and Hispanic American investigators is needed to insure that research questions are asked with sensitivity to issues of race and culture, as well as to insure a clear understanding of the differential effects of race, culture, and sociodemographic variables on health outcomes.

The CMS funded grants have shown that HBCU and Hispanic investigators:

- Conduct research that defines the research problem from a culturally normative perspective;
- Interpret data based on African American and Hispanic American values and norms;
- Understand how to study health seeking behaviors of African Americans and Hispanic Americans which are often influenced by folklore, and use of home remedies;

- Share research findings with those who participated in the research, and interpret these findings in culturally appropriate terms, in addition to publishing the findings or presenting them at professional meetings;
- Serve as keepers of data and databases to document health related problems that disproportionately affect African Americans and Hispanic Americans;
- Increase the involvement of the public/private sectors through their development of community-based partners such as faith based organizations, local health and government officials, and community health organizations.

Major disparities exist in the allocation of research dollars between majority and minority institutions. Majority institutions have received millions of dollars from the Federal government to address health issues such as cancer, diabetes, heart disease, hypertension, teen pregnancy, HIV/AIDS among African Americans and Hispanic Americans. This was made possible through funding provided primarily by the Federal government and other sectors to enhance the research infrastructure of many majority institutions. The Survey of Federal Science & Engineering (S&E) Support to Universities, Colleges, and Nonprofit Institutions for FY 2001 (National Science Foundation, 2004) indicated that compared to non-minority serving institutions, the Federal dollars for S&E at HBCUs and HSIs are allocated more for capacity building activities than for R&D. Thus, while majority institutions are receiving dollars to further their research activities, minority serving institutions are trying to catch up by building infrastructure. Subsequently, the majority institutions have become leaders in receiving research grants and in a tightening landscape for research dollars, researchers in these institutions will continue to have a competitive edge over researchers in environments that are still building capacity. Despite the infusion of R&D dollars from the Federal, foundation, and private sectors, it appears the majority institutions have been unable to significantly impact health disparities among minorities such as African Americans and Hispanic Americans.

The HBCU and Hispanic Health Services Research Grant Programs were developed in response to a need to develop new strategies, tactics, and recommendations to better the health of CMS' vulnerable populations. African American and Hispanic American investigators are often not in a position to receive large funding grants to address the many health problems in their communities, because their institutions suffer from the same lack of research infrastructure experienced by majority institutions in the past. In addition, investigators at minority serving institutions have competing demands such as heavy teaching loads that impose barriers to conducting health services research. Funding provided to HBCUs and Hispanics through CMS' health services research programs has begun to support investigators in these settings and to build a research infrastructure at these institutions. However, the funding for these efforts is very limited; the programs currently support only two programs each per year; grants are for $125,000 per year for a maximum of two years. By comparison, health disparities intervention research at NIH or CDC is supported for three to five years with approximately $150,000 to $200,000 per year.

To date, the infrastructure for conducting minority health research is largely based at non-minority institutions, and minority investigators are still underrepresented in the health services research community. For example, it has been reported that less than 2% of NIH competitive research grants and less than 2% of NIH competitive (RO1) research dollars are currently held by African American researchers. There is also a national need for African American and Hispanic American scientists particularly in academic medicine. In 1990 only 3.3% of all U.S. medical school faculty were under-represented minority persons, and approximately one-third of these were based at historically Black and Hispanic serving medical schools. Only 1.0% of full professor positions were filled with under-represented minorities in 1990.

The presence of health disparities among U.S. minority racial and ethnic groups has been well documented, and it increases the cost of health care for all Americans. The President's initiative to eliminate health disparities, operationalized in the *Surgeon General's Healthy People 2010 Objectives* for the nation has led to significant interest in research on health disparities among Federal agencies and among academic health services researchers. The projected increase in the numbers of racial and ethnic communities in the United States, particularly Hispanic Americans suggest the possibility that health disparities may increase unless a new paradigm and new strategies are implemented. The new paradigm includes more funding to implement intervention research with minority communities. Investigators from HBCUs and Hispanic investigators should and must play a major role in conducting this research.

9. RECOMMENDATIONS

The CMS officials in the Office of Research, Development, and Information (ORDI) who are responsible for the agency's HBCU and Hispanic grants programs reviewed the following recommendations and indicated that they will be shared with agency leadership. ORDI agreed with the recommendation that the findings of these grants should be more broadly disseminated. They also expressed interest in the recommendation regarding ways to enhance the programs and stated that these suggestions will be carefully considered as the programs move forward. They pointed out that through the life of these grant programs there has been consistently strong support by ORDI to maintain consistent funding for the grant programs despite considerable variation in the CMS research budget.

The major recommendations for the HBCU and Hispanic programs center on their sustainability, which will require additional and more secure funding. An additional recommendation is made to disseminate information about the structure, process, and outcomes (lessons learned, key findings, and products) more widely to increase the visibility of the program and its contributions and to garner support for its sustainability. The recommendations follows.

- Funding should continue for individual research projects and expand to include multi-site research projects. Several past grantees have implemented such multi-site projects but with varying quality and outcomes because their awards were stretched to include investigators in other communities, often very distant from the grantee institutions. This requires a greater infusion of resources to ensure adequate sample sizes, follow up and follow through, and evaluation. Adequately resourced multi-site efforts could develop or test the effectiveness of promising, exemplary or evidence-based interventions, and reveal other lessons learned to address the within-group heterogeneity of the targeted CMS beneficiary populations (e.g., urban-rural differences, language differences, or differences based on national origin, or acculturation). Even though studies were small in the scope (400 participants per study), a consistent outcome has been the ability of most investigators to recruit participants often described as "hard to reach." Despite the aforementioned challenges and the labor intensive nature of these research projects, the investigators implemented their projects. The investigators were able to provide education, knowledge, and information about health services and health disparities issues and how to navigate the health care system to receive services. These interventions resulted in increased knowledge; increased knowledge; increased implementation of health promotion and disease prevention activities; and increased access to care.

- The budget should increase in funding for these programs. The HBCU and Hispanic programs are central to several of CMS' goals and objectives as discussed in this report, and integral to the R&D activities of the research grant programs. The funding mechanism should include resources for both the research grant programs and the TAT/R&D. Additional staffing may be needed to broaden coverage for the research programs and the TAT/R&B activities.

- CMS should share the findings, lessons learned, and policy implications of these projects more broadly through dissemination to its Federal and non-Federal partners, the research community, and the health care community. The results of both the intervention and non-intervention studies provide a wealth of knowledge about the risks and protective factors for a number of access, quality, and cost issues that could inform future research and practice. These studies also serve as preliminary studies that could position investigators of these programs to successfully compete for funding from other sources such as NIH. Wider dissemination about the program and the findings from projects will increase awareness about this program and position it among other training initiatives such as the NIH Minority Supplement Program as an indicator of possible future success for these investigators. Some evidence of such success exists in the comments of expert consultants who indicated that they had been awarded NIH funding based on their CMS project experiences.

An additional recommendation is for the National HBCU Research Network for Health Services and Health Disparities and Hispanic Serving Institutions/Organizations.

- These organizations might consider collaborating to educate Congress about the value of the research grant programs and work to achieve a Congressional mandate to fund these types of projects. Many of these projects are more comprehensive and focused than some other Federal programs in developing, testing, and evaluating interventions targeted at CMS' most vulnerable beneficiaries. The investigators are able to reach target populations in large numbers and produce culturally sensitive materials that can be used by beneficiaries and CMS-related providers to reduce health disparities and ultimately the cost of health care. Moreover, these programs provide the training ground for increasing research capacity individually and institutionally to prepare a more culturally diverse workforce to address these problems at HBCUs, HSIs, majority institutions, in the private sector, and in Federal agencies.

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HBCU Program Announcement 2005

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Department of Health and Human Services

Centers for Medicare & Medicaid Services

Office of Research, Development, and Information

Historically Black Colleges and Universities Health Services Research Grant Program

2005 EDITION – 9th Year of the HBCU Announcement

Funding Opportunity Number

CFDA No. 93.779

Application Deadline Date: June 8, 2005

Letters of Intent due: April 19, 2005

March 17, 2005

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AGENCY NAME: Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Research, Development, and Information

FUNDING OPPORTUNITIES TITLE: Historically Black Colleges and Universities (HBCU) Health Services Research Grant Program

ANNOUNCEMENT TYPE: 9th Year of the HBCU Research Grant Announcement

FUNDING OPPORTUNITY NO.:

CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. (CFDA): 93.779

DATES:

Date of Issue	March 17, 2005
Letter of Intent Due Date	April 19, 2005
Application Deadline Date	June 8, 2005
Award Announcement	October, 2005
Grant Period	2 years after award

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EXECUTIVE SUMMARY

HISTORICALLY BLACK COLLEGES AND UNIVERSITIES HEALTH SERVICES RESEARCH GRANT ANNOUNCEMENT

The Centers for Medicare & Medicaid Services (CMS) is announcing the availability of funds under its grant program to assist Historically Black Colleges and Universities (HBCUs) in conducting health services research for 2005. The purpose of the grant program is to support researchers in carrying out health services research activities to meet the needs of diverse CMS beneficiary populations. The goals of the grant program are to: 1) encourage HBCU health services researchers to pursue research issues which impact the Medicare, Medicaid, and SCHIP programs, 2) assist CMS in implementing its mission focusing on health care quality and improvement for its beneficiaries, 3) assist HBCU researchers by supporting extramural research in health care capacity development activities for the African American communities, 4) increase the pool of African American researchers capable of implementing the research, demonstration, and evaluation activities of CMS, and 5) assist in fostering interuniversity communication and collaboration regarding African American health disparity issues.

This grant program is consistent with President George Bush's HBCU Executive Order 13256, signed on February 12, 2002 directing executive departments and agencies to increase the ability of HBCUs to participate in federally sponsored programs. The purpose is to strengthen "the capacity of HBCUs to provide quality education and to increase opportunities to participate in and benefit from Federal programs." Federal agencies are directed to establish funding on an annual basis to be awarded to HBCUs through grants, contracts, or cooperative agreements.

Funding is available for grants to implement research related to health care delivery and health financing issues affecting African American communities, including issues of access to health care, utilization of health care services, health outcomes, quality of services, cost of care, health and racial disparities, socio-economic differences, cultural barriers, managed care systems, and activities related to health screening, prevention, outreach, and education.

To be eligible for grants under this program, an organization must be an HBCU and meet one of the following four requirements: 1) offer a Ph.D. or Master's Degree Program in one or more of the following disciplines Allied Health, Economics, Gerontology, Health Services Administration, Health Care Administration, Health Education, Health Management, Human Services and Consumer Sciences, Nursing, Nutrition, Pharmacology, Psychology, Public Health, Public Policy, Social Work; or 2) have a School of Medicine; or 3) be a member of the National HBCU Network for Health Services and Health Disparities; or 4) demonstrate the capacity to conduct research on health services delivery or financing issues relevant to Medicare, Medicaid, and SCHIP programs.

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HISTORICALLY BLACK COLLEGES AND UNIVERSITIES HEALTH SERVICES RESEARCH GRANT ANNOUNCEMENT

I. FUNDING OPPORTUNITY DESCRIPTION: REQUESTS FOR PROPOSALS

1. Introduction

The Centers for Medicare & Medicaid Services (CMS) is announcing the availability of funds under its grant program to assist Historically Black Colleges and Universities (HBCUs) in conducting health services research for 2005. This announcement seeks competitive applications for small applied research projects that relate to identifying and evaluating solutions for eliminating health disparities among the African American population. Additionally, the project should enhance the capacity of HBCUs to successfully compete for CMS research and program funds in the future. We encourage HBCUs to use CMS data as part of their research projects. HBCUs are expected to become involved in the design, implementation, and operation of research projects that address health care issues such as financing, delivery, access, quality, and barriers affecting the African American community. CMS is seeking these types of research projects because of its belief that HBCUs play a pivotal role in finding solutions to the many difficult health issues that have a significant impact on the health of African Americans. The unique expertise, knowledge, reputation, and sensitivity that HBCU investigators can bring to the design, implementation, and operation of such research will be key to advancing the national, state and local agendas of eliminating health disparities.

The President’s Board of Advisors on Historically Black Colleges and Universities (HBCUs) has issued directives to increase the support of HBCUs through various mechanisms and to develop an infrastructure in these educational institutions. This grant program is consistent with President George Bush’s Executive Order 13256, signed on February 12, 2002 directing executive departments and agencies to increase the ability of HBCUs to participate in federally sponsored programs. The purpose is to strengthen “the capacity of HBCUs to provide quality education and to increase opportunities to participate in and benefit from Federal programs.” Federal agencies are directed to establish funding on an annual basis to be awarded to HBCUs through grants, contracts, or cooperative agreements. The head of each department or agency is expected to establish an annual plan that establishes clear goals for how the department or agency intends to increase the capacity of Historically Black Colleges and Universities to compete for its funding programs. CMS’s HBCU Health Services Research Grant Program is in accordance with the Executive Order. This program is one strategy to increase the participation, promotion, and professional development of HBCU investigators in health services research.

2. CMS/HBCUs Partnership

CMS is committed to developing a partnership with HBCUs to achieve the goals of the President’s Executive Order. CMS wants to make sure that HBCUs receive opportunities to compete for its extramural research funds and gain a better understanding of its research interests. This announcement, the 2005 CMS HBCU Health Services Research Grant Program, is related to the priority area of CMS's research programs for health care and financing issues in the African American community.

3. Detailed Purposes of Grant Program

The purpose of this announcement is to support HBCU researchers in carrying out health services research activities to meet the needs of diverse CMS beneficiary populations. The goals of the HBCU Health Services Research Grant Program are to: 1) encourage HBCU health services researchers to pursue research issues which impact the Medicare, Medicaid, and SCHIP programs, 2) assist CMS in implementing its mission focusing on health care quality and improvement for its beneficiaries, 3) assist HBCU researchers by supporting extramural research in health care capacity development activities for the African American community, 4) increase the pool of African American researchers capable of implementing the research, demonstration, and evaluation activities of CMS, and 5) assist in fostering interuniversity communication and collaboration regarding African American health disparity issues.

4. Health Issues of Concern

CMS is interested in the following types of proposals:

(a) Proposals that address research on disseminating information and improving health-related attitudes, knowledge, beliefs, and practices related to the following six health priority conditions:

- Infant Mortality
- Cancer Screening and Management
- Cardiovascular Disease
- Diabetes Mellitus
- HIV/AIDS
- Adult and Childhood Immunizations

Other Population Specific Health Concerns

- Asthma
- Obesity
- Oral Health
- Mental Health

(b) Proposals that address research to:

- Remove barriers and improving access to health services
- Reduce health disparities and socioeconomic differences in health services
- Increase the efficient utilization of health services

- Improve quality of care
- Reduce health care costs
- Increase preventive services (for example - mammography and prostate screening; children with asthma who are Medicaid recipients)
- Improve HIV and AIDS outcomes among Medicare or Medicaid beneficiaries

as these issues relate to the six health priority conditions and other population specific health concerns listed above. **All proposals should describe research to be conducted with relevance to the CMS Medicare, Medicaid, and SCHIP programs.**

5. Types of Studies

CMS is interested in supporting the following two types of studies.

a) **Educational Intervention Studies**. These studies will inform populations-at-risk about certain health problems especially as they relate to African Americans. A follow-up plan should be developed to determine the effectiveness of the intervention. An example might include developing an educational program to enhance the awareness, knowledge, and understanding of African Americans about prevention, treatment, services, and/or strategies for accessing the health care system. The project should reach a minimum of 400 participants.

b) **Developmental Intervention Studies**. These studies will develop promising new approaches to reducing disease, encouraging changes in health behavior, and promoting health among African Americans. For example, using computers to disseminate health related information or testing the effectiveness of a health hotline in reducing health disparities. The project should reach a minimum of 400 participants.

II. AWARD INFORMATION

1. Timing and Duration of Award

This Announcement will use the CMS grant award mechanism. Under this award, CMS's purpose is to support the recipient's research activities by providing funding and technical assistance upon request. Responsibility for the planning, direction, and execution of the proposed project will be solely that of the applicant. The total project period for applications submitted in response to the present solicitation may not exceed two years.

2. Amount and Number of Grants to Be Awarded

Eligible HBCUs may request $100,000 to $125,000 per year for up to two (2) years for a variety of health services research projects. This program announcement provides HBCUs interested in applying for this funding with information concerning eligibility requirements, application procedures, general policy considerations, application review criteria, and selection criteria.

The total budget for each award should include **both direct and indirect costs**. The indirect costs should not exceed 10%. We anticipate that most awards will be in the range of approximately $100,000 to $125,000 per year for a maximum of two years. The number of grants depends on the availability of funds and the technical quality of applications. CMS strongly encourages collaboration between HBCUs to implement their research projects.

3. Schedule of Processing

- Application Deadline - June 8, 2005
- Technical Panel Review - July 2005
- CMS Review - August 2005
- Announcement of Awards - October 2005

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

An HBCU must meet **one** of the following four requirements in order to qualify for funding under this grant program.

a) Offer a Ph.D. or Master's Degree Program in one or more of the following disciplines:

Allied Health
Computer Science
Economics
Gerontology
Health Services Administration
Health Care Administration
Health Education
Health Management
Human Services and Consumer Sciences
Nursing
Nutrition
Pharmacology
Psychology
Public Health
Public Policy
Social Work; **or**

b) Have a School of Medicine; **or**

c) Be a member of the National HBCU Network for Health Services and Health Disparities; **or**

d) Demonstrate the capacity to conduct research on health services delivery or financing issues relevant to the Medicare, Medicaid, and SCHIP programs.

2. Institutional Matching Requirement

CMS' grant authority under section 1110 of the Social Security Act requires cost-sharing by applicants. To comply with this requirement, CMS is requiring that applicants provide cost-sharing equal to at least one percent of the amount of the award. This cost-sharing requirement may be satisfied through in-kind contributions.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

Applications are available from the Office of Acquisition and Grants Management CMS, Room C2-21-15, 7500 Security Boulevard, Baltimore, Maryland 21244-1850, telephone number 410-786-7080, attention: Linda Bianco (e-mail-Lbianco@CMS.HHS.GOV). Please be sure to include the name, mailing address, and phone number of a contact person for the institution requesting the application.

2. Content and Form of Application Submission

The investigator must complete and submit an application package. If an application was submitted in response to a prior year's solicitation under this grant program, but was not funded, a new application must be submitted. The narrative portion of the application should not exceed 25 typewritten double-spaced pages. Times New Roman with 12 Font should be used. While additional documentation may also be submitted, such materials should be limited to information relevant to the specific scope and purpose of the proposed project. Each application received from an eligible institution will be reviewed for merit by a panel of technical experts. Since CMS anticipates a large number of applications for each panel member to review, it is important that your application is concise, yet thorough.

The following items **are not included** in the Project Narrative portion of the application and, therefore, are not included in the 25 page limit:

- Applicant's Title Page and Cover Letter;
- Standard Forms from the Application Forms Kit;
- Letters of Agreement and Support;
- Resumes;
- Project abstract;
- Budget Narrative/Justification;
- Other Support Documents;
- Budget Forms; and
- Appendices.

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a) Required Contents of the Application

A complete proposal consists of the following materials organized in the sequence indicated. Please ensure that the project narrative is page-numbered. The sequence is:

- Applicant's Title Page and Cover Letter;
- Standard Forms from the Application Forms Kit;
- A letter of endorsement from the President or an other official from the Institution;
- Project Abstract;
- Project Narrative;
- Budget Narrative/Justification;
- Budget Forms;
- Required Appendices;
- Attachments (e.g., Letter of Agreement or Support);
- Required appendices; and
- Supporting documentation

b) Cover Letter

The letter must include the title, principal investigator, and a brief description of the proposed project; indicate the target population and a contact person and contact information. The letter must also include the names of all institutions collaborating in the project and indicate that the applicant institution has clear authority to perform the proposed activities and is capable of implementing this project.

c) Standard Forms from the Application Forms Kit

The following standard forms must be completed with an original signature and enclosed as part of the proposal:

- SF424: Application for Federal Assistance
- SF424A: Budget Information
- SF424B: Assurances – Non-Construction Programs
- SFLLL: Disclosure of Lobbying Activities
- Biographical Sketches
- Additional Assurances

You may obtain copies of these forms directly from the CMS Web site at: http://www.cms.hhs.gov/researchers/priorities/grants.asp.

d. Table of Contents

e. Project Abstract

The application should include a single space (one-page) abstract. The abstract should address:

1) Statement of the Problem - Describe what the investigator wants to do and why - e.g. the problem that is being addressed, potential impact of the intervention on the problem, project purpose, goals and objectives, relevance to CMS mission/programs (for example, Medicare, Medicaid, or SCHIP), and need for the research project. 2) Methodology of the proposed project - How does the investigator intend to implement the project? 3) Ability to implement the research project - Discuss the implementation strategy and management plan (workplan), 4) Institutional structure and capabilities - Does the institution have the structure and capacity to conduct the research project? 5) Collaboration with an institution and/or community/health organization - Describe the type and degree of collaboration.

f. Project Narrative

The project narrative should provide a concise and complete description of the proposed project. It should contain the information necessary for the review panelists to fully understand the project. It should cover all aspects of the project requirements.

g. Budget Narrative/Justification and Resources

The applicant should provide a detailed breakdown of the aggregate numbers for the budget recorded on Standard Form 424 (SF 424) “Application for Federal Assistance,” including allocations for each major set of activities or proposed tasks. The proposed budget should distinguish the proportion of grant funding designated for each activity. The budget must clearly identify what funds will be administered directly by the lead agency and what will be subcontracted to other partners. The designated lead agency is solely responsible for the fiscal management of the project.

h. Letters of Agreement, Endorsement, or Support

Provide a set of endorsements from collaborating organizations outlining their contributions, roles, and responsibilities relative to the projects and commitments that have been pledged for the proposed project. Include individual letters of support as appropriate.

i. Required Appendices

- Key Staff Qualifications – including a biographical sketch or resume of key staff describing their qualifications.
- Project Work Plan/Timeline: Include a project work plan and timeline. All of the project goals should be included in the work plan.
- Memoranda of Understanding – reflecting the collaborative relationships between relevant institutions.

j. Supporting Documentation

3. Submission Dates, Times, and Where

The original application, signed by the university President or other official having authority to legally bind the institution to the performance of a grant, if approved, and two copies shall be submitted. **The original should be bound and the two copies should be unbound. Please do not use staples. Send a diskette (Microsoft Word) with the 25 page narrative portion of the application.** Mail the original, two copies of the application, and the diskette to:

Centers for Medicare & Medicaid Services
Office of Acquisition and Grants Management
Division of Research Contracts and Grants
Attn: Ms. Linda Bianco
Mail Stop C2-21-15
7500 Security Boulevard
Baltimore, Maryland 21244-1850

The mailed application should be postmarked NLT, June 8, 2005.

or

Hand deliver the original and two copies of the application by **close of business 5:00 p.m.** (EST) on Wednesday, June 8, 2005 to the above location.

To expedite the receipt of your application, you are strongly urged to send it by Federal Express or Express Mail. All applications must be postmarked NLT by **Wednesday, June 8, 2005.** An application must show one of the following as proof of mailing: a legibly dated U.S. Postal Service postmark, a legible mail receipt with the date of mailing stamped by the U.S. Postal Service or a dated shipping label, invoice, or receipt from a commercial carrier. Private metered postmarks will not be acceptable as proof of timely mailing.

Upon receipt of an application, the Office of Acquisition and Grants will mail a notification of receipt to the institution. If an institution fails to receive the notification of receipt within 15 days from the date of mailing the application, the institution should call the Office of Acquisition and Grants Management at 410-786-7080.

Late applications: Any application that does not meet the above criteria will be deemed a "late application." Those institutions submitting a late application will be notified that the application was not considered in the competition. If the application is sent timely but is received after the deadline, an application can be accepted for review only if it is received in time for orderly processing.

4. Letter of Intent

Prospective applicants are asked to submit by April 19, 2005, a letter of intent (LOI) that includes a title and description of the proposed project, address, and telephone number of the investigator(s), the identities of other key personnel, and the names of participating institutions. The letter of intent should not exceed one page. Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information allows

CMS's staff to estimate the potential review workload and facilitates planning for the review process. The letter of intent should be sent to the project officer listed under INQUIRIES.

5. Institutional Review Board Approval

The applicant must include the outcome of their request for Institutional Review Board approval.

6. Intergovernmental Review

This grant is not subject to Executive Order 12372 concerning "Intergovernmental Review of Federal Programs.

7. Funding Restrictions

a) Grant funds <u>may</u> be used for any of the following:

- Personnel costs, which may include project support staff and contracts for collaboration.
- Costs of data collection and transmission.
- Travel costs as they pertain to the administration and conduct of the grant.
- Training cost for program participants.
- Indirect costs should not exceed 10%.

b) Grant funds <u>may not</u> be used for any of the following:

- To provide direct services to individuals except as explicitly permitted under the grant solicitation.
- To match any other Federal funds.
- To provide services, equipment, or supports that are already the legal responsibility of another party under Federal law.

8. Other Submission Requirements

Dun and Bradstreet Number – Beginning October 1, 2003, applicants are required to have a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the following Website: www.dunandbradstreet.com or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 5 on the Form SF-424, Application for Federal Assistance), with the annotation "DUNS" followed by the DUNS number that identified the applicant. The name and address in the application should be exactly as given for the DUNS number.

APPENDIX A

V. APPLICATION REVIEW INFORMATION

1. Criteria

We will use the following criteria to evaluate all applications for inclusion in the program. The total score for the criteria is 100 points.

To assist applicants in preparing the application and to aid the technical panel in its review, the narrative portion of the application should be written using the following format: 1) Statement of the Problem, 2) Methodology, 3) Ability to Implement the Research Project, 4) Institutional Structure and Capabilities, and 5) Collaboration with an HBCU and/or Community/Health Organization. The panel reviewers will score the applications based on this format.

a) Statement of the Problem

The application must demonstrate that the applicant has a thorough understanding of the specific health problem(s) within the target population and the strategies required to address the problem(s) identified. The applicant should clearly describe the proposed project explaining what the researcher wants to do and why. This section of the application must describe the:

- Project purpose, goals, and objectives
- Need for the research
- Potential impact of the intervention on the problem
- Relevance of the project to CMS's mission/programs. How will the project improve the overall health outcomes and quality of care, reduce health disparities, and achieve savings for the targeted population (Medicare, Medicaid, or SCHIP programs)?

Panel scoring: 15 Maximum Points

b) Methodology

The applicant should explain how the researcher intends to implement the project. The applicant should make a complete and concise presentation of the methodology chosen for this project. It should cover all aspects of the project requirements. The proposal should provide clear and convincing evidence and supporting materials that are appropriate for the project, likely to improve quality of care and reduce health disparities for the targeted population. Any innovative features of the proposed project should be highlighted. The application must include:

- Study design
- Hypotheses or research questions
- Data collection and data analysis plan as appropriate
- Target population
- Intervention strategies
- Expected outcomes
- Supporting research materials

Panel scoring: 30 Maximum Points

c) Ability to Implement the Research Project

The applicant should provide detailed information to demonstrate their technical understanding and capability of performing the requirements of the project, including:

- A detailed implementation strategy and plan that includes a management plan (workplan) describing tasks, responsible individuals, timelines, and costs. A timetable of not more than 24 months with specific key actions and milestones should be included.
- A budget narrative and a detailed justification
- The capabilities/responsibilities of all personnel
- A plan for the evaluation of this project

Panel scoring: 20 Maximum Points

d) Institutional Structure and Capabilities

The applicant should demonstrate clear and convincing evidence that the institution has the organizational infrastructure and management capacity to conduct the research project effectively, including:

- Evidence of the availability and adequacy of the facilities, equipment, and financial management systems to conduct the project
- A description of how the personnel will be organized, to whom they will report, and how they will (be used to) accomplish the goals and objectives or components of the project.
- A Plan for budget and performance monitoring
- Protocols to guide the administrative aspects of the project

Panel scoring: 20 Maximum Points

e) Collaboration with an HBCU and/or Community/Health Organization

The applicant should describe the types and degrees of the collaborative relationships supporting the proposed research project that have been established or that may be established between the applicant HBCU and other HBCUs or community organizations. This description should include specific information about the roles and responsibilities of each collaborator on the project. Letters of support from collaborating organizations outlining their contributions, roles, and responsibilities relative to the research project should be included in the proposal. Collaborating organizations may include the following:

- Community-based Health Organizations
- Faith-based Organizations
- Fraternal Organizations
- Social Organizations

Panel scoring: 15 Maximum Points

2. Review and Selection Process

An independent review will be conducted by a panel of experts from the academic community and the Department of Health and Human Services. The panel will be convened during the summer of 2005. The panelists' comments and recommendations will be condensed into a summary statement that will assist CMS in making the final award decisions. Acceptable applications will be referred to the technical review panel for evaluation and scoring. The technical panel will use the information to judge the likelihood that the project will be successfully implemented and will have tangible, beneficial outcomes.

3. Anticipated Announcement and Award Dates

The applicant will receive written notification of the award decision. CMS expects to announce award decisions by October 2005. Awards will be made to successful applicants during October 2005.

NOTE: **If the proposal does not comply with the guidelines in the Announcement (proper format, table of contents, executive summary, etc.) it will not be reviewed.**
Acceptable applications, i.e. those that meet the above criteria, will be reviewed using the procedures described below.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

The award decision will be made by the Director and Senior staff members, Office of Research, Development, and Information, Centers for Medicare & Medicaid Services, after consideration of the comments and recommendations of the technical review panelists and availability of funds. CMS reserves the right to determine which qualified applications will receive funding under this program. Technical assistance will be made available post award to the awardee.

Successful applicants will receive an official Notice of Grant Award (NGA), signed by the CMS Grants Officer that will set forth the amount of the award and other pertinent information, along with a set of Terms and Conditions for fulfillment of the grant specifically applicable to the applicant. The NGA is a legal document issued to notify the grantee that an award has been made and that funds may be requested from the HHS payment system. The successful applicant will be required, within 30 days of receipt of the Notice of Grant Award, to sign and return a signature page included at the end of the Terms and Conditions that demonstrates agreement to accept the grant and its Terms and Conditions.

If funded, the **awardee must submit an article to a referee journal** describing the findings of the study. All published reports, both formal and informal, should acknowledge grant support with the following footnote "This project was supported with funding from the Centers for Medicare & Medicaid Services." Before submitting a manuscript or a publication, the principal investigator must consult with the Project Officer. When a manuscript resulting from this grant is accepted for publication the principal investigator must promptly notify the Project Officer of its acceptance and the date it is schedule to be published. The awardee is also required to participate in CMS sponsored research conferences. At these conferences, the awardee will present preliminary and/or final results of his/her study.

2. Administrative and National Policy Requirements

a) General Terms and Conditions for these grants are available for reference on our website at http://www.cms.hhs.gov. In addition to the General Terms and Conditions, applicants should be award that they may be required to comply with Special Terms and Conditions that will apply specifically to the proposal. These terms and conditions are used to clarify particular grant activities and assure that grant funding is being used in a permissible manner. Because these terms and conditions are written specific to the applicant grant, it is not possible to review them prior to application submission.

b) All Grantees receiving awards under this grant program must meet the requirements of:

- Title VI of the Civil Rights Act of 1964;
- Section 504 of the Rehabilitation Act of 1973;
- The Age Discrimination Act of 1975;
- Hill-Burton Community nondiscrimination provisions; and
- Title II, Subtitle A, of the Americans with Disabilities Act of 1990.

3. Reporting

a) Grantees must agree to fully cooperate with any Federal evaluation of the program and provide quarterly or semi-annually any financial reports in a form prescribed by CMS (including the SF269a, Financial Status Report forms). These reports will be designed to outline how grant funds were used and to describe program progress, as well as barriers and measurable outcomes. CMS will provide a format for reporting.

b) In order for CMS to monitor awardees efforts toward reaching the goals of the grant program awardees must agree to provide CMS with information it may require to assess the functioning and effectiveness of the program and to ensure that the grant monies are expended for the purposes for which they were awarded. The awardee must submit the following required reports throughout the period of performance: 1) quarterly progress reports, 2) annual report, and 3) final report. CMS will provide the format for these reports.

4. CMS Staff Responsibilities

The project officer will provide technical assistance, advice and coordination, evaluating progress, and making mid-course revisions to ensure that the research activities remain focused on the intent of the project.

VII. AGENCY CONTACTS

Questions concerning this grant program are encouraged. Requests to clarify any issues from potential applicants are welcome. Please contact:

Richard Bragg, Ph.D.
Project Officer
Office of Research, Development, and Information
Centers for Medicare & Medicaid Services
Mail Stop C3-19-07
7500 Security Boulevard
Baltimore, Maryland 21244-1850
(410) 786-7250
e-mail - rbragg@cms.hhs.gov

Direct inquiries regarding grant procedures, fiscal matters, or guidance in completing the application forms to:

Centers for Medicare & Medicaid Services
Office of Acquisition and Grants Management
Division Research Contracts and Grants
Attn: Ms. Linda Bianco
Mail Stop C2-21-15
7500 Security Boulevard
Baltimore, Maryland 21244-1850
(410) 786-7080
e-mail - lbianco@cms.hhs.gov

VIII. OTHER INFORMATION

Meetings – Applicants must include in their application provision for attendance of up to two project members at two research meetings sponsored by CMS.

IX. AUTHORITY

Authority: Sections 1110, 1115(a), 1875, 1881(c)(7) and 1881(f) of the Social Security Act (42 U.S.C. 1310, 1315(a) 1395II, 1395rr(c)(7) and 1395rr(f); section 402 of the Social Security Amendments of 1967, as amended (42 U.S.C. 1395b-1); section 222(a) of the Social Security Amendments of 1972, as amended (42 U.S.C. 1395-1 (note)).

(Catalog of Federal Domestic Assistance Program No. 93.779, Health Financing Research Demonstrations and Experiments)

APPENDIX B

Hispanic Program Announcement 2005

Appendix B

Department of Health and Human Services

Centers for Medicare & Medicaid Services

Office of Research, Development, and Information

Hispanic Health Services Research Grant Program

2005 EDITION – 7th Year of the Hispanic Announcement

Funding Opportunity Number CMS –

CFDA No. 93.779

Application Deadline Date: June 8, 2005

Letters of Intent due: April 19, 2005

March 17, 2005

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HISPANIC HEALTH SERVICES RESEARCH GRANT PROGRAM

OVERVIEW INFORMATION:

AGENCY NAME: Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Research, Development, and Information

FUNDING OPPORTUNITIES TITLE: Hispanic Health Services Research Grant Program

ANNOUNCEMENT TYPE: 7th Year of the Hispanic Research Grant Announcement

FUNDING OPPORTUNITY NO.:

CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. (CFDA): 93.779

DATES:

Date of Issue	March 17, 2005
Letter of Intent Due Date	April 19, 2005
Application Deadline Date	June 8, 2005
Award Announcement	October, 2005
Grant Period	2 years after award

APPENDIX B

EXECUTIVE SUMMARY

HISPANIC HEALTH SERVICES RESEARCH GRANT PROGRAM

The purpose of the Centers for Medicare & Medicaid Services' Hispanic Grant Program is to implement Hispanic American health services research activities to meet the needs of diverse CMS beneficiary populations. The grant program is designed to: 1) encourage Hispanic health services researchers to pursue research issues which impact the Medicare, Medicaid, and SCHIP programs, 2) assist CMS in implementing its mission focusing on health care quality and improvement for its beneficiaries, 3) assist Hispanic researchers by supporting extramural research in health care capacity development activities for the Hispanic American communities, 4) increase the pool of Hispanic American researchers available to implement the research, demonstration, and evaluation activities of CMS, 5) promote research that will be aimed at developing a better understanding of health care services issues pertaining to Hispanic Americans, and 6) foster an Hispanic network for communication and collaboration regarding health care issues.

This program is consistent with President George Bush's Executive Order 13230, directing an interagency approach to developing, monitoring, and coordinating federal efforts to promote high-quality education for Hispanic Americans. The Commission works to develop ways to maximize the effectiveness of Federal education initiatives within the Hispanic community. This program is one strategy to increase the participation, promotion, and professional development of Hispanic investigators in health services research.

Funding is available for grants to implement research related to health care delivery and health financing issues affecting Hispanic American communities, including issues of access to health care, utilization of health care services, health outcomes, quality of services, cost of care, health and racial disparities, socio-economic differences, cultural barriers, managed care systems, and activities related to health screening, prevention, outreach, and education.

To be eligible for grants under this program, an organization must be an Hispanic Serving Institution (HSI), Organization, or Association and meet one of the following four requirements: 1) offer a Ph.D. or Master's Degree Program in one or more of the following disciplines Allied Health, Economics, Gerontology, Health Services Administration, Health Care Administration, Health Education, Health Management, Human Services and Consumer Sciences, Nursing, Nutrition, Pharmacology, Psychology, Public Health, Public Policy, Social Work; or 2) be a member of Hispanic Serving Health Professions Schools; or 3) be a member of the Inter-University Program for Latino Research (IUPLR); or 4) be a member of Hispanic serving organizations or professional associations with a health services research component; or 5) demonstrate the capacity to conduct research on health services delivery or financing issues relevant to Medicare, Medicaid, and SCHIP programs.

APPENDIX B

HISPANIC HEALTH SERVICES RESEARCH GRANT ANNOUNCEMENT

I. FUNDING OPPORTUNITY DESCRIPTION: REQUESTS FOR PROPOSALS

1. Introduction

The Centers for Medicare & Medicaid Services (CMS) is announcing the availability of funds under its grant program to assist Hispanic investigators in conducting health services research for 2005. This announcement seeks competitive applications for small applied research projects that relate to identifying and evaluating solutions for eliminating health disparities among Hispanic Americans. Additionally, the project should, enhance the capacity of Hispanic researchers to successfully compete for CMS research and program funds in the future. Investigators should be associated with a university, college, community-based organization, or a professional association that has a health services research component. We encourage researchers to use CMS data as part of their research projects. Hispanic researchers are expected to become involved in the design, implementation, and operation of research projects that address health care issues such as financing, delivery, access, quality, and barriers affecting the Hispanic American community. CMS is seeking these types of research projects because of its belief that Hispanic researchers play a pivotal role in finding solutions to the many difficult health issues that have a significant impact on the health of Hispanic Americans. The unique expertise, knowledge, reputation, and sensitivity that Hispanic investigators can bring to the design, implementation, and operation of such research will be key to advancing the national, state, and local agenda of eliminating health disparities.

The President's Advisory Commission on Educational Excellence for Hispanic Americans issued a directive to increase the participation of Hispanic Americans in federal education programs and services. This includes Hispanic-serving school districts, Hispanic Serving Institutions, and other educational institutions for Hispanic Americans. The Commission advises the President and the Secretary of Education on these issues. President George Bush's Executive Order 13230, signed on October 12, 2001 directed an interagency approach to developing, monitoring, and coordinating federal efforts to promote high-quality education for Hispanic Americans. The Commission works to develop ways to maximize the effectiveness of Federal education initiatives within the Hispanic community.

The commission is also charged with the development of a monitoring system that will measure and hold executive branch departments and agencies accountable for the coordination of federal efforts to ensure the participation of Hispanic Americans in federal education programs. It will examine available research and information on the effectiveness of current practices at the local, state and federal levels in closing the educational achievement gap for Hispanic Americans and attaining the goals established by the President's "No Child Left Behind" educational blueprint. The Executive Order calls for a series of actions covering a broad scope of issues including health services research, conferences, service delivery, data collection, and customer service capability for Hispanics. CMS's Hispanic Health Services Research Grant Program is in accordance with the Executive Order. This program is one strategy to increase the participation, promotion, and professional development of Hispanic investigators in health services research.

2. CMS/Hispanic Partnership

CMS is committed to developing a partnership with Hispanic researchers to achieve the goals of the President's Executive Order. CMS wants to make sure that Hispanic researchers receive opportunities to compete for its extramural research funds and gain a better understanding of its research interests. This announcement, the 2005 CMS Hispanic Health Services Research Grant Program, is related to the priority area of CMS's research programs for health care and financing issues in the Hispanic American community.

3. Detailed Purposes of Grant Program

The purpose of this announcement is to support Hispanic American health services researchers in carrying out health services research activities to meet the needs of diverse CMS beneficiary populations. The goals of the Hispanic Health Services Research Grant Program are to: 1) encourage Hispanic health services researchers to pursue research issues which impact the Medicare, Medicaid, and SCHIP programs, 2) assist CMS in implementing its mission focusing on health care quality and improvement for its beneficiaries, 3) assist Hispanic researchers by supporting extramural research in health care capacity development activities for the Hispanic American community, 4) increase the pool of Hispanic American researchers available to implement the research, demonstration, and evaluation activities of CMS, 5) promote research that will be aimed at developing a better understanding of health care services issues pertaining to Hispanic Americans, and 6) foster an Hispanic network for communication and collaboration regarding health care issues.

4. Health Issues of Concerns

CMS is interested in the following types of proposals:

(a) Proposals that address research on disseminating information and improving health-related attitudes, knowledge, beliefs, and practices related to the following six health conditions:

- Infant Mortality
- Cancer Screening and Management
- Cardiovascular Disease
- Diabetes Mellitus
- HIV/AIDS
- Adult and Childhood Immunizations

Other Population Specific Health Concerns

- Asthma
- Obesity
- Oral Health
- Mental Health

(b) Proposals that address research to:

- Remove barriers and improving access to health services
- Reduce health disparities and socioeconomic differences in health services
- Increase the efficient utilization of health services
- Improve quality of care
- Reduce health care costs
- Increase preventive services (for example – mammography and prostate screening; children with asthma who are Medicaid recipients)
- Improve HIV and AIDS outcomes among Medicare or Medicaid beneficiaries

as these issues relate to the six health priority conditions and other population specific health concerns listed above. **All proposals should describe research to be conducted with relevance to the CMS Medicare, Medicaid, and SCHIP programs.**

5. Types of Studies

CMS is interested in supporting the following two types of studies.

a) **Educational Intervention Studies**. These studies will inform populations-at-risk about certain health problems especially as they relate to Hispanic Americans. A follow-up plan should be developed to determine the effectiveness of the intervention. An example might include developing an educational program to enhance the awareness, knowledge, and understanding of Hispanic Americans about prevention, treatment, services, and/or strategies for accessing the health care system. The project should reach a minimum of 400 participants.

b) **Developmental Intervention Studies**. These studies will develop promising new approaches to reducing disease, encouraging changes in health behavior, and promoting health among Hispanic Americans. For example, using computers to disseminate health related information or testing the effectiveness of a health hotline in reducing health disparities. The project should reach a minimum of 400 participants.

II. AWARD INFORMATION

1. Timing and Duration of Award

This Announcement will use the CMS grant award mechanism. Under this award, CMS's purpose is to support the recipient's research activities by providing funding and technical assistance upon request. Responsibility for the planning, direction, and execution of the proposed project will be solely that of the applicant. The total project period for applications submitted in response to the present solicitation may not exceed two years.

2. Amount and Number of Grants to Be Awarded

Eligible researchers may request $100,000 to $125,000 per year for up to two (2) years for a variety of health services research projects. This program announcement provides researchers interested in applying for this funding with information concerning eligibility requirements, application procedures, general policy considerations, application review criteria, and selection criteria.

The total budget for each award should include **both direct and indirect costs**. The indirect costs should not exceed 10%. We anticipate that most awards will be in the range of approximately $100,000 to $125,000 per year for a maximum of two years. The number of grants depends on the availability of funds and the technical quality of applications. CMS strongly encourages collaboration between institutions to implement their research projects.

3. Schedule of Processing

- Application Deadline - June 8, 2005
- Technical Panel Review - July 2005
- CMS Review - August 2005
- Announcement of Awards - October 2005

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Applicants must meet **one** of the following five requirements in order to qualify for funding under this grant program.

1. A faculty member of Hispanic Serving Institutions (HSIs) offering a Ph.D. or Master's Degree Program in **one or more** of the following disciplines:

    Allied Health
    Computer Science
    Economics
    Gerontology
    Health Services Administration
    Health Care Administration
    Health Education
    Health Management
    Human Services and Consumer Sciences
    Nursing
    Nutrition
    Pharmacology
    Psychology
    Public Health
    Public Policy
    Social Work; **or**

2. A member of Hispanic Serving Health Professions Schools; **or**

3. A member of the Inter-University Program for Latino Research (IUPLR); **or**

4. A member of Hispanic serving organizations or professionals associations with a health services research component; **or**

5. Demonstrate the capacity to conduct research on health services delivery or financing issues relevant to the Medicare, Medicaid, and SCHIP programs.

2. Institutional Matching Requirement

CMS' grant authority under section 1110 of the Social Security Act requires cost-sharing by applicants. To comply with this requirement, CMS is requiring that applicants provide cost-sharing equal to at least one percent of the amount of the award. This cost-sharing requirement may be satisfied through in-kind contributions.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

Applications are available from the Office of Acquisition and Grants Management CMS, Room C2-21-15, 7500 Security Boulevard, Baltimore, Maryland 21244-1850, telephone number 410-786-6639, attention: Nettie Faulkner (e-mail-nfaulkner@cms.hhs.gov). Please be sure to include the name, mailing address, and phone number of a contact person for the institution requesting the application.

2. Content and Form of Application Submission

The investigator must complete and submit an application package. If an application was submitted in response to a prior year's solicitation under this grant program, but was not funded, a new application must be submitted. The narrative portion of the application should not exceed 25 typewritten double-spaced pages. Times New Roman with 12 Font should be used. While additional documentation may also be submitted, such materials should be limited to information relevant to the specific scope and purpose of the proposed project. Each application received from an eligible institution will be reviewed for merit by a panel of technical experts. Since CMS anticipates a large number of applications for each panel member to review, it is important that your application is concise, yet thorough.

The following items **are not included** in the Project Narrative portion of the application and, therefore, are not included in the 25 page limit:

- Applicant's Title Page and Cover Letter;
- Standard Forms from the Application Forms Kit;
- Letters of Agreement and Support;
- Resumes;
- Project abstract;
- Budget Narrrative/Justification;
- Other Support Documents;
- Budget Forms; and

- Appendices.

a) Required Contents of the Application

A complete proposal consists of the following materials organized in the sequence indicated. Please ensure that the project narrative is page-numbered. The sequence is:

- Applicant's Title Page and Cover Letter;
- Standard Forms from the Application Forms Kit;
- A letter of endorsement from the President or an other official from the Institution;
- Project Abstract;
- Project Narrative;
- Budget Narrative/Justification;
- Budget Forms;
- Required Appendices;
- Attachments (e.g., Letter of Agreement or Support);
- Required appendices; and
- Supporting documentation

b) Cover Letter

The letter must include the title, principal investigator, and a brief description of the proposed project; indicate the target population and a contact person and contact information. The letter must also include the names of all institutions collaborating in the project and indicate that the applicant institution has clear authority to perform the proposed activities and is capable of implementing this project.

c) Standard Forms from the Application Forms Kit

The following standard forms must be completed with an original signature and enclosed as part of the proposal:

- SF424: Application for Federal Assistance
- SF424A: Budget Information
- SF424B: Assurances – Non-Construction Programs
- SFLLL: Disclosure of Lobbying Activities
- Biographical Sketches
- Additional Assurances

You may obtain copies of these forms directly from the CMS Web site at: http://www.cms.hhs.gov/researchers/priorities/grants.asp.

d. Table of Contents

e. Project Abstract

The application should include a single space (one-page) abstract. The abstract should address: 1) Statement of the Problem - Describe what the investigator wants to do and why - e.g. the problem that is being addressed, potential impact of the intervention on the problem, project purpose, goals and objectives, relevance to CMS mission/programs (for example, Medicare, Medicaid, or SCHIP), and need for the research project. 2) Methodology of the proposed project - How does the investigator intend to implement the project? 3) Ability to implement the research project - Discuss the implementation strategy and management plan (workplan), 4) Institutional structure and capabilities - Does the institution have the structure and capacity to conduct the research project? 5) Collaboration with an institution and/or community/health organization - Describe the type and degree of collaboration.

f. Project Narrative

The project narrative should provide a concise and complete description of the proposed project. It should contain the information necessary for the review panelists to fully understand the project. It should cover all aspects of the project requirements.

g. Budget Narrative/Justification and Resources

The applicant should provide a detailed breakdown of the aggregate numbers for the budget recorded on Standard Form 424 (SF 424) "Application for Federal Assistance," including allocations for each major set of activities or proposed tasks. The proposed budget should distinguish the proportion of grant funding designated for each activity. The budget must clearly identify what funds will be administered directly by the lead agency and what will be subcontracted to other partners. The designated lead agency is solely responsible for the fiscal management of the project.

h. Letters of Agreement, Endorsement, or Support

Provide a set of endorsements from collaborating organizations outlining their contributions, roles, and responsibilities relative to the projects and commitments that have been pledged for the proposed project. Include individual letters of support as appropriate.

i. Required Appendices

- Key Staff Qualifications – including a biographical sketch or resume of key staff describing their qualifications.
- Project Work Plan/Timeline: Include a project work plan and timeline. All of the project goals should be included in the work plan.
- Memoranda of Understanding – reflecting the collaborative relationships between relevant institutions.

j. Supporting Documentation

3. Submission Dates, Times, and Where

The original application, signed by the university President or other official having authority to legally bind the institution to the performance of a grant, if approved, and two copies shall be submitted. **The original should be bound and the two copies should be unbound. Please do not use staples. Send a diskette (Microsoft Word) with the 25 page narrative portion of the application.** Mail the original, two copies of the application, and the diskette to:

Centers for Medicare & Medicaid Services
Office of Acquisition and Grants Management
Division of Research Contracts and Grants
Attn: Ms. Nettie Faulkner
Mail Stop C2-21-15
7500 Security Boulevard
Baltimore, Maryland 21244-1850

The mailed application should be postmarked NLT, June 8, 2005.

or

Hand deliver the original and two copies of the application by **close of business 5:00 p.m.** (EST) on Wednesday, June 8, 2005 to the above location. To expedite the receipt of your application, you are strongly urged to send it by Federal Express or Express Mail. All applications must be postmarked NLT by **Wednesday, June 8, 2005.** An application must show one of the following as proof of mailing: a legibly dated U.S. Postal Service postmark, a legible mail receipt with the date of mailing stamped by the U.S. Postal Service or a dated shipping label, invoice, or receipt from a commercial carrier. Private metered postmarks will not be acceptable as proof of timely mailing.

Upon receipt of an application, the Office of Acquisition and Grants will mail a notification of receipt to the institution. If an institution fails to receive the notification of receipt within 15 days from the date of mailing the application, the institution should call the Office of Acquisition and Grants Management at 410-786-7080.

Late applications: Any application that does not meet the above criteria will be deemed a "late application." Those institutions submitting a late application will be notified that the application was not considered in the competition. If the application is sent timely but is received after the deadline, an application can be accepted for review only if it is received in time for orderly processing.

4. Letter of Intent

Prospective applicants are asked to submit by April 19, 2005, a letter of intent (LOI) that includes a title and description of the proposed project, address, and telephone number of the investigator(s), the identities of other key personnel, and the names of participating institutions. The letter of intent should not exceed one page. Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information allows CMS's staff to estimate the potential review workload and facilitates planning for the review process. The letter of intent should be sent to the project officer listed under INQUIRIES.

5. Institutional Review Board Approval

The applicant must include the outcome of their request for Institutional Review Board approval.

6. Intergovernmental Review

This grant is not subject to Executive Order 12372 concerning "Intergovernmental Review of Federal Programs.

7. Funding Restrictions

a) Grant funds <u>may</u> be used for any of the following:

- Personnel costs, which may include project support staff and contracts for collaboration.
- Costs of data collection and transmission.
- Travel costs as they pertain to the administration and conduct of the grant.
- Training cost for program participants.
- Indirect costs should not exceed 10%.

b) Grant funds <u>may not</u> be used for any of the following:

- To provide direct services to individuals except as explicitly permitted under the grant solicitation.
- To match any other Federal funds.
- To provide services, equipment, or supports that are already the legal responsibility of another party under Federal law.

8. Other Submission Requirements

Dun and Bradstreet Number – Beginning October 1, 2003, applicants are required to have a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the following Website: www.dunandbradstreet.com or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 5 on the Form SF-424, Application for Federal Assistance), with the annotation "DUNS" followed by the DUNS number that identified the applicant. The name and address in the application should be exactly as given for the DUNS number.

V. APPLICATION REVIEW INFORMATION

1. Criteria

We will use the following criteria to evaluate all applications for inclusion in the program. The total score for the criteria is 100 points.

APPENDIX B

To assist applicants in preparing the application and to aid the technical panel in its review, the narrative portion of the application should be written using the following format: 1) Statement of the Problem, 2) Methodology, 3) Ability to Implement the Research Project, 4) Institutional Structure and Capabilities, and 5) Collaboration with an HSI and/or Community/Health Organization. The panel reviewers will score the applications based on this format.

a) Statement of the Problem

The application must demonstrate that the applicant has a thorough understanding of the specific health problem(s) within the target population and the strategies required to address the problem(s) identified. The applicant should clearly describe the proposed project explaining what the researcher wants to do and why. This section of the application must describe the:

- Project purpose, goals, and objectives
- Need for the research
- Potential impact of the intervention on the problem
- Relevance of the project to CMS's mission/programs. How will the project improve the overall health outcomes and quality of care, reduce health disparities, and achieve savings for the targeted population (Medicare, Medicaid, or SCHIP programs)?

Panel scoring: 15 Maximum Points

b) Methodology

The applicant should explain how the researcher intends to implement the project. The applicant should make a complete and concise presentation of the methodology chosen for this project. It should cover all aspects of the project requirements. The proposal should provide clear and convincing evidence and supporting materials that are appropriate for the project, likely to improve quality of care and reduce health disparities for the targeted population. Any innovative features of the proposed project should be highlighted. The application must include:

- Study design
- Hypotheses or research questions
- Data collection and data analysis plan as appropriate
- Target population
- Intervention strategies
- Expected outcomes
- Supporting research materials

Panel scoring: 30 Maximum Points

c) Ability to Implement the Research Project

The applicant should provide detailed information to demonstrate their technical understanding and capability of performing the requirements of the project, including:

- A detailed implementation strategy and plan that includes a management plan (workplan) describing tasks, responsible individuals, timelines, and costs. A timetable of not more than 24 months with specific key actions and milestones should be included.
- A budget narrative and a detailed justification
- The capabilities/responsibilities of all personnel
- A plan for the evaluation of this project

Panel scoring: 20 Maximum Points

d) Institutional Structure and Capabilities

The applicant should demonstrate clear and convincing evidence that the institution has the organizational infrastructure and management capacity to conduct the research project effectively, including:

- Evidence of the availability and adequacy of the facilities, equipment, and financial management systems to conduct the project
- A description of how the personnel will be organized, to whom they will report, and how they will (be used to) accomplish the goals and objectives or components of the project.
- A Plan for budget and performance monitoring
- Protocols to guide the administrative aspects of the project

Panel scoring: 20 Maximum Points

e) Collaboration with an HSI and/or Community/Health Organization

The applicant should describe the types and degrees of the collaborative relationships supporting the proposed research project that have been established or that may be established between the applicant HSI and other HSIs or community organizations. This description should include specific information about the roles and responsibilities of each collaborator on the project. Letters of support from collaborating organizations outlining their contributions, roles, and responsibilities relative to the research project should be included in the proposal. Collaborating organizations may include the following:

- Community-based Health Organizations
- Faith-based Organizations
- Social Organizations

Panel scoring: 15 Maximum Points

2. Review and Selection Process

An independent review will be conducted by a panel of experts from the academic community and the Department of Health and Human Services. The panel will be convened during the summer of 2005. The panelists' comments and recommendations will be condensed into a summary statement that will assist CMS in making the final award decisions. Acceptable applications will be referred to the technical review panel for evaluation and scoring. The technical panel will use the information to judge the likelihood that the project will be successfully implemented and will have tangible, beneficial outcomes.

3. Anticipated Announcement and Award Dates

The applicant will receive written notification of the award decision. CMS expects to announce award decisions by October 2005. Awards will be made to successful applicants during October 2005.

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- The Age Discrimination Act of 1975;
- Hill-Burton Community nondiscrimination provisions; and
- Title II, Subtitle A, of the Americans with Disabilities Act of 1990.

3. Reporting

a) Grantees must agree to fully cooperate with any Federal evaluation of the program and provide quarterly or semi-annually any financial reports in a form prescribed by CMS (including the SF269a, Financial Status Report forms). These reports will be designed to outline how grant funds were used and to describe program progress, as well as barriers and measurable outcomes. CMS will provide a format for reporting.

b) In order for CMS to monitor awardees efforts toward reaching the goals of the grant program awardees must agree to provide CMS with information it may require to assess the functioning and effectiveness of the program and to ensure that the grant monies are expended for the purposes for which they were awarded. The awardee must submit the following required reports throughout the period of performance: 1) quarterly progress reports, 2) annual report, and 3) final report. CMS will provide the format for these reports.

4. CMS Staff Responsibilities

The project officer will provide technical assistance, advice and coordination, evaluating progress, and making mid-course revisions to ensure that the research activities remain focused on the intent of the project.

VII. AGENCY CONTACTS

Questions concerning this grant program are encouraged. Requests to clarify any issues from potential applicants are welcome. Please contact:

Richard Bragg, Ph.D.
Project Officer

Office of Research, Development, and Information
Centers for Medicare & Medicaid Services
Mail Stop C3-19-07
7500 Security Boulevard
Baltimore, Maryland 21244-1850
(410) 786-7250
e-mail - rbragg@cms.hhs.gov

Direct inquiries regarding grant procedures, fiscal matters, or guidance in completing the application forms to:

Centers for Medicare & Medicaid Services
Office of Acquisition and Grants Management
Division Research Contracts and Grants
Attn: Ms. Nettie Faulkner
Mail Stop C2-21-15
7500 Security Boulevard
Baltimore, Maryland 21244-1850
(410) 786-6639
e-mail - nfaulkner@cms.hhs.gov

VIII. OTHER INFORMATION

Meetings – Applicants must include in their application provision for attendance of up to two project members at two research meetings sponsored by CMS.

IX. AUTHORITY

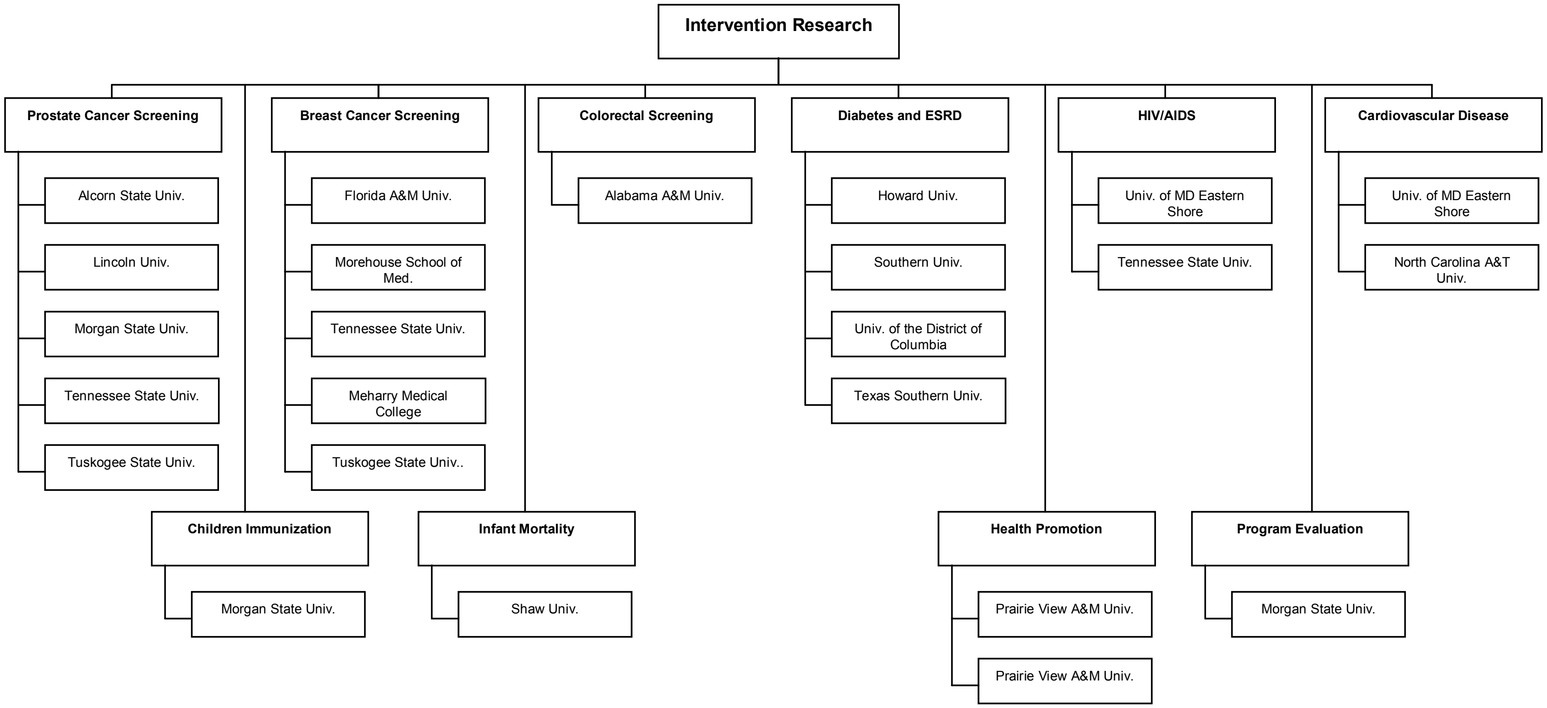
Authority: Sections 1110, 1115(a), 1875, 1881(c)(7) and 1881(f) of the Social Security Act (42 U.S.C. 1310, 1315(a) 1395II, 1395rr(c)(7) and 1395rr(f); section 402 of the Social Security Amendments of 1967, as amended (42 U.S.C. 1395b-1); section 222(a) of the Social Security Amendments of 1972, as amended (42 U.S.C. 1395-1 (note)).
(Catalog of Federal Domestic Assistance Program No. 93.779, Health Financing Research Demonstrations and Experiments)

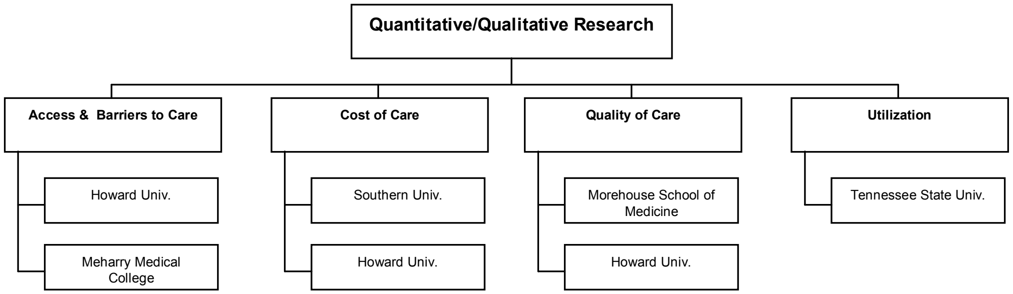
APPENDIX C

PROFILES OF HBCU PROJECTS

APPENDIX C 1

Exhibit 1
Disparities Research Projects 1996-2005
HBCU Projects (N=31)





APPENDIX C
PROFILES OF HBCU PROJECTS

INTERVENTION RESEARCH

PROSTATE CANCER SCREENING INTERVENTIONS

The Effects of Health Education on the Participation of African American Men in Routine Screening for Prostate Cancer in Rural Southwest Mississippi

Alcorn State University, Lorman, Mississippi
9/27/96-3/31/99

Description: The specific goal of this study was to increase the level of understanding of African American men and their families about prostate cancer and prostate health. The study was designed to address the following three objectives: 1) To increase the knowledge level of African American men about prostate health and prostate cancer as measured by pre-tests and post-tests. 2) To change the attitude of African American male participants toward prostate cancer and prostate health as measured by pre-test and post-test survey data. 3) To change the behavior of African American men in relation to routine screening for prostate cancer by increasing the number who participate in regular and systematic screening. The project was conducted in five rural counties in southwest (Lorman) Mississippi. African American men 40 years and older comprised the target population. The study was conducted in three phases. Phase One involved focus groups to collect specific qualitative data. Phase Two was conducted over a nine- to twelve-month period and focused on health education on prostate cancer and prostate health. Phase three was conducted during the last six months of the project to collect qualitative data after the education intervention. Participants were contacted within six months after the intervention to determine whether they were screened. Sixty-five men participated in the first phase of the project, which involved eight focus groups, while 130 participated in the educational sessions, which utilized the train-the-trainer model. Participants were recruited from faith-based organizations, community clinics, barbershops, Alcorn State University's main campus, and the School of Nursing.

Findings: The study demonstrated that there was a serious need to increase education regarding prostate cancer to rural African American men. A key finding revealed that African-American men in these rural counties had a lack of knowledge and information about prostate cancer. Some of the barriers to screening included: 1) fears of a positive diagnosis, 2) feeling that they cannot do anything about it, 3) inability to talk about health problems with others, 4) feeling that prostate cancer will happen to others and not to them, and 5) belief that prostate cancer is related to sexual behavior. Their major concerns were: how to prevent the disease, lack of knowledge about the disease, and how to treat the disease. There was also no public transportation system within or between the five targeted counties included in this study. This situation made it difficult for residents to obtain needed services such as screening. The findings suggest that providing opportunities for early detection of prostate cancer has the potential for reducing mortality and decreasing the cost associated with treating an advanced disease.

An Awareness Program to Empower Decision-Making About Prostate Cancer Among African-American Males: An Urban and Rural Initiative

Lincoln University, Philadelphia, Pennsylvania

9/27/97-3/26/00

Description: This educational intervention project was implemented using focus groups to determine the scope and causes of prostate cancer in the target areas and to identify strategies that would assess the prostate cancer problem in the African American community. The objectives of the study were to: 1) Increase awareness of issues relating to prostate cancer screening and treatment among African American males in two target areas (urban Philadelphia and rural area of Delaware. 2) Demonstrate improved feelings of empowerment for decision-making about prostate cancer and treatment. 3) Test training materials to prepare lay trainers for empowerment sessions at the community level. Workshops were carried out at faith-based organizations, community based health centers, two HBCUs (Delaware State University and Lincoln University), men's organizations, fraternities, homeless shelters, and health and social service agencies. A total of 424 persons attended a total of 34 educational sessions that were conducted in Delaware. There were 137 persons who completed pre-/post-tests for that area. A total of 1,450 persons attended the 25 sessions that were conducted in Philadelphia. There were 758 persons who completed pre-post tests. A curriculum was developed and laypersons, including prostate cancer survivors were recruited and trained to implement the curriculum in the targeted areas. Hence, the train-the-trainers model was implemented. Nineteen lay trainers were recruited and trained. Participants ranged in age from 30-80 years old with a mean age of 50. Over 70% had health insurance and received a health check the prior year. Thirty percent of the men did not have health insurance nor received a health check.

Findings: The findings suggested the following: 1) Most of the African American men who participated in the training initiative were not aware of their options for diagnosis and treatment of prostate cancer. 2) There was a need for health care providers and educators to present clear information to African American men about risk, importance of testing, and treatment options in the context of general knowledge about the African American population. 3) It was important to present health education programs in settings that are familiar to the targeted population. 4) Environments should be created where interpersonal dynamics result in African American males feeling free to share personal reservations and fears. 5) There was a need to create training materials and learning models where African American males can better assimilate information that might otherwise create excessive anxiety and defensiveness.

Strategies to Improve Prostate Cancer Screening Rates Among African-American Men in the Baltimore Metropolitan Area
Morgan State University, Baltimore, Maryland
9/6/01-3/08/04

Description: The overall goal was to increase the number of African American men who engage in annual screening for prostate cancer. The specific objectives of the study were to: 1) Determine through focus groups, barriers and enablers to annual screening for prostate cancer among African American men in the Baltimore Metro Area. 2) Develop, implement, and test through pre-test and post-test the impact of an educational intervention (using the train-the-trainer model) on participants' knowledge, attitude, and beliefs. 3) Increase the number of males who participate in regular screening. 4) Determine post intervention screening rates.

The research was implemented utilizing a three-phase approach. Phase I involved the conduct of fourteen focus groups facilitated by African Americans. The group comprised of a total of 104 African American men, 40 years of age and older, from two counties and one city in the Baltimore Metropolitan Area (Baltimore City, Baltimore County, and Harford County). Phase 2 of the project consisted of a health education component utilizing the "Train-the-Trainer model and involved 314 African American men. African American trainers conducted the sessions. Phase 3 of the project focused on collecting data at six to nine months following completion of the education sessions to determine whether the men had been screened for prostate cancer. The participants for the focus groups were recruited from faith-based organizations, community-based organizations, health clinics, and extended care facilities.

Findings: Findings from the study indicated the following: 1) knowledge about prostate cancer improved following educational intervention, 2) the perceived importance of prostate cancer improved after the educational intervention, 3) higher proportion of the participants were screened for prostate cancer after the educational program, and 4) participants were informed about Medicare's provision for prostate cancer screening, and was encouraged to take advantage of the opportunities to be screened; hence, increasing screening rates**.** The study demonstrates the efficacy of health education in improving knowledge, awareness and prostate cancer screening behavior, and underscores the need for government, health care professionals, faith-based organizations, community organizations, and health clinics play a major role in reaching African American men. African American men 40 years of age and older constitute an important at-risk group. There is a need to provide more information about prostate cancer to African American men from all socio-economic groups. Programs must be directed at health promotion, disease prevention, and service utilization in order to maximize participation of at-risk populations.

A Church Based Educational Intervention Program on Prostate Cancer Screening for African American Males
Tennessee State University, Nashville, Tennessee
9/30/03-9/29/06

Description: This project is developing and testing the effectiveness of a church-based prostate cancer education program for 400 African American men randomly selected from 40 African American churches in Nashville, Tennessee. The project addresses two issues: 1) the racial disparities in the prevalence and mortality rates of prostate cancer, and 2) the lack of prostate cancer intervention programs for African American men who are at higher risk for this disease. The objectives of the study are to: 1) Assess the impact of the prostate cancer education program on prostate cancer screening rates over time. 2) Assess the effect of the program on changes in cancer knowledge and health beliefs and how these changes are associated with informed decisions about cancer screening. 3) Examine socio-psychological and religious factors associated with prostate cancer screening behavior.

The educational program was administered to 420 men over age 40 at 47 different churches. There was a 3-month follow-up to assess changes in knowledge and prostate cancer screening rates. The intervention program took approximately one hour and included: collecting baseline data, a 20-minute video on prostate cancer and the importance of early screening, a Q & A session with an African American physician, and a folder of information on prostate cancer from National Cancer Institute (NCI) and American Cancer Society (ACS) to take home. Analysis of baseline data on 235 participants revealed that only 51.9% (n=122) were up to date on their Digital Rectal Exam and the PSA blood test.

Findings: No Cost Extension - The preliminary results suggest the important contribution of church-based educational outreach programs to increasing the rate of prostate cancer screening and the potential for reducing health disparities in Nashville, Tennessee. There has been a significant increase in the rate of screening for the men who were followed at Wave-2. Among the men who were not screened at Wave-1, 47.4% were screened by Wave-2. Some preliminary lessons learned are as follows: 1) The program is helping to detect other medical conditions that had gone unnoticed (e.g., four cases reported to the program that benign cancer conditions were observed at their screening. 2) The educational intervention is demonstrating success in changing both cancer knowledge and behavior in the current sample. 3) Five churches have requested other health programs for their parishioners. The relevance of the project to CMS includes the following: 1) The focus on racial disparities in health and on prostate cancer, which has a disproportionate impact on elder African American men. 2) Through the educational interventions to help Medicare beneficiaries become active and informed participants in their health care decisions. 3) By reducing costs to Medicare through the earlier detection of prostate cancer at stages less costly to treat and more amenable to treatment.

Improving Prostate Cancer Screening Rates Among African American Men in Rural Black Belt Counties in Alabama: An Education Intervention Program
Tuskegee University, Tuskegee, Alabama
9/30/04-9/29/06

Description: Prostate cancer is the second leading cause of cancer death in two rural counties in Tuskegee, Alabama. The purpose of this study is to develop and evaluate the effectiveness of a prostate cancer education program on prostate screening rates among African American men aged 40 and older in the rural settings of two Alabama "Black Belt" counties (Macon and Bullock). The objectives are to: 1) Determine through focus groups barriers to routine screening for prostate cancer among African American men in the Macon and Bullock County areas. 2) Increase the knowledge of African American men and women about prostate cancer, through a health education program, as measured by pre- and post tests. 3) Increase the number of African American men who participate in regular prostate cancer screening. 4) Develop prostate cancer screening follow-up activities to determine the number and percentage of men that engage in prostate screening after the education intervention. The study is based on the PRECEDE portion of the PRECEDE-PROCEED framework developed by Green and Kreuter (1991). The acronym PRECEDE stands for "predisposing, reinforcing, and enabling constructs in educational diagnosis and evaluation.

The study has a two-phase design. The first phase focuses on 8 focus groups. African American men and their female significant others will be recruited from churches, community health agencies, barbershops, social organizations, and other community sites to participate in the focus groups. The findings will be used in planning and developing the health education component. Phase II has a health education component. This component will be conducted according to the train-the-trainer model. Twenty trainers will be trained. Each trainer will provide education sessions to 20 participants. The presentations will be conducted over a 16-month period. The project has presently educated 275 males.

Findings: The project is in progress. However, the study is suggesting the need to reduce the high prostate cancer mortality rates among African American men who reside in Macon and Bullock counties. The project is relevant to CMS's mission in that it will improve access to care by increasing participant's knowledge, attitudes, and awareness of programs that cover the cost of prostate cancer screening. It may provide a cost-saving benefit for CMS through the reduction of costs associated with treating advanced prostate dancer by increasing early detection through the use of regular prostate cancer screening.

BREAST CANCER SCREENING INTERVENTIONS

Utilization of Mammography Services Among Elderly African American Women: Educational Intervention and Research Project

Florida A&M University, Tallahassee, Florida
9/27/96-3/31/00

Description: Breast cancer is the second most common cancer occurring in women. Evidence has shown that older women and minority women, especially elderly African American women, are disproportionately affected by this disease. The study was designed to accomplish the following four objectives: (1) increase the utilization of mammography screening and clinical breast examination among elderly African American women by promoting educational and prevention programs; (2) work collaboratively with existing organizations to increase the knowledge of elderly African American women regarding the benefits of mammography screening, Clinical Breast Examinations (CBE) and Self Breast Examinations (SBE); (3) increase the awareness of elderly African American women regarding Medicare coverage for mammography screening and CBE services; and (4) investigate the problems and challenges faced by local community outreach programs in terms of their ability to reach elderly African American women. There were 567 women who participated in 135 training sessions conducted at selected church sites. The educational intervention component of the project was implemented in collaboration with local organizations (i.e., American Cancer Society, Area Agency on Aging, Health Advisors Council), regional HBCUs, and 20 faith-based organizations located in the targeted four counties (two rural – Gadsden and Jackson; and two urban – Leon and Bay).

Findings: The results of this study suggested that African American women have similar reasons as Caucasians for not using clinical breast examination services, and that age and income are not associated with general knowledge and awareness of breast cancer. There were five primary reasons African American women did not use mammography services: (a) they did not perceive a mammogram as something they needed in the absence of symptoms; (b) they worried that the examination may find a problem they could not cope with or pay for; (c) they did not have insurance to cover the cost of the procedure; (d) they were not generally aware of the risk factors associated with breast cancer; and e) they demonstrated a low level of knowledge and awareness of breast cancer. The study demonstrated the need for a more aggressive and sustainable educational intervention effort directed at increasing the use of mammography among elderly African Americans. The role of faith-based organizations should play more of a role in intervention research focusing on elderly African American women. Further research is needed to examine the relationship between actual and perceived knowledge of breast cancer and the actual use of mammography screening services.

Factors Associated with Low Mammography Rates among Elderly Blacks
Morehouse School of Medicine, Atlanta, Georgia
9/27/98-6/30/01

Description: The objective of this study was to provide information that would contribute to reductions in breast cancer mortality among African American Medicare beneficiaries, 65 years of age and older in Fulton County and DeKalb County, Georgia, by increasing the percentage of the population that was screened for breast cancer annually. The project involved participants from four high-rise buildings and a senior citizen's center. It addressed the low mammography screening rates for African American, non-health-maintenance-organization Medicare beneficiaries in Fulton and DeKalb counties. The project was intended to: (1) increase the knowledge of breast cancer and improve the attitude toward breast cancer screening; (2) identify the primary factors associated with the low mammography utilization rate of African American women 65 years of age and older; and 3) disseminate the results of the study to organizations involved in developing strategies to increase the percentage of elderly African Americans that receive annual mammography screening. A structured questionnaire was developed using existing breast cancer questionnaires, and semi-structured interviews and focus groups. Trained interviewers performed the recruitment and interview activities. Statistical analyses included computing univariate and bivariate frequencies, the latter based on age and site. There were 216 African American elderly women ages 65-85 who participated in the project.

Findings: The results of the study were: Overall, 40% (n=87), 41% (n=88), and 19% (n=41) of women were in the strata of 65-74, 75-84, and >85 years of age, respectively. The overall educational status of the participants was low and was inversely associated with the age range of the groups. In regards to the knowledge and beliefs about breast cancer risks, the youngest age group was most likely to correctly recognize the risk factors for breast cancer whereas the oldest age group was least likely to correctly recognize these factors. The perceived risk for breast cancer showed an inverse association with age, with older women more likely to believe they were not at risk at all and less likely to perceive their risk as high. In addition, women in the oldest group were considerably less likely than those in the two younger groups to know that an annual mammogram was recommended. Inquiries about breast examination practices revealed that women in the older group were less likely than those in the younger groups to have had a mammogram or a clinical breast examination during the recommended time interval. For women 65 years of age and older to comply with the breast cancer screening guidelines of the American Cancer Society, policies should support payment for annual screening mammography for these women. The study also identified a need to increase education for this subpopulation, particularly the oldest, about the early detection of breast cancer.

An Educational Intervention Program to Increase Mammography Screening Among African American Females
Tennessee State University, Nashville, Tennessee
9/27/98-12/30/01

DESCRIPTION: The goals of this study were to: 1) examine the outcome of a faith-based mammography program for African American women in both rural and urban communities, and 2) identify factors that affect mammography rates differently for rural and urban communities. The objectives for this project were to: (1) increase breast self-examination, and (2) increase mammography screening and clinical breast examination among African American females aged 40 and over. The study is intended to increase early detection behavior and help lower the breast cancer mortality rate among African American females. Sixty-five African American churches were randomly assigned to three groups. From these 33 churches agreed to participate. In addition, two housing projects and a health fair at a HBCU participated. A total of 361 African American women 40 years of age and older volunteered to participate in the program. Participants were placed in the full educational program (N=253), the "partial" video-only educational group (N=49), or the control group (N=59). The program consisted of two videos and a group discussion about the importance of breast screening in cancer prevention. Pre-program data were collected through face-to-face interviews with 3-month and 6-month post-program interviews to determine depression (CES-D Scale) and whether program participants had obtained needed mammograms, and reasons for not obtaining mammograms. A trained home health educator collected the data. The study supported the goal of Healthy People 2000 that 80 percent of all women over the age of 40 years receive a mammogram, and CMS's goal that 60 percent of female Medicare beneficiaries receive a mammogram.

Findings: The program was effective in increasing mammography rates among both the urban and rural program participants, and the rate gains from the baseline were similar among the two groups, approximately 11.0% for rural and 17.8% for urban. However, rates of mammography were lower for depressed women (at both 3- and 6-month follow-up) as compared to non-depressed in both geographical areas. The findings demonstrated that an inexpensive educational program as used in this project could significantly contribute to advancing the mission of CMS to increase the number of participants who make informed health care decisions. Although the number of women affected by this project was small, the results showed that informed decisions about healthcare (particularly cancer screening) might be facilitated effectively through the faith-based community. The findings highlight the role of psychosocial factors that need to be incorporated in developing programs aimed at improving preventive health behaviors involving the faith community. The study also suggested that future programs should educate program participants and physicians to encourage preventive healthcare behaviors.

Increasing Breast Cancer Screening in African American Women: A Community Pilot Project
Meharry Medical College, Nashville, Tennessee
9/27/00-9/30-03

Description: This study sought to determine the extent to which breast cancer screening could be increased among low income and elderly African-American women in Nashville, using a combination of culturally appropriate strategic approaches that were implemented through a coordinated community effort. The overall goal was to develop, implement, and evaluate a culturally-sensitive, multi-faceted pilot project to improve breast cancer screening knowledge, attitudes, and practices in this high-risk population of poor and elderly African American women living in a disadvantaged area of East Nashville, using a community-based participatory research approach. This was a collaborative venture between Meharry's Cancer Control Research Unit, the East Nashville Family Health Care Group, the Community Coalition for Minority Health, and other selected organizations in the East Nashville Community of Tennessee.

The specific aims for the study were to: 1) Increase breast cancer knowledge (K) in the targeted risk group by 20 percent above baseline scores. 2) Improve attitudes (A) toward cancer screening by at least 20 percent above baseline values. 3) Increase the number of mammograms completed (P) among the target risk group by 20 percent above baseline rates. Five focus groups were conducted with area churches (60 participants). Five to 12 women participated in each focus group. A random sample of patients was generated to comprise 200 patients. The names of 200 patients were randomly selected from the Clinic's list of female patients, 40 years of age and over. Two samples were involved in this study – a community and a clinic sample in East Nashville. In both samples, baseline data were collected, using a validated questionnaire that measured breast cancer screening knowledge-attitudes-practices, barriers, and individual stages-of-change. Chart reviews were conducted on the clinic sample before and after a provider intervention to determine clinical breast exams and mammograms obtained.

Findings: The findings demonstrated that there was a need to derive intervention approaches that bring clients to health clinics for screening – both first time screening as well as follow-up activities at the appropriate intervals. Focus groups helped to confirm barriers to screening that were obtained from the barrier survey, and served to provide information on how such barriers could be overcome. Analyses of predictors to cancer screening were completed in order to facilitate the understanding of how to develop potentially effective interventions that might improve breast cancer screening KAP's. Greater time and effort are required to conduct community-based participatory research. There is a need to test more intensive interventions, and the stages-of-change methodology appears promising, given its status as a significant predictor of intended screening. The use of a Geographic Information Systems (GIS) approach was very important in localizing and understanding characteristics of the target populations being served by the East Nashville Clinic (ENC).

Increasing Mammography Screening Among African American Females in Rural Areas: An Educational Intervention Program
Tuskegee University, Tuskegee Alabama
9/6/01-5/6/04

Description: The objectives of the project were to: 1) Evaluate the effectiveness of a breast cancer screening education program on mammography rates among African American females 40 and over living in rural communities. 2) Increase breast self-examination and mammography rates among African American females age 40 and above, living in rural areas of Alabama. 3) Evaluate whether or not the project had more or less of an impact among women with a family history of breast cancer. The investigator recruited African American women from two rural Black Belt counties in Alabama (Macon and Greene). Seven churches and two feeding centers in Greene County, and 10 churches in Macon County participated. There were 150 women recruited from the membership of those churches. Data were collected at three intervals: Prior to the initial program presentation at the participating churches (T1), three months after the program (T2), and six months after the program (T3). The T1 data collection was completed in two parts, the first, a short questionnaire, was collected at the church and the second part, as well as each of the other two, were done as a one on one, personal interview by trained Home Health Educators from the community (5 from each county).

Findings: The results demonstrated that the educational program had a positive impact in each of the two rural Alabama counties. In Green County, it impacted mammography attainment, while in Macon County it impacted regular Self Breast Examination (SBE) performance. In addition, some of the barriers to mammography attainment were reduced for women in the program group who did not seek and obtain a mammogram by the follow-up interview (e.g., distrust in medical tests, lack of time, and embarrassment). In Macon County, the program group showed a substantial increase in mammography attainment from Baseline to Time 2 (comparable to that of the program group in Greene County); however, the control group in Macon County also demonstrated an unexpected increase of similar magnitude, in spite of not being exposed to the educational program. The study indicated that: 1) the educational intervention used in this project was an effective way to reach minority populations in an effort to reduce health disparities; 2) partnering with faith-based groups builds on pre-existing social ties to generate discussion about breast cancer among family and friends; and 3) outreach to church and community groups can provide an educational environment that is effective in encouraging behavior health changes in minority populations. In addition, group-based educational programs can have significant impact in areas such as Tuskegee where there is a high level of distrust in medical tests. A major activity from the study was bringing together representatives from Tuskegee University, HBCUs, majority institutions in Alabama, Alabama State Agencies, state policy makers, health care community, community-based organizations, and the State Ministerial Council to disseminate research findings and discuss approaches to decrease barriers to care in this community.

COLORECTAL CANCER INTERVENTION

Colorectal Cancer Screening
Alabama Agricultural and Mechanical University, Normal, Alabama
9/30/04-9/29/06

Description: The purpose of this study is to identify and establish effective intervention strategies that will result in changes in attitudes and behaviors involving the utilization of health care services by a population that is at high risk for colorectal cancer. The study will provide effective training and psychologically based educational activities to promote screening and early detection for colorectal cancer in African American men and women. The objectives are to: 1) deliver an education intervention about the incidence and mortality rates and other factors responsible for the racial/ethnic disparity of colorectal cancer, 2) increase the knowledge about colorectal cancer, 3) strengthen positive attitudes toward the health care system and medical professionals, 4) increase the number of participants receiving colorectal screening, and 5) reduce personal/psychological barriers limiting access to the health care system for colorectal cancer screening.

Two HBCUs, Alabama A&M University in Alabama and Albany State University in Georgia, are collaborating on this educational intervention project to use a community-based model to provide education and disseminate information about colorectal cancer. The design for this educational intervention is quasi-experimental. Each PI will recruit 125 urban and 125 rural. The target population is African American males and females, 50 years and older, Medicare and Medicaid beneficiaries, recruited from rural and urban areas. Presently, 250 persons have participated in the project.

Findings: The study is in progress. The project will provide an educational intervention that may help to promote early detection of colon cancer thereby reducing the costs of treatment that would be increased for late term treatment. It will educate, motivate, and empower African Americans to make proactive decisions about their health care. A significant amount of knowledge about colorectal cancer and the importance of early screening will be demonstrated; and there may be a significant increase in the number of individuals who will obtain screening because of the educational intervention program.

DIABETES AND END-STAGE RENAL DISEASE INTERVENTIONS

Barriers and Other Correlates of Health Care Practices Associated with Selected Precursors of End-Stage Renal Disease Among At-Risk African Americans: Exploring and Intervening for Change

Howard University, Washington, D.C.
9/27/98-4/26/01

Description: Each year in the U.S., in excess of 50,000 people are diagnosed with end-stage renal disease (ESRD), which is a serious condition afflicting the kidneys. Not only is ESRD a debilitating condition, but also it is extremely expensive to treat. The main precursors (i.e., hypertension and diabetes) of ESRD, as well as its sequelae, are disproportionately distributed in the African American population. While African Americans constitute 12.6 percent of the U.S population, as a group they represent 29.8 percent of ESRD patients.

The main objectives of the study were to: 1) Identify background characteristics related to knowledge-barriers and other correlates associated with the two ESRD-precursors of diabetes and hypertension. 2) Assess which barriers and correlates were associated with desirable health protective behaviors (HPBs) and good dietary habits (GDHs) related to diabetes and hypertension. 3) Explore ways of intervening (i.e., with health education information over a one-year period) to change (i.e., improve) barriers and other correlates that may inhibit HPBs and GDHs, all of which are related to diabetes and hypertension. There were 539 participants for this project. Participants were from Washington, D.C. (262), Daytona Beach, Florida (152), and Dover Delaware (125). Each research site was presumed to be relatively homogenous with respect to race and socioeconomic statuses.

Findings: In regards to the first objective, younger participants had less information about HBP and diabetes; females had more information about diabetes; and low-income participants had lower knowledge about HBP. Regarding the second objective, there was a positive relationship between levels of diabetes knowledge and levels of GDHs; positive relationship between having health insurance and higher levels of HPBs and GDHs; and having more control over future health and levels of GDHs. Regarding the third objective, participants' knowledge about hypertension and diabetes increased during the course of the intervention. For at risk African Americans, there is a continuous need to identify and reduce the barriers (e.g., sociodemographic, structural, social psychological, stress and knowledge) to desirable health care practices associated with two of the main precursors of ESRD – diabetes and hypertension and to provide interventions that may help control the disease.

Reducing Educational Barriers Created by Low Literacy in African Americans with Diabetes
Southern University, Baton Rouge, Louisiana
9/27/98-6/26/01

Description: The project was designed to: 1) test and evaluate the reading and comprehension levels of African American seniors ages 55-74, 2) test the reading levels of 50 instructional materials used to educate diabetes (published diabetes brochures, pamphlets, and other materials), and 3) design, test, and publish guidelines (a manual) for health professionals teaching diabetics and others with low literacy. The project focused on improving participants' comprehension level of diabetes-related instructional materials so that they may better participate in self-care activities. The participants consisted of 53 men and women ages 55 to 74 that were recipients of either Medicare or Medicaid coverage. They were living in housing projects, nursing homes, HUD senior housing, and in their private homes. Data were collected by demographic forms, five 1.5-hour focus groups, questionnaires, Cloze tests, and reviews of materials. There was no intervention to effect change. The PI collected data from 4 different focus groups of seniors living in urban and rural settings, and the evaluation of published literature and testing of a newly written manual.

Findings: 1) African Americans with low literacy skills require special approaches to learn diabetes self-management care, 2) more published diabetes literature needs to be written at a fourth grade level, 3) public applications and questionnaires need to be evaluated for their reading level and changed if higher than fifth grade, 4) health professionals must be taught to recognize literacy "camouflage" and how to reach a low literacy patient without embarrassment or discomfort for either person, 5) health professionals needed to design health education programs that consider socio-cultural and literacy proficiency factors as potential barriers to achieving positive health outcomes, and 6) Before an outside person can begin to obtain literacy information from seniors time must be spent building a level of trust and feelings of confidentiality. The findings indicated that: 1) the average grade completed was the 8th grade, but the reading level was 4.7. The grade and the mean Cloze Comprehension tests score were 3.2. The average age of the participants was 69.5. 2) The Pearson's Correlation Coefficient with 53 cases and a 2-tailed significance showed only the Cloze test scores to be significant at $p<.000$ when the four groups were compared using age, gender, group assignment, and Cloze test results. 3) No correlation was found among grade completed in school, reading levels, and comprehension. 4) No difference was found in the participants living in rural verses urban settings. 5) Three-fourths of the evaluated materials were at the 10th grade level.

Diabetes: Factors Influencing Self-Care Among African Americans in Urban and Rural Populations

University of the District of Columbia, Washington, D.C.
9/07/01-5/6/04

Description: This was a two-phased project that investigated and contrasted self-care behaviors practiced by African-American Type 2 diabetics in rural and urban populations. In addition, the study explored the impact of compliant self-care behaviors on decreasing risk factors associated with complications of diabetes. The study was conducted as a consortium collaboration of four HBCUs: The University of the District of Columbia, Morgan State University, Coppin State University, and Virginia State University. The study: 1) assessed prevailing self-care behaviors in Type 2 African American diabetics, 2) identified effective self-care behaviors and facilitate life style changes that decrease risk factors associated with complications of diabetes, 3) identified barriers or enhancers associated with compliant self-care, 4) identified differences in self-care behaviors reported by urban and rural participants, and 5) proposed a self-care model that was culturally sensitive. Participants in the study were recruited from two urban sites (Washington, D.C., and Baltimore, Maryland) and one rural site in Virginia. They were males and females 45 years or older, Medicaid or Medicare recipients or eligible, non-insulin dependent, able to speak and understand English, and willing to participate/volunteer for the project. They were recruited from churches, civic association, senior centers, free clinics, and physician's offices. The project reached 256 participants; however, 157 completed all aspects of the study. Phase I was the assessment phase and Phase II consisted of an intervention period lasting five weeks.

Findings: The analysis of data and self-reports from Phase I revealed that the majority of participants/respondents were "at risk" for complications associated with diabetes. This included being overweight, self-reports of high glucose, cholesterol and LDL levels, increased blood pressure, family history of diabetes, and knowledge deficits about nutrition and diet exchange use. Most important was the report of infrequent healthcare provider visits. Only 25% reported seeing a diabetes specialist. Additionally, only 33% of respondents reported they exercised. While there was a brief period of time devoted to the intervention Phase of the project and the number of participants was small, the project demonstrated that intense monitoring, education, and support (in a culturally sensitive manner) will impact self-care behaviors and decrease critical risk factors associated with complications of diabetes. Secondly, a longitudinal study to validate continued and sustained progress in physical, biomedical markers, and lifestyles changes would significantly strengthen the inferences suggested in this project. Last, the project could be viewed as having a preventative effect for the family members who attended the sessions. This factor should be a strong consideration for a project that seeks to focus on prevention or delaying the on set of Type 2 diabetes in persons with known risk factors and family history. Diabetes education, diet and nutrition education, and promotion of active lifestyles were strongly endorsed in the research for delaying the disease.

Determination of the Optimum Intensity of a Culturally Competent Community Based Diabetes Management Education for African Americans in Harris and Surrounding Counties

Texas Southern University, College of Pharmacy

9/30/05-9/29/07

Description: In 2002 it was estimated that 18.2 million or 6.3% of the total United States population had Diabetes Mellitus (DM) and 5.4 million of these persons had undiagnosed disease. The majority of individuals with DM had Type II associated with obesity and very often were asymptomatic. The prevalence of the disease is greatest among African Americans. In Texas 10.6% of African Americans have diabetes. In Texas only 50% of all diabetics receive Diabetes Self Management Education (DSME).

The goal of this study is to help participants develop self-care knowledge, and skills to achieve diabetes self care behavior change. The PI will implement and measure the effectiveness of a Community-Based Diabetes Self Management Education (DSME) program for elderly African Americans. The objectives are to: 1) Correlate participant's diabetes self-care knowledge with the number of DSME sessions completed. 2) Correlate participants' ease of diabetes self-care activity as a function of the number of DSME sessions completed. 3) Determine the impact of participants' attendance in multiple DSME sessions on three clinical outcomes: Blood sugar level, body mass index, and emergency room visits." The target population is 450 African American Medicare and/or Medicaid recipients, 55 years or older residing in Southeast Texas in the counties of Harris, Fort Bend and Montgomery. Participants for the study will be recruited from local churches and community organizations. Once recruited, participants will be randomized into 1 of 4 groups to receive a series of educational seminars presented by a nurse diabetes educator at one of ten community sites. The DSME curriculum consists of didactic and skills building activities. Group 1 will be the control group and receive only one DSME session at a particular site. Group 2 will receive two sessions. Group 3 will receive three sessions and Group 4 receives all four of the sessions.

Findings: This is a new project. The study may have a beneficial impact on CMS' goal of decreasing diabetes complication, morbidity, and mortality among African Americans through empowerment of those with diabetes with the knowledge and skills to manage their condition. In the target area of Harris, Fort Bend and Montgomery counties of Texas this program could eventually have benefit to the 45,904 Medicare beneficiaries afflicted with DM.

HIV/AIDS INTERVENTION

Evaluating Current Intervention Adaptation of HIV/AIDS Prevention Services to Eight HBCUs
University of Maryland Eastern Shore
Princess Anne, Maryland
9/15/99-12/31/01

Description: The study was designed to deliver and evaluate human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) peer education prevention services on Historically Black Colleges and Universities (HBCUs) campuses. The goals of the study were to: 1) promote prevention services to enhance the health care education of African American college students in HIV/AIDS prevention; 2) establish culturally relevant and sensitive health care services for African American students in HIV/AIDS prevention; and 3) create a culturally relevant and acceptable HIV/AIDS health care service through HBCUs and community-based organizations. The objectives were to: 1) train 12 African American college students per campus in HIV/AIDS peer education, 2) provide HIV/AIDS workshops to 500 or more students per campus, 3) provide HIV/AIDS outreach activities to community residents near each campus, and 4) conduct an evaluation and analyze data. Peer educators were trained on nine HBCUs campuses.

The institutions participating were Albany State University, Bowie State University, Clark Atlanta University, Delaware State University, Fort Valley State University, Morris Brown, Paine College, Saint Paul's College, and University of Maryland Eastern Shore (the grant recipient). The training emphasized increasing knowledge about HIV/AIDS prevention strategies, avoidance strategies, attitude and skill development, training in all aspects of the behavior change model and techniques for being an effective peer educator. There were 4,744 students who participated in the project.

Findings: The study demonstrated that 1) 84% of college students learned new information about HIV and AIDS, 2) 83% of the students had a better understanding of the need to protect themselves from the risk of HIV infection, 3) 76% knew where to go for information and treatment for HIV/AIDS, and 4) 85% of the students believe that the HBCUs should continue to offer HIV/AIDS and other prevention workshops and would recommend this training to their friends. HIV/AIDS workshops for college students may be effective in reducing long-term health care costs (e.g., pay now or pay later). Prevention education about HIV/AIDS infection with African American college students may also have a multiplier effect on HIV/AIDS risk reduction within the African American community. Peer education programs on HIV/AIDS and health care issues should be implemented on all college campuses, especially all HBCUs campuses. There is a need for culturally sensitive formal and informal risk reduction and health services for African American students.

An HIV Prevention Intervention for Homeless Mentally Ill African American Adult Males
Tennessee State University, Nashville, Tennessee
9/30/02-9/29/04

Description: The purpose of this collaborative project was to test an intervention to reduce sexual risk behavior in an impaired population (i.e., Homeless African American men with mental illness) from Middle Tennessee with a high prevalence of HIV infection. The main aim was to assess the effectiveness of an intervention protocol, SEXG (which involves a method proven to be effective in New York City involving "sex," games and videotapes), in changing the sexual practices of sexually active African American men with a mental illness. These men were more likely to be at risk for sexual contraction or transmission of HIV.

The objectives were to: a) test whether the intervention will be successful in reducing sexual risk behavior during the initial 6-month follow-up, b) identify the specific behaviors that are affected, c) describe the maintenance of behavior change over the remainder of the 18 month follow-up, and d) detect any adverse effects associated with the use of the intervention, such as stimulation of sexual risk behavior among sexually active men. The study utilized a quasi-experimental non-equivalent comparison group design, which involves baseline assessments of experimental (SEXG) and comparison groups. The individuals were recruited into the clinical trial from a psychiatric men's program in two community shelters run by Meharry Medical College. The larger shelter (Matthew 25) has 260 beds and a smaller shelter (Saint Patrick's) has 200 beds. The control group (Saint Patrick's shelter) attended 6 sessions where facilitators taught content about HIV and other sexually transmitted diseases and provided basic instruction about condom use. The applicant recruited 257 homeless men with chronic disabling mental illness into the project from the aforementioned community shelters in Nashville, Tennessee. In the intervention group (SEXG), there were 130 individuals and in the control group there were 127 individuals.

Findings: There were three principal findings. The first was that during the six months post intervention, the men randomly assigned to a cognitive-behavioral intervention demonstrated significantly fewer sexual risk behaviors than those assigned to the control group. The SEXG group scored almost three times lower than the control group (mean 1.1 verses 3.2, p=.01) on the sexual risk scale used in this investigation, demonstrating that they had less unprotected sex with casual and occasional partners. The difference in risk behavior was of a size that could have a substantial influence on the transmission of HIV to and from these men. The second result was that the risk reduction was attributed to increased use of condoms rather than diminished sexual activity. The third result was the SEXG did not spur renewed sexual acts among men who were sexually inactive before the study. This observation may reassure health professionals who are reluctant to begin HIV prevention among impaired individuals for fear of stimulating an increase in sexual risk behaviors among nonactive persons. Although the study was limited to the Nashville area it has the potential to influence how an impaired homeless population receives information about HIV/AIDS to decrease sexual activities that may place them at risk for contracting HIV/AIDS.

CARDIOVASCULAR DISEASE INTERVENTIONS

Use of Educational Intervention Programs in African American Communities to Decrease the Racial Disparity in Access to and Utilization of Heart and Vascular Procedures

University of Maryland Eastern Shore, Princess Anne, Maryland
9/27/96-3/31/2000

Description: The study identified the underlying reasons why pronounced differences exist between the rates at which black and white patients utilize high cost cardiovascular surgical procedures. This research examined the interrelatedness of a number of factors that influence the selection of treatments prescribed for African American patients suffering from cardiovascular diseases. The study focused on the perceptions that African American patients have of the health care delivery system and the knowledge they have about cardiovascular diseases and their treatment. The objectives of the study were to: 1) Provide educational interventions that increase the awareness and knowledge of alternative cardiovascular diagnostic measures and treatment. 2) Determine the yet unmeasured socioeconomic, cultural, and economic barriers to access and utilization of sophisticated high tech cardiovascular procedures. 3) Determine to what extent, if any, attitudes of health care providers contribute to the disparity in the use of invasive cardiovascular procedures by white and black Medicare beneficiaries.

Issues related to racial disparities in the use of cardiovascular services were studied both quantitatively and qualitatively by analyzing selected Health Care Financing Administration (HCFA) data drawn from 1994 Medicare Current Beneficiary Survey Data, Maryland Health Services Cost Review Commission (HSCRC) Inpatient Data 1998, and information gained through community group discussions, and pretest and posttest responses to survey questions. Community group intervention sessions were conducted in Baltimore, Maryland, Dover, Delaware, Petersburg, Virginia, and Prince Anne, Maryland. The purpose of the sessions was to assess the group members' specific knowledge of cardiovascular diseases, including causes, preventive measures, and available treatments. There were 133 individuals participating in this project.

Findings: There was evidence that shows a difference in the way Blacks perceive the health care delivery system and the degree to which the system is trusted. Black patients were more likely to think that health care providers were not interested in providing quality service to them because of their race. Educational interventions and surveys showed that about a quarter of the participants were not aware of preventive measures, causative factors, and available treatments associated with cardiovascular diseases. The cost data of Medicare and Maryland's Health Services Cost Review Commission showed higher than average expenses for treating blacks than whites. There continues to be a need to explore why there are health care disparities in the availability of much needed surgical procedures.

Promoting Health in the African American Community (PHAAC): Implementing Relaxation Techniques to Reduce Cardiovascular Risk Factors
North Carolina A&T University, Greensboro, North Carolina
9/30/03-9/29/06

Description: Coronary Heart Disease (CHD) is a major health concern for African Americans (both men and women) and is the number one cause of death in Guilford County, North Carolina. The purpose of this collaborative study is to document how the health of African Americans can improve by using relaxation techniques to reduce stress, which in turn may reduce coronary heart disease (CHD) risk and to determine the effectiveness of the parish nurse education component. The specific aims for the project are to: 1) Develop a training program for parish nurses that will enable them to provide an educational intervention program using relaxation and stress management techniques to reduce cardiovascular disease risk for African American church members in Guilford County. 2) Implement a 12-week relaxation and stress management program for members of three churches located in the low-income urban communities of Guilford County. 3) Determine the efficacy of the educational intervention in reducing blood pressure and pulse rate in the African American church member participants. 4) Identify the health characteristics of African American church members who are more likely to participate in a church based relaxation and stress management program.

Along with a Parish Nurse educational component, the Transtheoretical model (TTM) was utilized to implement the intervention focusing on stress and relaxation. The TTM is an integrative model of intentional behavior change that is effective in facilitating the adoption of healthy behaviors. However, little attention has been given to using TTM to facilitate the implementation of stress management techniques to reduce cardiovascular risk. This project seeks to implement the TTM for this purpose.

Findings: No Cost Extension – The project may contribute important information for reducing the disparities between African Americans and whites regarding CHD and documenting the effectiveness of prevention efforts related to managing lifestyle CHD activities. Presently, there have been 416 persons who participated in the relaxation program and 360 who completed all aspects of the educational component. A major activity from the study will focus on bringing together representatives from North Carolina A&T University, faith-based organizations, community-based organizations, National Heart Association, research partnerships, and state agencies to disseminate research findings and discuss approaches to decrease barriers to care in Guilford County, North Carolina.

CHILDREN IMMUNIZATION INTERVENTION

Oral Rehydration Therapy and Children Immunization Initiatives for Infants and Children of Aid to Families with Dependent Children (AFDC) Beneficiaries from Inner City African American Communities

Morgan State University, Baltimore, Maryland
9/27/96-4/01/99

Description: This was an educational intervention with women receiving Aid to Families with Dependent Children (AFDC). It explored the use of a self-help/self-care group intervention as a prevention strategy within the Medicaid population. The first intervention was a Self Help Group Model developed by the National Black Women's Health Project (NBWHP). This model was designed to promote health and well being particularly among low-income African American women, their families, and their communities. The second intervention was a Health Resource Mother who served as a case manager to provide follow-up interventions to enhance the knowledge of access to preventive care for the experimental group of AFDC beneficiaries.

The goal of this project was to design, implement and evaluate a community-based self-help demonstration to increase the awareness and utilization of immunization against common childhood diseases and oral rehydration therapy (ORT) for diarrhea disease treatment among target African American families of Aid to Families with Dependent Children (AFDC). It focused on health promotion, prevention of childhood diseases, and ultimately reduction of the costs associated with avoidable hospital emergency and in-patient care. The project had three objectives: 1) To increase the immunization rates among its participants by 80%. 2) To increase the use of ORT from 0 to 30%. 3) To enhance the knowledge of ORT among child care and health care providers. Two hundred and three (203) parents from the three project sites (Morgan State University – East Baltimore, Coppin State College – West Baltimore, and Norfolk State University – a rural community) participated in self-help/self-care group.

Findings: The targeted population was a difficult to reach group faced with persistent poverty, socio-economic disadvantage, high day-to-day stress and worry, with low priority on prevention. The use of a support group model with follow-up support from indigenous health resource mothers proved to be effective in reinforcing education goals and follow through on immunization protocols. The culturally relevant literature developed from the project was utilized and follow-up visits to community clinics demonstrated that the materials were being use. It is important to note that in reaching the Medicaid population toward the goal of the health education and promotion, the researchers were especially challenged by how difficult it was to establish effective working relationships with agencies and organizations that serve the same population. Issues of turfism and complex bureaucratic policies and procedures made it difficult to effectively collaborate.

INFANT MORTALITY INTERVENTION

Shaw-Duke Maternal and Infant Mortality Initiative: Interventions to Improve Outcomes Among Pregnant Medicaid Recipients

Shaw University, Raleigh, North Carolina
9/30/05-9/29/07

Description: According to the literature racial disparities in infant mortality are among the most troubling inequities in health outcomes. Research shows a significant difference in outcomes between African American and White American women. However, the major causes of infant mortality are directly related to adverse pregnancy outcomes. Obstetrical near misses–events that would result in poor outcomes for the mother without intensive medical intervention—are important indicators for infant and maternal morbidity and mortality, and appear to be linked to adverse pregnancy outcomes, which in turn are the leading direct and indirect causes of infant mortality.

Shaw University in conjunction with Duke University Medical Center (DUMC) will: 1) implement an educational intervention, with the participation of Healthcare Navigators aimed at improving patient satisfaction and reducing adverse outcomes among pregnant Medicaid recipients at DUMC; 2) understand care received and evaluate how care differs by race among pregnant Medicaid recipients; and 3) identify factors related to near misses and adverse maternal and infant outcomes. The target population is pregnant Medicaid recipients giving birth at DUMC. The PI will: 1) Administer the intervention to women around the time of their second trimester glucose screening test, regarding awareness of pregnancy-associated problems, barriers to care, and interactions with the medical system. A follow up survey will be conducted post-delivery. 2) Implement a survey of patients who have given birth at DUMC within the last year. 3) Analyze data from the Duke Perinatal and Health Services Database for pregnant Medicaid recipients.

Findings: This is a new project. The project may yield important results both for health policy and health service research. It could potentially improve health outcomes for pregnant African American Medicaid recipients. First, the proposed project could help improve patient satisfaction and reduce health disparities. Second, adverse pregnancy outcomes such as premature birth and low birth weight result in much disability, suffering, family stress and disruption. They also lead to high costs and intensive use of health services, with large expenditures by the Medicaid program. If the intervention with *Healthcare Navigators* is successful, the *Healthcare Navigators* model may benefit families and communities, serving as a pilot for health care providers. Cost savings to the Medicaid program could also be realized. In addition, the findings could be generalizable to any setting. Finally, positive results would be of interest to policymakers involved in Medicaid funding and the structure of health services.

HEALTH PROMOTIONS INTERVENTIONS

Health Promotion in the African American Community: A Computer-Based Nutrition Program

Prairie View A&M University, Houston, Texas
9/25/00-9/24/02

Description: The purpose of the study was to investigate the effectiveness of a computer-based nutrition education program on the use of health promotion behaviors by African-American adults in community settings as compared to traditional methods of instruction on nutrition. The project objectives were: 1) to form collaborative partnerships within minority communities in need of health promotion focusing on nutrition, 2) to examine the difference in outcomes of health education using a computer-based delivery method when compared to traditional methods, and 3) to determine the feasibility of using a computer-based education program to teach health promotion to African American adults in urban community settings. Three types of sites were used: Community civic centers, faith-based organizations, and a public housing facility. The data collection sites were located in the greater Houston Metropolitan area. Project participants were African American males and females between the ages of 25 and 75. There were a total of 200 participants. Eighty-two participants were in the study group and 118 participants in the control group.

Findings: The results of the study can assist in validating the effectiveness of shifting health policies from illness to prevention. The project demonstrates African American citizens are interested and responsive to initiatives that can impact positively on their health and well being. The study demonstrates that alternate strategies should be implemented to deliver health information to African Americans. Computers may be an effective means of delivering health information to African Americans. It promotes interest and captures the attention of the user. The study demonstrates the need for culturally sensitive health information presented in a context viewed as useful by African-American citizens.

This type of research in the area of nutrition and health promotion assisted in improving the health of African Americans, reducing health disparities and facilitating access to preventive services for African Americans. Hence, finding multiple yet cost effective ways to disseminate important nutritional information in a culturally sensitive way to the most vulnerable population for these diseases have important health policy implications. Most importantly, individuals who received nutrition education by computer demonstrated a positive change in health promotion behaviors, eating habits, and knowledge of nutrition and diet as evidenced by increased mean scores on the HLPL II and decreased body mass index BMI’s.

Efficacy of a Culturally Sensitive Health Promotion Program to Improve Exercise and Dietary Behaviors in African American Elders with Hypertension

Southern University, Baton Rouge, Louisiana

9/24/00-11/25/03

Description: The purpose of the project was to test a culturally sensitive health promotion to improve exercise and diet, two behaviors important in controlling hypertension in African American elders with hypertension. The project compared the impact of: (1) knowledge; (2) efficacy expectations and outcomes (beliefs about performing exercise and dietary behaviors and expectations about consequences of performing them); and (3) stages of change on exercise and dietary behaviors of elders who participate in one of three versions of a health promotion program. The three versions include the use of a culturally sensitive Health Promotion Videotape (HPV), a culturally sensitive Health Promotion Self-Care Manual (HPM) and Health Promotion Generic Health Education Materials (HPG). The self-care manual and videotapes were developed as part of previously funded projects by the Administration on Aging (AoA) and the National Institute on Aging (NIA). The project used a quasi-experimental design to test the efficacy of using culturally sensitive videotapes and self care manuals as part of a health education program to improve hypertension knowledge, efficacy, stages of change, and exercise behaviors in African American elders with hypertension.

The setting for the project included housing complexes for the elderly, congregate meal sites, and a faith-based organization in the East Baton Rouge Parish. Another faith-based group outside of the East Baton Rouge area comprised the HPG (control) group. Two housing complexes were designated the HPM/HPV older groups and a congregate meal site as the HPV/HPM elder groups. Sixty-two individuals were screened to participate in the study. Of that number 42 were selected based on the study's criteria. The criteria required that participants were African American, 55 years of age or older, diagnosed as having hypertension (self reported), physically able to exercise (self reported), and willing to participate in the study.

Findings: The findings indicated that the individuals who completed the class and watched the videotapes scored significantly higher in diet and exercise self-efficacy than those who completed the class/read, the manual, or those in the comparison group. This approach appears to be a more effective tool for improving diet and exercise self-efficacy among these elders. Perhaps, the visual nature of the materials was more meaningful in facilitating the elders' perceptions about their ability to diet and exercise. Even though the results must be primarily considered in relation to the small sample of low-income elderly African Americans, this project demonstrated an approach that may prove beneficial in health services research for hypertension. This community oriented and culturally sensitive health education program may provide a primary health promotion strategy that is less costly, more efficacious, and consumer community friendly than prior approaches. Funding should be increased for programs designed to reduce the incidence and prevalence of hypertension among African American elders.

PROGRAM EVALUATION

Assessing the Impact of a Comprehensive School-Based Health Educational and Social Services Program for Pregnant Adolescents on Their Pregnancy Outcomes and the Health of Their Children
Morgan State University, Baltimore, Maryland
9/15/99-6/13/02

Description: The disproportionate prevalence of teenage pregnancy among the African American adolescents of inner city America and its adverse consequences in terms of social, educational, economic, health, and demographic outcomes are well documented. This project was designed to assess the impact of an existing school-based comprehensive program in health, educational, and social services for pregnant and/or parenting adolescents (N=877) on the pregnancy outcomes and health and nutritional status of their infants and children. The nutritional and health status of all the children of teenage mothers was assessed and compared between the Laurence G. Paquin Middle/High School, a school-based comprehensive program and those attending schools in other parts of the Baltimore City educational system. Data were collected by face-to-face interviews with a group of 371 pregnant adolescents who attended a comprehensive school-based program (intervention group) and another group of 506 pregnant adolescents, who did not attend the program (control group). The nutritional and health status of all the children of teenage mothers were assessed and compared between the Paquin School's (school for pregnant teen) enrollees and those in the comparison group (enrollees of other Baltimore City Public Schools)

Findings: Pregnant/parenting adolescents from inner city America, particularly, those from low-income families, face multiple problems. Because poor students may lack motivation, self-esteem, and access to quality health care, the school-based integrated and comprehensive services program seems to be an effective way of reaching and serving the multiple needs of poor inner-city pregnant/parenting adolescents. Overall, the PI data confirm his hypothesis that the comprehensive school-based program significantly improved the pregnancy outcomes as well as social, educational, and other areas of well being of the pregnant/parenting adolescents. Although the Paquin school program, in its entirety, cannot be replicated in every school district of inner city America, its underlying principles of care and services may clearly be replicated. Interventions are needed to help poor inner city parenting adolescents and their children to overcome many of the health, social, educational, and economic difficulties they faced. The positive effects of the comprehensive school-based program show that there are probably some excellent models in inner-city America that are achieving their goals. These models should be replicated to cover wider groups of pregnant/parenting adolescents to decrease the racial disparity in health, education, and other areas of well-being.

QUANTITATIVE/QUALITATIVE RESEARCH STUDIES

ACCESS AND BARRIERS TO CARE

Determinants of the Barriers of Minority Access to Health Care and Differential Health Care Utilization Between Older African Americans and Caucasians
Howard University, Washington, D.C.
9/27/96-3/26/99

Description: Despite advances in research studies on the Black elderly, there were very few longitudinal studies on this population. Few studies had adequate samples of Blacks to examine within-group differences that may affect long-term health care utilization patterns. This project examines the determinants of barriers to minority access to health care utilization for African Americans and Whites. This was a secondary data analysis among 7,537 older adults who participated in the Longitudinal Survey on Aging (LSOA) conducted by the National Center for Health Statistics from 1984-88. The cohort for this project consisted of 560 African Americans who were 70 years of age and older in 1984. The study sample was matched by key research variables with 560 comparable white respondents. There were 6,880 white men and women who were 70 years of age or older participating. The objectives of the project were to: 1) Examine the differences in health status and socioeconomic status of elderly African Americans and determine how these factors influence their use of health care and long-term care. 2) Investigate the combined influences of informal support networks and formal health care programs in the lives of African American elderly, and how these factors influence nursing home placement and mortality. 3) Examine the assumption that as a minority group member, the African American elderly receives more support from their informal networks than non-minority elderly.

Findings: African Americans in the LSOA were poorer and less educated than their white counterparts and were less likely to benefit from nursing home placement compared to Whites. Perceived health status appears to be a predictor of nursing home placement among older adults in the LSOA. Poor health status is a predictor of hospital admission among older African Americans and Whites. African Americans were admitted to the hospital in later stages of a disease process. African Americans living alone appear to be twice as likely to use health care services compared to African Americans living with a spouse. Living with non-relatives appeared to be a predictor of hospital admission among the elderly, but more so with Whites than African Americans. Whites in good health were more likely to use physician office services (for preventive health care) than older African Americans in good health. Self perceived health status was a sensitive indicator of the need for medical care and eventually disability among both African Americans and Whites. Important race differences continue to exist between older American health care services and overall health status. Continued efforts must be made to unravel these variances in heath care utilization. More research is needed to understand why African Americans with similar self-report of health status as Whites receive different levels of care.

Health Risk Factors and Barriers to Health Care Seeking Among Medicare and Medicaid Eligibles in Low Income Housing: Health Status and Health Risk Factors
Meharry Medical College, Nashville, Tennessee
9/27/97-9/26/00

Description: The purpose of this study was to assess health status and identify risk factors relating to the three leading causes of death- cardiovascular disease, cancer, and stroke- and to determine barriers to predictors of access and utilization of health care in a Medicaid and Medicare eligible African American population living in low income housings. The objectives of the study were to: 1) Assess health status in terms of cholesterol level, blood pressure, weight, and related risk factors (diet, obesity, smoking, drinking, and physical activity) of a Medicare and Medicaid eligible African American population, living in two low income housing projects in Nashville, Tennessee. 2) Perform a needs assessment in terms of health, knowledge, attitudes and practices (KAP). 3) Identify barriers to and predictors of access to and utilization of the health care system.

A sample of 360 adults aged 18 years and older was selected, using a cluster sampling technique, from among the 30 low-income housing projects in Nashville. A cluster of two housing projects was randomly selected from the 30 low-income housing projects in the Nashville Metropolitan Area (MDHA). The two housing projects selected were Cumberland View and Cheatham Place. Seventy six percent of the participants were female. The mean age was 38 years, mean income was $6,242, and mean education level was the 11th grade. Ninety-four percent of the sample was African American, 65% was single, 45% had less than an 11th grade education, 60% of men and 71 % of women had no job, 10% had a part-time job, 25% made under $2000/year, and 34% of men and 68% of women were on welfare.

Findings: The low income African Americans living in the housing projects had high cholesterol levels, high blood pressure, and a high level of associated risk factors (high fat-low fiber diet, high rates of smoking and drinking, and low levels of physical activity). Contributory factors included a lack of awareness about personal health status and about risk factors that contribute to health status. There were no gender differences in the above statistics, with the exception of the unemployed and higher welfare status of women. In addition, men tended to have higher levels of income. The study suggested that there is a need to educate this population regarding health risk factors. Health education programs could result in a savings in Medicare and Medicaid costs. Therefore, greater efforts must be made to meet the health needs of these low-income residents with health care and social programs.

COSTS OF CARE

Reducing Rehospitalization and Rehabilitation Medical Costs in African American Teens with Spinal Cord Injuries who Survive Teen Violence

Southern University, Baton Rouge, Louisiana
9/27/00-9/26/02

Description: The goals of this project were to: 1) test strategies designed to reduce Medicaid cost for care provided to spinal cord injured (SCI) youth for preventable health problems, and 2) increase the SCI youth's self-efficacy thus increasing their ability to live productive lives. The objectives of the study were to: 1) Document the after care (medical care and services) being provided to African American teens who sustained spinal cord injury as a result of teen violence. 2) Develop and test a SCI Case Management Model for reducing Medicaid costs by decreasing preventable hospitalizations. 3) Test a multidisciplinary case management intervention designed to reduce preventable rehospitalizations and change in self-efficacy and movement through the Stages of Change in SCI youth. The study design was an experimental pretest/posttest two-group design. A comprehensive, multidisciplinary, multi-component, case management, in-home intervention was given to all SCI youth in the experimental group. The study was originally designed that in the first year of the project, 40 SCI youths, who had been injured more than one year, would be enrolled. Twenty of these youth would have been assigned to the experimental group and 20 in the control group. Youth in the control group received no intervention. However, because of recruiting difficulties the sample consisted of Seventeen (17) SCI youth in the treatment group and 7 in the control group participated in the study. Fifteen of the seventeen youths were on Medicaid.

Findings: A major finding of the study was that rehospitalizations of SCI youth could be drastically reduced resulting in significant cost savings to the federal government by providing specialized case managers. For example, the estimated savings in this small sample in the treatment group was $746,883 (information provided by the Louisiana Department of Health and Hospital Bureau of Health Services Finances in 2002). Therefore, a mechanism should be developed to enhance the case manager services currently being received by the SCI youth. The health policy implications for this study are: 1) government, through state and private sector partnerships, should develop mandatory SCI ombudsmen programs to be implemented upon discharge of SCI youth from rehabilitation to assist with reducing preventable complications, 2) Medicaid should implement a low cost maintenance program to pay for quarterly medical, psychological, and case management follow-up visits which are designed to reduce the extreme costs of preventable hospitalizations, 3) there should be the creation of a nationwide research data base of SCI clients with each registrant having given consent to participate in research prior to enrollment and therefore be available to researchers without the threat of violating confidentiality, 4) the SCI model and case management intervention should be tested nationwide, and 5) further studies are needed involving the analysis of hospital discharge data to determine actual costs of care for youth who sustain spinal cord injuries due to violence.

Violence Prevention as a Public Health Strategy to Reducing Health Care Costs Associated with Medicaid
Howard University, Washington, D.C.
9/30/02-9/29/04

Description: The purpose of this study was to ascertain the potential benefit of applying violence prevention as a public health strategy toward reducing health care costs associated with Medicaid expenditures for gun-related violence injuries. The objectives of the project were to: 1) analyze gun-related violence and trends in three urban study sites of Washington, DC, Baltimore, MD, and New York City; 2) analyze rates of gun-related injuries (fatal and non-fatal) among African American youth within the selected study sites; 3) analyze health care and Medicaid costs associated with those gun-related injuries; 4) assess the effects of violence prevention in reducing racial disparities; and 5) analyze programs of urban violence prevention that have been successful both in crime reduction and enabling quality health outcomes for local communities.

The applicant identified a series of research questions and hypotheses that were developed to guide the study. The data collection design was divided into Phase I and Phase II. Data for the years 1990-2000 were collected and organized. Phase I data collection included discharge data from hospitals, medical centers, and local police reports on gun-related violence from the selected study sites. The applicant used Medicaid data and the National Crime Victimization Survey Data to provide a baseline over time. Phase II data collection concentrated on urban violence prevention by selecting a geographically diverse sample of successful violence prevention programs from cities with large African American populations. The proposal focused on prevention. The project identified the most effective community-based strategies that have resulted in decreased incidents of violence.

Findings: The findings from the project pointed to the fact that most hospital stays for gunshot wounds were 1-10 days. The associated costs from physical rehabilitation to prison over a period of years averaged $1 million for each wound treated. The project identified the most effective community-based strategies that may result in decreased incidence of violence in Baltimore, New York, and Washington, D.C. These approaches to conceptualizing the problem and responding with tailored violence prevention strategies might be replicated in other communities. There may also be a reduction in Medicaid expenditures for violence related injuries among African American youth by decreasing violence in these communities. An Academic Symposium on Violence Prevention was presented to make available the research results to various stakeholders, including the academic community, health researchers, and community-based organizations whose efforts have been critical in violence prevention in` urban communities.

Quality of Care
Medicaid Managed Care Quality and Costs Among Black and White Adults with Diabetes Mellitus
Morehouse School of Medicine, Atlanta, Georgia
9/15/99-6/30/02

Description: This retrospective cohort study used Georgia Medicaid claims data to evaluate quality of care among African American (Black) and Caucasian American (White) adults with diabetes mellitus who are enrolled in the mandatory Georgia Better Health Care (GBHC) primary care case management program, a managed care delivery model. The quality of care among beneficiaries enrolled in GBHC was evaluated relative to the care of beneficiaries enrolled in the traditional fee-for-service (FFS) health plan option. The study hypothesized that GHBC, with its emphasis on better coordination of care through primary care providers would eliminate disparity in care quality between Blacks and Whites with diabetes. That is, GBHC may offer an opportunity for improving diabetes care among low-income African Americans. The quality of care was evaluated using Georgia Medicaid eligibility and provider claim data from the period 1996-1998. Black and White Medicaid beneficiaries with newly diagnosed diabetes (i.e., with new claims) in 1996 and 1997 were followed for a 12-month period (since diabetes diagnosis through year 1997 and year 1998) respectively, according to claim histories. The purpose of the study was to assess the quality of care and the risk of diabetes-related hospitalization and acute complications among Black and White adults Medicaid beneficiaries with diabetes enrolled in the mandatory primary care management program, GBHC.

Findings: The results of this investigation indicated poor adherence to American Diabetes Association (ADA) recommendations. Among the 3,465 Medicaid beneficiaries with diabetes who were enrolled in FFS or GBHC health plan options for the entire 12 month period after the initial diagnosis, only 19.6%, 9.3%, 13.9%, and 1.4% received the ADA annually recommended HbA1c test, eye exam, lipid profile, or any nephropathy tests, respectively. There were 144 Medicaid beneficiaries (5.9% of Blacks and 1.4% of Whites) with 12 months of continuous enrollment in the HMO health plan. The implications indicated that GBHC, currently the only health plan option for Medicaid beneficiaries, had not achieved quality standards or an equitable system of care for Georgia Medicaid beneficiaries with diabetes. Additional system-level quality improvement efforts in diabetes care must be sought and strategies to reduce racial disparities must be incorporated in quality improvements efforts. Quality improvement efforts, which encouraged more visits to their primary care providers for Medicaid beneficiaries with diabetes, will improve adherence to care standards. The results of this study indicated that physician visits significantly increase the likelihood of adherence to ADA recommendations. The cost savings associated with quality improvements, such as in the reduction of hospitalizations, especially among African Americans, could be considerable.

Elderly African Americans as Intragenerational Caregivers of Aged Persons
Howard University, Washington, D.C.
9/15/99-12/17/01

Description: The study examined the stress and coping mechanisms of elderly African Americans in urban and rural environments who were primary caregivers to other elderly African Americans. The major purpose of the study was to explore the various issues and problems that are associated with caregiving by African American elderly who were primary caregivers to other elderly African Americans. Specifically, the study analyzed the stress and coping strategies employed by elderly caregivers in an effort to provide guidance for developing a manual that might enhance the awareness and knowledge about issues associated with caregiving. The project was divided into two phases. Phase I described effective and ineffective life skills and self-sufficiency strategies of the caregivers. Phase II focused on translating the knowledge gained in Phase I into a manual, which builds on the identified strengths and obstacles to the self-sufficiency of the elderly. The researcher used focus groups as the primary means of data collection for generating qualitative data about the stress and coping mechanisms of 129 elderly caregivers. The participants were from the District of Columbia (Urban, n=72) and Putnam County, Florida (Rural, n=57).

The objectives of the project were to: 1) Provide an understanding of the nature of care provided to elderly African Americans by African elderly American caregivers. 2) Identify those skills that caregivers tend to lack that can be enhanced through further training. 3) Identify effective strategies for training elderly caregivers. 4) Provide an understanding of the feasibility of home-based care for elderly African Americans.

Findings: The findings demonstrated that most of the caregivers were elderly women; however, there were some elderly male caregivers who provided care. The age of the focus group participants ranged from 58 to 101 years. The participants who provided care were spouses, daughters, sons, nieces, siblings, and friends. Most of the caregivers were retired and some of them had disabilities of their own. The ages of the elderly relatives that the caregivers provided care for ranged from 65 to 92 years. The elderly who were being cared for suffered from multiple disabling conditions such as Alzheimer's disease, cardiovascular illnesses, strokes, hypertension, and diabetes. There are few studies focusing on intragenerational caregiving among the African American aged population. Thus, there is a lack of research examining the circumstances and impact of intragenerational relationships where older persons serve as resources to other aged family members or friends in times of health crises. Policy makers should rethink policy formulation towards elderly care. Policies should be in place to help provide financial and other types of assistance to those elders involved in this type of caregiving. Providing quality health care in the home decreases the need for long term nursing home care and is not only more cost effective but provides a better quality of life.

Utilization

Mental Health Services Utilization Among Medicare Elderly in Tennessee: The Effect of Race, Social Class, and Comorbidity

Tennessee State University, Nashville, Tennessee

9/27/96-4/1/99

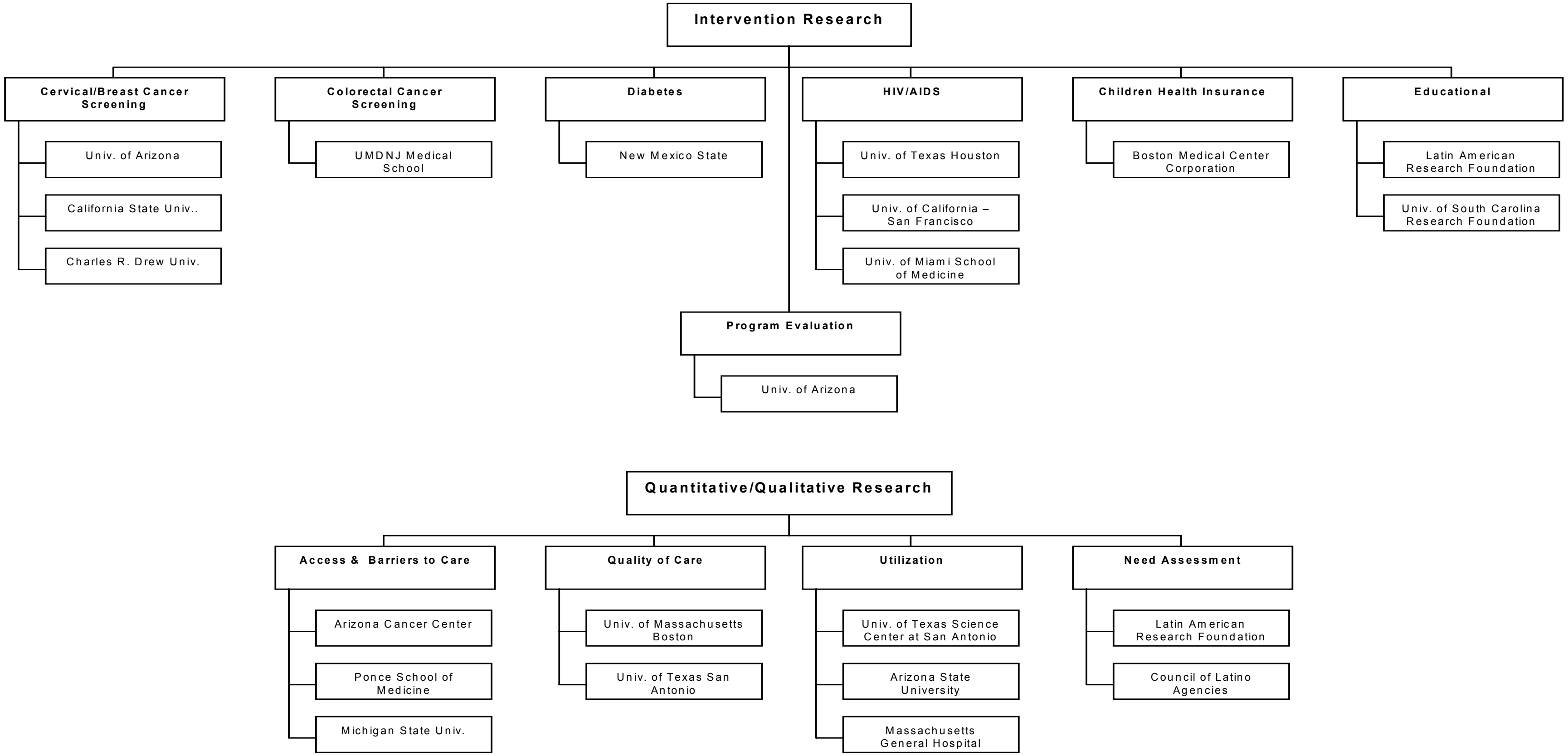
Description: This project analyzed a 5% randomly selected CMS reimbursement data files for 1991-1993 on Medicare elderly with and without mental diagnoses to determine the effect of race, SES (using education and income), and co-morbidity on mental health service utilization including hospital and out-patient services in Tennessee. The project examined the following: 1) Prevalence of psychiatric disorders and its variation by race, social class, and comorbidity; 2) Patterns of service utilization and their variations by race, social class, and comorbidity; and 3) Costs of services by race, social class, and comorbidity. This project used randomly selected CMS reimbursement data on 33,680 Tennessee Medicare beneficiaries who were 65 and older during 1991-1993. Individuals who did not use medical services in any year were not included in the sample. The majority of the sample is composed of females, 60.8% (n=20,477), with males making up 39.2% (n=13,203). The majority were Whites (89.3%; n=30,081) with African American making up 10.7% (n=3,599).

Findings: The data showed that costs for beneficiaries with a mental comorbidity were greater than costs for beneficiaries without a mental illness. The policy of “carving out” mental health care may contribute to higher costs as well as to poor access to services, especially for African Americans. The data suggested that patients with depression were not receiving much in the way of mental health care and therefore the potential of cost-offsets were not attained from the aggressive treatment of depression. These data suggest the potential importance of chronic disease management models, which account for mental and non-mental comorbidity. The potential may be particularly great if successful management of the non-mental illness is heavily dependent on patient adherence to treatment recommendations. Elimination of racial and ethnic disparities in health care will depend in part, on the elimination of differences in diagnosis and management, which are inappropriately based on race, gender, and/or social class. This involve: 1) Training practitioners to recognize diagnostic and management tendencies that may be based upon perceptions related to patient’s age, race, education, gender, income, and social characteristics. 2) Closely monitoring the diagnostic and management patterns of health organizations to detect and eliminate differences in diagnosis and management decisions that are inappropriately tied to race, gender, and/or social class. 3) Cost-effective care for illnesses of importance to racial and ethnic minorities may require the re-structuring of medical teams to assure the coordinated management of mental and non-mental illness. 4) Rigorous testing of team oriented management approaches for patients with comorbidity mental and physical illness should be undertaken to monitor cost containment and quality control over treatment modalities.

APPENDIX D

PROFILES OF HISPANIC PROJECTS

Exhibit 2
Disparities Research Projects 1998-2005
Hispanics Projects (N=22)



APPENDIX D
PROFILES OF HISPANIC PROJECTS

INTERVENTION RESEARCH

CERVICAL AND BREAST CANCER INTERVENTIONS

Cervical and Breast Cancer Screening for Post-Reproductive Age Hispanic Women Residing Near the U.S.-Mexico Border
University of Arizona, Tucson, Arizona
9/20/99-5/31/02

Description: Substantial disparities exist in breast and cervical cancer incidence and/or mortality for Hispanic women in comparison to majority populations. This finding is due in part to significant differences in the utilization of cancer screening services. The screening behavior of rural living Mexican-origin women along the U.S.-Mexico border has not been previously examined. The goal for this study was to determine the screening utilization patterns and burden of disease among post-reproductive age Mexican-American women living in a rural border county in Southwestern Arizona. The objective was to identify the determinants of compliance with regular breast and cervical cancer screening. A home survey was conducted to identify a cohort of women greater than or equal to 50 years of age. A total of 504 women completed an extensive interviewer administered home survey.

The following issues were considered in this study: 1) the prevalence of breast and cervical cancer, 2) barriers that affect access to and utilization of health care services including screening services, and 3) successful intervention strategies (including health workers or promotores) that increase participation in and sustain involvement with breast and cervical cancer screening services. Participants received a clinical breast exam (CBE), mammogram, cervical cytology and HPV sample collection.

Findings: The data showed that there was substantial heterogeneity in health risks and behaviors among Hispanic women living in border communities. Mexican-born and monolingual Spanish speakers had consistently lower utilization of breast cancer screening services. There were also significant differences between immigrant and U.S. born post-reproductive age Hispanic women and monolingual Spanish and bilingual speakers in breast and cervical cancer screening history and behaviors.
The data suggested that public programs to promote cancer screening in Hispanic women should be tailored to target immigrant and monolingual Spanish speakers. This may require a refocusing of resources and development of language and culture appropriate outreach and education activities and materials. In general, the study indicated that older Hispanic women living on the border have few economic resources, limited educational attainment, and are minimally acculturated.

A Systematic Approach to Improving Pap Smear Screening Rates Among Hispanic/Latina Women in Managed Medicaid Systems, California State University ***Fresno Foundation, Fresno, California***
9/25/00-12/24/02

Description: The purpose of the study was to examine Pap smear screening rates for Hispanic women/Latinas enrolled in a Medicaid managed care plan. This project identified barriers to Pap smear screening facing Hispanic/Latina women within a Medicaid managed care system. The specific objectives of the study were to: 1) Identify alterable determinants of Pap smear screening by comparing three groups of Hispanic/Latina women enrolled in Managed MediCal and assigned to a physician at one of four community health centers. 2) Measure proportions of Hispanic/Latina women within a Medicaid managed care system screened for cervical cancer and its precursors by a Pap smear test within the preceding three years in accordance with the American Cancer Society and the U.S. Public Health Services. 3) Incorporate primary and secondary knowledge of determinants of Pap smear screening in the design of a multifaceted, community-based outreach and health education intervention program to improve Pap smear screening rates among the Latina population. Participants were from four large community health centers (urban and rural) that served predominately Hispanics in the Central Valley and the Blue Cross Managed MediCal system.

A total of 728 eligible enrollees were identified from the medical records review. Of those eligible for the study, a total of 419 (58%) participants' current medical records were located. Of the 419 participants who were determined to have been seen in the assigned community health center, documentation of hysterectomy was found in 20 and prior abnormal Pap in 29. Of the remaining 370, 266 (72%) had a documented Pap smear within the previous three years. Interviews were conduced with 51 Latinas living in Fresno, Firebaugh, Parlier, and Selma. Six of the 51 Latinas reported not having a Pap smear within the previous three years.

Findings: The results from the study indicated that the main factors identified by the women as hindering their decision to seek Pap smear exams were: a) lack of insurance, b) cost associated with pap smear exams (no medical insurance), c) painful exams, d) embarrassing exams, e) long waits, f) bureaucracy, g) poor attendance by staff, h) difficulty getting appointments, i) gender of provider (male), j) lack of continuity of care. In addition, low self-rating of general health, high Mexican acculturation level, low general medical knowledge and fatalism, along with social barriers such as population mobility and lack of reliable telephone access were associated with reporting one or fewer pap smears within the preceding three years in this small sample. Successful interventions to improve preventive health activities such as pap smears among poor Central Valley Latinos may require approaches that do not depend on third party financing and individual providers. Several actions need to be taken to motivate Latinas to comply with Pap smear recommendations. These actions range from changes in organizational structures to increased community involvement.

An Educational Intervention Program to Increase Mammography Screening among Hispanic Women in Low Income Public Housing
Charles R. Drew University, Los Angeles, California
9/30/05-9/29/07

Description: It is estimated that 1,370,000 new cases of cancer will be diagnosed in 2005 in the United States. In 2005, 32% of 211,240 women will be diagnosed with breast cancer. The effectiveness of regular screening such as mammograms, breast self-exam (BSE), and clinical breast exam (CBE) to detect and thereby decrease breast cancer mortality has been well documented. While breast cancer mortality rates are lower in Hispanics than non-Hispanics, studies have clearly demonstrated that Hispanic women experience significantly higher rates of late-stage disease diagnosis. Late-stage diagnosis significantly decreases survival rates. The underutilization of screening by Hispanic women requires systematic investigation and culturally appropriate intervention.

The proposed study is an educational intervention project that will be offered to low income Hispanic women aged 40-65 years, residing in public housing in South Central Los Angeles (SCLA) in collaboration with Martin Luther King Hospital, and Tennessee State University. The overall objective is to decrease late stage breast cancer diagnosis among Hispanic women aged 40-65 years. The specific purposes of the study are to: 1) increase regular Breast Self Exam (BSE), 2) increase the rate of mammography screening and Clinical Breast Exam (CBE), and 3) examine the mammography use, attitudes and behaviors in Hispanic women aged 40-65 years. This study will be conducted with a primary target population of 400 Hispanic females recruited from collaborating Public Housing Facilities. The population of South Central Los Angeles is 60% Hispanic and is heavily concentrated in census tracts surrounding Charles R. Drew University and Martin Luther King Hospital.

Findings: This is a new project. The study may help reduce late stage diagnosis in low-income Hispanic women and underserved women who have been identified as underutilizers of breast cancer screening. The project may impact access to and quality of care in three ways: 1) It may link participants to the Martin Luther King Hospital which can meet the needs of a population which otherwise lacks access to such services (free mammograms and health care to low-income women at risk). 2) It is expected that as a result of this educational and motivational intervention, access to breast cancer screening will increase by at least 30% (from the current rate of 40% to the projected 70%. 3) It will increase knowledge about breast cancer and its early detection.

COLORECTAL CANCER SCREENING INTERVENTION

Assessing Colorectal Cancer Knowledge and Improving Screening Rates Among Older Minorities in the City of Newark

UMDNJ-New Jersey Medical School, Newark, New Jersey
9/30/04-9/29/06

Description: Colorectal Cancer (CRC) is the second leading cause of cancer related deaths in the United States. Sixty percent of all cancers occur in adults over 65, representing 12% of the population. Over 90% of CRC cases are diagnosed over the age of 50 (American Cancer Society, 2004). The New Jersey population is 8.6 million, with 1.2 million over 65 enrolled in Medicare. The New Jersey Cancer Registry estimates that 64% of cancers occur in those over 65 and almost 70% die from the disease. The City of Newark has 26,000 people over age 65, many of whom qualify for Medicare/Medicaid. Despite access to health care, screening for Colorectal Cancer remains low, particularly among Hispanics.

This educational intervention study is designed to address the following: 1) assess CRC knowledge among the older minority population and community leaders of Newark; 2) develop a comprehensive CRC education module to educate community leaders using the educational sessions/workshops model; and 3) train the community leaders to use the CRC educational module as a tool to facilitate the dissemination of CRC information, enhance awareness and education, and increase screening rates. The target population for the CRC educational session/workshop is 60 community leaders from the Leadership Newark (LN) graduating classes of 2004 and 2005, and the participants that they will recruit to the educational sessions. They facilitated the distribution of a CRC knowledge survey to 3000 respondents and is on target for reaching an expected response rate of 33 percent (1,000).

Findings: The project is in progress. It is expected that participant knowledge about CRC will be low in this population and that such knowledge will increase as a result of this effort. Assessment of this change will be measured among both community leaders and participants by pre-post measures and by changes in screening patterns. Success of the project will be determined by the acceptance and implementation of the CRC educational module, the continuous use of the module to facilitate education and awareness, and the number of people that eventually get screened for CRC as a result of participating in this project. The applicant indicates that results of the intervention would be disseminated to all New Jersey Cancer Education and Early Detection Programs to be used by outreach workers in their screening efforts. The information will also be integrated into the New Jersey Comprehensive Cancer Control Plan.

DIABETES INTERVENTION

Tailoring Diabetes Education Services to Optimize Outcomes
New Mexico State University
Las Cruces, New Mexico
9/30/05-9/29/07

Description: Type 2 diabetes is increasing among vulnerable populations, particularly the elderly, economically disadvantaged, and minorities, with an average of 760,000 new cases diagnosed each year. The unequal burden of diabetes significantly impacts communities along the United States - Mexico border, where the Mexican American population increased 28% between 1990 and 2000 - more than twice the United States national growth rate for the Hispanic population. The prevalence of Type 2 diabetes is greater among Mexican Americans in the Southwest, than among non-Mexican Americans. The American Translator's Association has translated all materials used into Spanish. Chronic Care Models (CCM) have been used in regional demonstration projects in rural health clinics attempting to integrate a proactive disease management approach to chronic disease. The site of this project, BAHC, has been working to address disparities in chronic diseases, including asthma, diabetes and cardiovascular disease, by participating in the National Health Disparities Collaborative since 1999.

The purposes of this three-tiered project are to: 1) describe organizational and individual factors associated with participation in diabetes education services by adult patients with Type 2 diabetes who receive care at community health centers located in southwestern border communities; 2) develop and implement a Tailored Diabetes Education Intervention (TDEI) based on the identified factors; and 3) facilitate research skill development within Hispanic nurse researchers. The target population is 400 male and female patients, aged 35 or older, with Type 2 diabetes.

Findings: This is a new project. The Tailored Diabetes Education Intervention has the potential to improve the delivery of diabetes education resulting in improved body mass index (BMI) and glucose control among Hispanic populations. This will result in improved patient outcomes that avoid the negative sequelae of uncontrolled diabetes. This research project focuses on a unique aspect of a component of the disease management process, specifically diabetes education delivery. This component is central to positive disease management outcomes. A significant contribution of this project may be in the development of research skills in a Hispanic masters-prepared faculty member and Hispanic graduate nursing students.

HIV/AIDS SCREENING INTERVENTIONS

Transcultural Case Management (TCM) Integrated HIV Health Care and Support Services
University of Texas Houston, El Paso, Texas
9/20/99-3/19/02

Description: This project implemented a Transcultural Case Management (TCM) model that increased access, utilization of services, and quality of care for human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) clients of Hispanic descent who live in the U.S.-Mexico border region. The TCM created a network of services and referral relationships among private and public agencies collaborating on this project. The goal was to contribute to a patient's health and well being by providing culturally congruent, competent, and compassionate care.

The ultimate objective was to decrease the costs of care for these patients by decreasing hospital days and improving satisfaction with care using community health workers. A sample of 115 male clients was selected and 50 were randomly assigned to the intervention group and 65 to the comparison group. The transcultural approach to health care delivered holistic care within a framework of attention to and respect for differences and similarities in cultural values, beliefs, and lifestyles among different border populations.

Findings: The project demonstrated that the TCM approach was based on skilled, bi-lingual/bi-cultural community health workers (Promotores) who improved the linkages between Latino clients and medical or social service providers. The model fostered the autonomy of clients in the treatment decision-making process, while supporting the access and continuity of appropriate services. The approach enhanced the dignity and self-determination of consumers, by ensuring that they were an integral part of the care team formed by community agencies and health care providers. The TCM system improved timely access to needed services, and improved the quality of care delivered to consumers.

Promotores were effective in overcoming the most salient barriers to access and continuity of care. They overcame the language barriers that had denied clients the practical ability and knowledge to navigate the health bureaucracy and better utilize health resources. The Promotores provided an understanding of how gaps in service delivery and the lack of a transcultural approach had created barriers to access to health care to HIV clients. They were able to identify existing resources that could be used in the creation of collaborative linkages among agencies to help in the development of standardized guidelines for transcultural teams. The TCM project should be institutionalized in minority serving HIV/AIDS treatment agencies. CMS should consider providing funding to HIV/AIDS treatment agencies to create programs that develop peer-based linkages between case managers and clients. The project also demonstrated that Promotores brought together not only clients and case managers, but also significant others, friends, family and partners.

Intergenerational HIV Prevention Intervention for Latina Women, University of California, San Francisco, California
9/25/00-9/24/02

Description: The Intergenerational HIV Prevention Initiative for Latinas developed an intervention that facilitates intergenerational dialogue about sexual health, improved the access to and utilization of sexual health services, weakened oppressive gender and sexual norms that placed Latina girls and women at risk for HIV, and targeted mothers' sexual health by encouraging their roles as mentors and advisors to their adolescent daughters. This was a formative research study that designed, pilot tested, and evaluated an innovative community-based, culturally-targeted inter-generational HIV prevention intervention for Latinas.

The project brought together Latino researchers and a group of five community consultants to develop and evaluate this HIV prevention intervention project. The study involved a combination of 1) a series of qualitative data collection from interviews and focus groups, 2) the development a HIV prevention intervention curriculum, and 3) pilot testing the HIV prevention intervention curriculum with Latinas in the San Francisco metropolitan area. Participants for the focus groups (n=53) and in-depth interviews (n=19) were Latinas aged 18 to 45 years old. Most participants were Mexican or Central American immigrants and Spanish-speaking. Participants for the pilot were Spanish-speaking Latina mothers of adolescents living in an urban setting, the Mission District in San Francisco, and from a rural setting, Watsonville, a migrant farmworker town in Monterey County. The women were from clinic and non-clinic settings.

Findings: The findings suggested that the project may help advance the field of HIV prevention by improving the understanding of HIV prevention issues for Latina women, improving health service delivery for Latinos, and increasing their access to high quality HIV prevention services. The project delivered an HIV prevention intervention to immigrant Latina women, including many who were uninsured and/or may not have been legal residents, in settings where Medicaid covered services were provided. The incorporation of "familismo," or strong family orientation, was an effective strategy for recruiting women into the study. Specifically, women were very motivated to learn how to be more effective communicators about sexual health with their children.

An Educational Intervention with HIV Infected Patients: A Randomized Study
University of Miami School of Medicine, Miami, Florida
9/30/05-9/29/07

Description: In the US, African Americans and Hispanic Americans have been affected disproportionately by HIV/AIDS compared to other racial and ethnic groups. Although 55 percent of the reported cases occurred among African Americans and Hispanic Americans, these two population groups represent an estimated 13 percent and 12 percent, respectively, of the total US population. This disparity underscores the importance of implementing and sustaining effective prevention efforts for these populations. HIV prevention efforts must take into account not only social and economic factors such as poverty, underemployment, and poor access to the health care system, but also the multiracial and multicultural nature of society.

This project is a collaborative effort of the University of Miami School Medicine's AIDS Clinical Research Unit (ACRU), the Miami Drug Abuse & AIDS Research Center, and the Jackson Memorial Hospital HIV/AIDS Clinical Program. The purpose of this two-year project is to implement and evaluate the effectiveness of culturally sensitive, structured educational sessions for Hispanic American HIV infected patients seen in the outpatient setting using a two-group randomized design. This randomized intervention study will seek to determine whether or not structured educational sessions improve outcomes of HIV infected patients. Eligible participants will be recruited from the patients seen in the ACRU and in the HIV outpatient clinics of Jackson Memorial Hospital. The HIV care providers will refer interested potential candidates to the research team for assessment of eligibility. Criteria are HIV individuals, 18 years and older, and able to give informed consent. The PI has recruited 400 HIV participants who meet the eligibility criteria - 200 are participating in the intervention group and 200 in the control group.

Findings: This project is in progress. The project may improve access to quality care and health outcomes for the HIV beneficiaries of CMS programs, and improve access to services for underserved and vulnerable populations. The first aim is to work in prevention, since prevention dollars may be more cost-effective than care dollars. The project may also improve health care behaviors, such as keeping clinic appointments and refilling antiretroviral prescriptions, all of which will lead to and maintain effective targeted treatment outcomes and therefore contribute to health care system cost containment. Research at the individual level has shown that client-centered HIV counseling and testing appear to be effective in preventing high-risk uninfected persons from becoming infected and in helping HIV-infected persons prevent transmission to uninfected partners.

CHILDREN HEALTH INSURANCE INTERVENTION

The Effectiveness of Insuring Uninsured Latino Children Using Community-Based Case Managers: A Randomized Trial

Boston Medical Center Corporation, Boston, Massachusetts
9/7/01-6/6/04

Description: Lack of health insurance adversely affects children's health. Eight million US children are uninsured, with Latinos being the racial/ethnic group at greatest risk for being uninsured. A randomized**,** controlled trial comparing the effectiveness of various public insurance strategies for insuring uninsured children has never been conducted.

The objective of the project is to evaluate whether case managers are more effective than traditional methods in insuring uninsured Latino children. The specific aim of the proposed research is to conduct a randomized trial to evaluate whether community-based case managers are more effective than traditional methods in obtaining insurance for uninsured children. Children at particularly high risk of being uninsured include those who are Latino, poor, and undocumented. States have difficulty identifying and enrolling uninsured children and unused SCHIP funds are in danger of being lost.

The project was implemented utilizing a study population, recruitment protocol, and eligibility criteria. Uninsured Latino children were oversampled and their parents were recruited from three Boston area communities identified in a pilot study. The communities are from East Boston, Jamaica Plains, and Chelsea. The recruitment sites were: supermarkets, bodegas, laundromats, beauty salons, homeless shelters, churches, and group homes. A total of 274 uninsured Latino children and their parents were recruited from urban community sites in Boston.

Uninsured children were assigned randomly to an intervention group with trained case managers or a control group that received traditional Medicaid and State Children's Health Insurance Program (SCHIP) outreach and enrollment. One hundred and thirty-nine children were assigned randomly to the intervention group and 135 to the control group. Case managers provided information on program eligibility, helped families complete insurance applications, acted as a family liaison with Medicaid/SCHIP, and assisted in maintaining coverage.

Findings: The findings demonstrated that community-based case managers were more effective than traditional Medicaid/SCHIP outreach/enrollment in insuring uninsured Latino children. Case management may be a useful mechanism to reduce the number of uninsured children, especially among high-risk populations. Therefore, the community-based case management could serve as a national model for obtaining insurance for uninsured children, particularly for those who are most vulnerable and difficult to reach.

EDUCATIONAL INTERVENTION

Implementing Culturally and Linguistically Competent Assessment and Training for Providers Serving Latinos on Medicare, Medicaid, and SCHIP, Latin American Research and Service Agency (LARASA), Denver, Colorado
9/30/02-9/29/05

Description: The purpose of the project was to assess and develop the capacity of health care providers at two Denver metropolitan area Health Maintenance Organizations (HMOs) to deliver culturally and linguistically competent care to Latino patients. The study formed Latino provider networks to develop culturally and linguistically competent resources to build this capacity. The aim of the project was to address the mission of CMS for providing culturally and linguistically competent care to Latino patients using Medicare, Medicaid, and SCHIP.

The objectives of the study were to: 1) Identify the cultural and linguistical knowledge, attitudes, and practices of 100 providers using a provider self-assessment survey. 2) Establish networks of Latino care providers representative of their organizations providing consultation in the development of cultural and linguistic competency training resources. 3) Develop the Latino provider networks as ongoing forums for consultation and advice to HMO's about cultural and linguistic competency and for discussing research on cultural issues affecting Latinos.

Findings: The findings suggested that focusing on health care providers and managed care organizations was a key strategy to improve cultural competence within the health care system. This project may affect Medicaid expenditures, since HMOs are paid whether they provide services or not. This project helped encourage Latinos to seek preventive services, thereby reducing health costs.

A steering committee developed the infrastructure of the Latino Providers Network. The committee consisted of approximately 10 individuals from diverse organizations. It was charged with making decisions regarding the structure, governance, and leadership for the Latino Providers Network. A Latino Providers Network Convention was held in June 2005 in Denver, Colorado. The purpose of the Convention was to facilitate the networking and public development of the Latino Providers Network. The convention acted as a tool for LARASA to present the findings of the research project and introduce a cultural competency curriculum to health care providers in Colorado.

Navigating the U.S. Healthcare System, University of South Carolina Research Foundation, Columbia, South Carolina
9/30/03-6/29/06

Description: Access to healthcare that is culturally and linguistically acceptable is a key health issue for Hispanic Americans. Hispanics are the largest and fastest growing minority group in the U.S. Nearly 40% of Hispanics under 65 years of age do not have health insurance, despite the fact that over 80% of uninsured Hispanics are in working families. There are a number of deterrents for Hispanics to enroll in health insurance programs and access healthcare in their communities including fear or distrust of governmental programs and the language barrier. In South Carolina, the Hispanic population has tripled in the past decade.

The three main objectives of this project were to: 1) develop and implement a culturally appropriate, English as a second language (ESL) -based educational intervention to improve access and utilization of the healthcare system by Limited English Proficiency (LEP) immigrants; 2) assess the short and long-term impact of an ESL-based educational intervention on levels of knowledge, perceived self-efficacy of language and communication skills, satisfaction with and utilization of the healthcare system; and 3) monitor patterns of primary care and Emergency Department utilization and SCHIP enrollment by Hispanic children for a period of 12 months prior to and six months after the intervention. The PI has reached approximately 250 participants for the project

Findings: The project demonstrated a strategy to improved access to care by empowering the user of health care services with knowledge of the U.S. health care system. For example: 1) recent Hispanic immigrants who receive the intervention may make knowledgeable, informed healthcare access choices and decisions; 2) the culturally sensitive and linguistically appropriate ESL curriculum about accessing and navigating the U.S. healthcare system had the potential to be disseminated nationally and the capacity to be tailored to specific local contexts; and 3) the intervention to promote educated, informed utilization of healthcare services may contribute to ongoing efforts to eliminate health disparities and increase the cost-effectiveness of healthcare services at all levels of care.

PROGRAM EVALUATION

Cancer Prevention for Post-Reproductive Age Women along the U.S. Mexico Border

University of Arizona, Tucson, Arizona

9/30/02-9/29/05

Description: The applicant developed and assessed the effectiveness of an educational intervention on the utilization of cancer screening services and cancer awareness among older poor Hispanic women. The purpose of the study was to describe breast and cervical cancer screening patterns among post-reproductive age Hispanic women residing in a rural agricultural county on the US-Mexico border. The goal was to obtain specific breast and cervical cancer screening utilization information from a population group that is at risk of non-participation in the current state and national surveillance systems because of cultural and linguistic barriers, fear of disclosure of non-legal immigration status, and profound levels of poverty which preclude stable domicile and telephone accessibility. It identified the determinants of utilization of annual breast and cervical cancer screening among a cohort of women previously enrolled in a population-based cross sectional study.

A total of 1,255 contacts were made in order to identify 639 eligible individuals and enroll 504 participants. Of these 504 participants, 417 provided all of the information necessary to conduct this study. Study participants completed a written informed consent document as well as an interviewer-administered questionnaire in their preferred language (English or Spanish). The questionnaire assessed health care services utilization with an emphasis on breast and cervical cancer screening. Dwellings were selected at random from detailed maps of each of the sampled census tracts in order to achieve proportional representation of respondents. All interviews and subject contacts were performed by female bilingual community health workers (promotoras) from the same communities that were being surveyed. They targeted each of the respondents that were identified for the community intervention for an in- home, one-hour educational intervention.

Findings: The findings suggested that there were important differences concerning the utilization of breast and cervical cancer screening services. Although, there is a general awareness of self-breast examination among all groups, Mexican-born as well as Spanish monolingual women are less likely to perform self breast examinations (SBE). Clinical breast examinations (CBE) utilization is slightly lower for monolingual Spanish Speakers, although last reported examination was the same across all groups and clinical abnormalities were reported to be higher in US-born women. To address disparities in this population, public programs promoting breast and cervical cancer prevention in Hispanic women must be tailored to target immigrant and non-English speakers. This requires refocusing resources to develop language and culture appropriate outreach activities and materials that promote screening, as well as identifying the resources that facilitate the timely diagnosis, treatment and follow up of women with limited health care access identified through the screening process.

QUANTITATIVE/QUALITATIVE RESEARCH STUDIES

Access and Barriers to Care

Understanding the Role of Culture in the Access and Utilization of Telemedicine Health Services Among Hispanic, Native Americans, and White non-Hispanic Populations

Arizona Cancer Center, Tucson, Arizona
9/25/00-3/24/03

Description: Telemedicine is defined as the delivery of health care by means of telecommunication technology. Arizona Telemedicine Program (ATP) was established in 1996 to increase access to specialty medical care for underserved populations, including ethnic minorities. The goals of this study were to: 1) provide a profile of telemedicine service utilization by different ethnic populations: Hispanic/Latino (Mexican-American), American Indian (Navajo), and non-Hispanic white patients, 2) assess patient and provider satisfaction with the teleconsult, and 3) develop a cost assessment model for telemedicine.

The study methodology involved a community-based evaluation study. Researchers reviewed patient charts, utilized a patient satisfaction survey, and conducted a survey of the tele-consultants (physicians) in order to evaluate a patient's experience with telemedicine services. Surveys were mailed to patients of the Arizona Telemedicine program within 3 months of their visits.

Findings: The project demonstrated that while this study improves the understanding of the efficacy of Telemedicine, there were several opportunities for researchers to extend the analyses. For example, a logical extension of this work was to examine the costs and clinical efficacy of telemedicine overtime. The use of telemedicine in its infancy and the cost to support such systems can be expected to change with emerging technologies. Further, focusing the analysis to specific high volume specialties may guide prioritization of services. For example, the study revealed that telemedicine diagnoses in some sites could cost more than traditional services.

There was also participation in telemedicine networks which was motivated by a variety of needs; primarily, to increase specialty health care delivery to patients in underserved areas. The findings provided a good starting point for understanding the cost-efficacy of telemedicine. There is little doubt, however, that taxpayer support of telemedicine is dependent on the ability of the service demonstrating clinical as well as cost-efficacy. Policy makers must appreciate the complexity of cost models, the effect of distance and volume on cost and the importance of mature data before making policy decisions.

Identification of Risk Factors, Barriers, and Severity for Emergency Room Asthma in Puerto Rico
Ponce School of Medicine, Ponce, Puerto Rico
9/25/00-3/24/03

Description: The objective of this project was to improve treatment outcomes and outreach strategies for severe asthmatics in Puerto Rico. The project defined the prevalence of moderate and severe asthma, examined the demographic characteristics, investigated the seasonal trends of Emergency Department (ED) use, studied the quality of life, and identified potential educational programs. The study included chart review to determine whether the patient had an actual diagnosis of asthma, prescribed treatment, age, sex, peak flow, asthma history, duration of attack, treatment, referrals, and follow-up appointments. The central hypothesis of the study was that there was an unsatisfactory adherence to the National Guidelines for treatment and management of the asthmatic patient in the Emergency Departments in Ponce, Puerto Rico.

The investigator conducted a case series analysis to determine the prevalence of adherence to the National Guidelines for treatment of ED asthma. A total of 5,700 medical charts from cases of asthma were reviewed to detect adherence rates to guidelines. The statistical analysis included frequency distributions, cross-tabulations and the percent adherence to National Guidelines by age group and gender of the patient. In addition, a comparative analysis of the Ponce data with previously published data was carried out by determining the rate ratios of the adherence. It is important to note that the NIH guidelines for asthma treatment were developed to provide a working partnership between patients, health care providers, and caregivers to improve the control of asthma. Appropriate medical care at the Emergency Department (ED) or hospitalization settings, monitoring of lung function combined with environmental control measures to reduce exposures to irritants and other asthma triggers, can substantially reduce the frequency and severity of asthma attacks. However, in spite of the development of the Guidelines for the Diagnosis and Management of Asthma, many patients require ED medical attention due to exacerbations.

Findings: The study suggested that the quality of asthma care in the EDs in the PI community was highly deficient. As a result, severe asthmatics can be considered as active members of the “vulnerable populations.” These asthmatics will need to expend a great deal of effort if they wish to reduce the severity of their disease. The findings may not be applicable only to Puerto Rico: published literature is consistent with the PI findings. The Federal Government needs to improve the health status of the severe asthmatic population. The results can be considered as similar to other findings garnered from studies of ED asthma management in the United States; therefore, the suggestions made in the final report may also be beneficial to all asthma sufferers, who were, in turn, beneficiaries of CMS. It was suggested that Asthma may need to be declared a public health problem and legislation should be enacted for realistic implementation of the National Guidelines for Asthma Treatment.

Studying Migrant and Seasonal Farm Workers
Michigan State University, Julian Samora Research Institute, Flint, Michigan
9/7/01-9/6/04

Description: This two-year cross-sectional pilot study among migrant and seasonal farm workers provided data and information on socio-demographics, housing conditions, work conditions, self-reported and doctor-reported health conditions, health services needs, and utilization. It contributed to the discussion on state-based health care reform for the benefit of farm workers, including uniformity of the Medicaid regulations across state and local responsibility in appropriation of funding for health services for this population.

The study utilized a community-based needs assessment strategy (survey interview-- n=295, and clinical examinations--n=244) to: 1) produce a comprehensive profile of the medical health care needs of migrant and seasonal agricultural workers in Northern Michigan, 2) identify the type of services they require, general practice and/or specialty, and 3) determine the association between the health needs of agricultural workers, types of services required, and the health service utilization rates in this population. The general design and methodology of the California Agricultural Worker Health Survey (CAWHS) was used in this project.

The assessment procedures included a health and risk behavior survey of randomly selected migrant agricultural works in labor camps and seasonal agricultural workers who reside in the area all year, and a physical examination, including lab work, for survey participants. The target population consisted of migrant and seasonal agricultural workers working in fields/orchards, food processing, horticulture, or with livestock. Individuals that self-identified as a migrant or seasonal agricultural worker age 18 or older and who were employed in agriculture for any length of time within the previous 12 months were included in the study. The health-related themes for this project were: 1) oral/dental health, 2) cardiovascular health; 3) women's health; 4) environmental health; 5) tobacco and substance use; 6) STD/HIV prevention behaviors and STD prevalence; 7) mental health; 8) domestic violence; 9) health care service utilization; 10) general health status; and 11) TB

Findings: The findings suggested that access to health care for agricultural workers remains a serious problem. The utilization of health services by the migrant and seasonal population was dependent on the population's need for care but is tempered by the population's lack of insurance, its low-income status, cultural differences and legal status. Thus, policies to help reduce health disparities in this population need to focus on increasing income, insurance eligibility, and cultural competence among local health care providers.

Quality of Care

Mas Salud: Assuring Quality Health Care for Hispanic **MassHealth Consumers**, *University of Massachusetts Boston, Mauricio Gaston Institute for Latino Community Development and Public Policy, Boston, Massachusetts*

9/27/98-3/29/01

Description: Latinos make up more than 6% of the Massachusetts population and are currently the largest minority group in the state. Despite the fact that the publicly-funded medical care system and free care access is generous, and that Massachusetts residents generally have better health indicators than many other states, Massachusetts Latinos have persistent health disparities. The purpose of this study was to investigate access to care and quality indicators for Massachusetts Hispanic/Latino Medicaid consumers in order to learn how to address the continuing health disparities of this population. The study was designed to provide information about the specific health services Hispanic/Latinos receive from the Division of Medical Assistance (DMA) compared to other racial/ethnic groups, and to enlighten policy makers and the health care community about issues which indicate where practices were already being effective, or where targeted quality improvement initiatives might need to be undertaken.

The study addressed the question: To what extent do Hispanic/Latino consumers of MassHealth (Medicaid) services receive quality health care? The PI investigated access to care quality indicators using HEDIS 3.0 methodology within the Massachusetts Medicaid program, which insures approximately 50% of Latinos in the state. The first year involved secondary data analyses using HEDIS 3.0 indicators and CAHPS*. The second phase of the project was built on findings from the quantitative phase, and was designed to provide an understanding and interpretation of the quantitative findings.

Findings: The findings demonstrated that Latino patients expect that health-care providers facilitate their access to different services and materials resources. This finding suggests that clinical settings serving this population should have the resources available to make referrals and facilitate access to social services including housing, welfare, and child-care. Given the importance of trust among Latinos, it was crucial to create conditions that enhance stable and personalized provider-patient relationships. These conditions included a culturally competent staff, a welcoming clinical setting, and continuity of insurance coverage for all family members. Community-based organizations are key intermediaries connecting Latinos with health care and other services. They enhance parents' capacity and efforts to provide social, health, and financial support for their children. Thus, state and privately funded HMOs should work together with these community organizations to improve insurance access, preventive care, and utilization of available health services.

***CAHPS refers to The *Consumer Assessment of Healthcare Providers and Systems* (CAHPS) program, which is a public-private initiative to develop standardized surveys of patients' experiences with ambulatory and facility-level care.

Medication Analysis in Mexican Aged
University of Texas at San Antonio, San Antonio, Texas
9/7/01-6/6/04

Description: In 2000, it was estimated that costs due to medication-related problems exceeded $177 billion. Because adults aged 65 years and older consume more than 30% of prescription medications, suboptimal medication management is a major patient safety concern in older adults. The applicant is conducting a secondary analysis of the Hispanic Established Population for Epidemiologic Studies (HEPESE) cohort linked with the Centers for Medicare and Medicaid Services (CMS) data to examine factors associated with suboptimal medication use and examine outcomes associated with suboptimal medication use including expenditures, mortality, and morbidity. The HEPESE is a southwestern United States door-to-door survey of 3,000+ Mexican American elders. The HEPESE is a probability sample of 3,050 Mexican American elders in 5 southwestern states, part of a larger study of Hispanics in 4 other states. The study comprised a baseline survey and physical assessments in 1993 with three follow-ups every two years thereafter. The interviews contain a number of physical and mental health and functioning issues. During the first interview, the participants brought in all their prescription medicines.

The applicant's primary aim is to understand the extent of suboptimal medication use among elderly Mexican Americans to be used as a basis for future intervention studies targeting improvement in the quality of drug prescribing in this unique population. The objectives of the project are to: 1) Estimate baseline prevalence and two year incidence of suboptimal prescription use. 2) Identify baseline characteristics of subjects who report suboptimal prescribed medication use. 3) Assess the association between suboptimal medication use and morbidity and mortality two and four years after the baseline survey. 4) Assess the association between suboptimal prescription drug use and use of health services two and four years after the baseline survey.

Findings: This project may be the first study to examine the relationship of polypharmacy, drug-drug interactions, and inappropriate medication use with mortality in a community-based elderly cohort in the United States. Polypharmacy was a predictor of mortality, independent of age, socioeconomic status, chronic disease status, or severity. It has been thought that polypharmacy is potentially harmful because, in large part, it increases the probability of adverse drug-drug interactions. The project results did not appear to support this conclusion since polypharmacy alone (not potential adverse drug-drug interactions) was associated with mortality. Despite limitations to the study, polypharmacy was the key suboptimal medication independent predictor for mortality in the cohort of Mexican American older adults studied. The results indicated that increasing the number of medications alone might pose a long-term mortality risk, at least in the older Mexican American population. Further research was needed to confirm the findings. However, the project may improve the understanding of the mechanisms leading to suboptimal medication use among elder Mexican Americans. This may help providers and policy makers to establish effective approaches to promote optimal treatment plans among Mexican American elders.

Utilization

A Population Case Control Study of Ethnic Differences in the Utilization of Elective Hip or Knee Replacement Surgery for Arthritis

University of Texas Science Center at San Antonio, San Antonio, Texas
9/27/98-6/01/01

Description: This project examined the utilization of elective hip or knee replacements for arthritis among Hispanics and non-Hispanics in Bexar County, Texas. It assesses persons hospitalized for these procedures between February 1999 and January 2000. The objectives of the project were to: (1) compare ethnic background between persons hospitalized for elective arthritis-related hip/knee replacement surgery and persons hospitalized for other reasons; (2) examine the association between socioeconomic status and acculturation and the likelihood of Hispanics receiving hip/knee replacements compared to other ethnic groups; (3) measure age-adjusted rates of elective replacement surgery; and (4) investigate to what extent Bexar County residents who are Medicare and Medicaid beneficiaries undergo these elective procedures outside the county.

This was a case-control study using Medicare claims data. The cases were Medicare beneficiaries from Arizona, Illinois, New Mexico and Texas who underwent a primary total hip replacement (THR). The controls were Medicare beneficiaries who did not receive a THR, matched by age, sex, and county of the residence. The project used beneficiary surnames and the race indicator in Medicare records to classify beneficiaries' probability of being Hispanic. The investigators also used conditional logistic regression to estimate the odds of receiving THR with the controls being persons who did not receive THR, adjusting for Medicaid eligibility. Population-based utilization rates were being developed for these elective procedures using census-derived demographic information as the denominator population.

Findings: The findings suggested that during the study period, 2,275 subjects had a total knee replacement and 825 had a total hip replacement. Recipients of hip replacements were significantly less likely to be Hispanic than were recipients of knee replacement or persons hospitalized for other reasons. The under-representation of Hispanics was more pronounced among persons undergoing THR for osteoarthritis compared with recipients of knee replacement for the same disease. This pattern persisted after adjusting for age, sex, type of medical insurance, and median household income by the zip code of residence.

Recipients of hip replacement were less likely to be Hispanic than are other hospitalized persons with a similar level of access to care. The reasons for this under-representation probably involved several factors in addition to lack of access to health care and low socioeconomic status. Further research was needed to understand the nature of these factors.

Use of Perinatal, Infant, and Childhood Health Services Among High-Risk Hispanic Subgroups: Arizona's Newborn Intensive Care Program
Arizona State University, Tempe Arizona
9/27/98-6/01/01

Description: The study had two components. The first component included the use of retrospective data from the Newborn Intensive Care Program (NICP) and birth certificates for the years 1994-1998. NICP data for these years was linked to birth certificates to test several hypotheses regarding participation in NICP, rates of diagnoses, Community Health Nurse (CHN) home services, and the effects of welfare reform. The second component included a qualitative arm to obtain subjective impressions of Hispanic women using NICP services and NICP nurses providing services. The project had the following research questions: 1) Were there differences in enrollment, diagnoses, use of CHN home services, and barriers to NICP health services between: Hispanic women and WHN, and between U.S. born Hispanic women and Mexican-born women? 2) What were the effects of welfare reform on NICP enrollment and prenatal care utilization? 3) What were the subjective impressions of Hispanic women using NICP and NICP providers regarding: delivery of care, quality and treatment issues, cultural competence, and communication barriers between patient and providers of care? The project combined qualitative and quantitative methodologies. Birth certificate data (372,276) were matched with NICP data (n=19,890) for the years 1994-1998 to achieve 98.39% match rate (n=19,300) to test a variety of research hypotheses.

Findings: The results suggested that this study had important policy implications for expanding the system of prenatal, neonatal and post-neonatal care to reach high-risk subgroups of pregnant Hispanic women and their infants. Enrollment in the NICP was strongly associated with medical and social risk factors, but not tied directly to ethnicity. Contrary to the findings of other studies where Hispanics were less likely to obtain equal health services, in this system, where all enrollees were automatically eligible for services and active outreach is integral, Hispanics appear to have equitable access. Hence, NICP is serving those most in need of care. The NICP of Arizona is unique and serves as a model component of health service delivery that has made it a priority to serve vulnerable Hispanic infants. Competence in the context of service delivery translates into: 1) appropriate diagnosis and referral services for high-risk pregnancies and neonates; 2) identification of social conditions that serve to address detrimental health outcomes among socially and economically vulnerable groups, and 3) utilization of culturally-competent bilingual nurses who participate in follow-up home visits to support medically and socially disadvantaged families.

Public health investments must be allocated to collect and analyze richer perinatal, infant and childhood data sets in order to better understand health disparities among Hispanic/Mexico Americans subgroups. Hospitals and health clinics providing delivery and neonatal services for Hispanic/Mexican Americans should also invest resources to improve quality of care, especially those infants whose mothers are economically and socially disadvantaged.

Hispanic Health Services Utilization: Defining and Exploring Disparities, Massachusetts General Hospital, Boston, Massachusetts
9/20/99-6/19/02

Description: This study utilized the 1996 Health Care Cost and Utilization Project State Inpatient Database merged with the American Hospital Association Annual Survey of Hospital, and Census data to examine the differences in utilization of diagnostic and therapeutic health services between Hispanics and Whites in three states, California, New York, and Florida. The objectives of the project were to: 1) quantitatively define diagnostic and therapeutic health service utilization for Hispanics versus non Hispanic Whites for a set of five specific clinical conditions (cardiovascular disease, cerebrovascular disease, epilepsy, peptic ulcer disease/gastritis, and benign gynecologic conditions and 2) qualitatively explore a variety of hypotheses as to why disparities in diagnostic and therapeutic health services exist (barriers to doctor-patient communication, patient perception of the role of the physician, sociocultural variations in presentation of symptoms and patient preferences, and physician bias). Focus groups involving physicians were conducted to qualitatively determine why disparities exist. A Hispanic Physician Advisory/Collaboration Network was convened to provide feedback on the research findings.

Findings: The study suggested that there was limited knowledge about Hispanic health care disparities among front-line providers, although they are clearly able to pinpoint how this patient population is treated differently by the health care system. Increasing awareness around this issue would seem to be an important strategy for future research concerning Hispanic health disparities. There was acknowledgement of the impact that lack of access to care has on the ability of Hispanics to secure quality care. The impact of lack of access to care ranges from the expected difficulties in completing health promotion and disease prevention intervention to differential treatment upon presentation to the hospital. Increasing access to care for Hispanics is a critical first step towards eliminating disparities in both health and health care. There were significant cost and health care quality implications when there is a language barrier between patient and provider, in the absence of an interpreter. Across the board, physicians mentioned their increased reliance on potentially costly and risky diagnostic tests that are ordered because of communication barriers. Research to identify the impact of language barriers on cost and quality, in addition to strategies to identify methods to facilitate interpreter services for beneficiaries of CMS programs (including reimbursement demonstrations) seem to be promising approaches to addressing Hispanic health disparities.

NEEDS ASSESSMENT

Assessing and Developing the Cultural and Linguistic Competence of Medicaid Providers Serving Latinos in Colorado, Denver, Colorado
Latin American Research and Service Agency (LARASA)
9/20/99-12/19/01

Description: This project assessed the capacity of health care providers at two managed care organizations in the Denver metropolitan area to deliver culturally and linguistically competent services to Latino patients on Medicaid, Medicare and SCHIP. The objectives were to: 1) develop an understanding of the degree to which the current Medicaid system in Colorado meets the linguistic and cultural needs of Latino participants, 2) identify strategies for providing culturally competent healthcare by providers, 3) examine the policies of selected managed care organizations that govern the monitoring of such care, and 4) examine the role of Latino Provider Networks on cultural competency.

Findings: Over 1,000 surveys were mailed to members of the Colorado Academy of Family Physicians and 100 surveys were completed and returned for analysis.
The findings demonstrated that fifty percent of the provider respondents had some form of policies and procedures for serving Latino patients with limited English language proficiency (LEP). Fifty- five percent of providers had some form of cultural artifacts within their practice. Two in ten provider respondents offered some form of culturally relevant training for their staff. Three in ten provider respondents offered scheduling, medical specialties, and pharmaceutical services in the language of the patient. Fifty percent had bilingual interpretation services for the patients. Forty percent had bilingual staff that could speak the language of the patients. Participants agreed that effective communication between patients and their providers was a component of quality health care. However, the effort by health providers to understand the culture and language of the Latino community was not keeping up with the need. Many health care providers who were addressing health disparities of Latino patients could not communicate directly with them. Language alone without cultural competence was ineffective in creating the trust between patients and physicians. The increasing number of Latinos on Medicaid created an additional dimension for providers working to achieve the Healthy People goals for this population.

The Latino Provider Networks (LPN) was an innovative approach for expanding the capability of all providers within the community to provide quality health care to underserved ethnic groups. They established cultural and linguistic competence training resources for their offices. The provider networks held ongoing forums to provide advice to health care organizations and discuss possible intervention research on cultural issues affecting the health care of Latinos. The findings suggest that policy makers at the national, state, and local level need to consider that in order to contain the cost of health care, patients need to be better informed in order to become more involved in prevention and early intervention.

Latino Health Care Collaborative (LHCC): A Community-Based Assessment of Hispanic Health in the District of Columbia
Council of Latino Agencies, Washington, D.C.
Washington, D.C., 9/30/03-12/29/05

Description: The Council of Latino Agencies (CLA) in collaboration with three community-based health clinics (La Clinica del Pueblo, Mary's Center for Maternal and Child Care, and Andromeda) implemented this project. The study had three objectives: 1) Obtain reliable baseline data on health status and health disparities experienced by the Hispanic community in DC; 2) design and conduct an education intervention to improve health-related attitudes, knowledge and practices toward self and family among Hispanic residents; and 3) evaluate the impact of this project in the Hispanic community. The project contributed to the elimination of health disparities in the District of Columbia, address barriers to care, and improve access to health care services among Hispanic residents. LHCC focused on assessing the health of a representative sample of the 45,000-55,000 Hispanic residents in the District of Columbia by collecting baseline data about health disparities among Hispanic residents. Data gathered by the LHCC was used to design the health education intervention with the purpose of improving Hispanic access to affordable quality health care. The quantitative findings were based on a stratified, probability-based sample survey of 819 adult, self-identified Latinos living in Washington, D.C. who were at least 21 years old. Eighteen Latino, bilingual data collectors – most of whom were D.C. residents--conducted the survey between February and May of 2004.

Findings: The study demonstrated that the lack of access to care was one of the greatest challenges to D.C. Latinos' health. Forty-two percent of those surveyed reported having no health insurance, and 32% reported not having seen a doctor in more than two years. In addition to impacting the individual's overall quality and years of life, lack of access obscures assessment of health status because standard assessment instruments rely on diagnoses made by health professionals for incidence and prevalence rates. Because of overweight and obesity, sixty one percent had greater potential risk for chronic diseases, including cardiovascular diseases, Type 2 diabetes, and breast, kidney, prostate, stomach and colon cancers, along with increased risk of premature death. Twenty percent of female respondents reported having been diagnosed with gestational diabetes in their lifetime. This is almost nine times the rate of U.S. Latinas, and 17 and 60 times the rates of whites in the U.S. and D.C. respectively, in 2003. The beneficial role of community-based health clinics in this population is significant. These clinics are filling the gap, especially for Latinos who are uninsured. The findings suggested that CMS would benefit from LHCC's efforts to reduce health disparities by gaining access to a new group of potential Hispanic beneficiaries. Timely enrollment may limit severe and expensive health problems and health care costs. The LHCC assessment and subsequent interventions will increase the likelihood that those DC Hispanics who do enroll in CMS programs will be more aware of and actively engaged in positive health behaviors and practices. By enrolling eligible Hispanics, CMS may limit severe and expensive health problems and health care costs.

APPENDIX E

HBCU/HSI EDUCATION/OUTREACH AND DISEASE PREVENTION ACTIVITIES

APPENDIX E

OFFICE OF RESEARCH, DEVELOPMENT, AND INFORMATION (ORDI)

HBCU/HSI EDUCATION/OUTREACH AND DISEASE PREVENTION ACTIVITIES

1. COMMUNITY-BASED ADULT IMMUNIZATION PROJECTS IN THE AFRICAN COMMUNITY AND HISPANIC COMMUNITY: INFORMATION AND AWARENESS IN THE WASHINGTON METROPOLITAN AREA

Objectives

- Provide information and awareness about the importance of being immunized against the influenza virus.
- Assess the knowledge of participants about influenza immunizations.
- Clarify myths about influenza immunization.
- Evaluate the knowledge gained through the educational sessions.
- Describe strategies to improve immunization rates among older adults in the African American community and Hispanic Community
- Provide free flu shots to participants.
- Increase the number of individuals in the Washington Metropolitan area who obtain flu shots.

Outcomes

Immediate Outcomes

- Provided free flu shots to African American and Hispanic adults age 50 and older.
- Increased the health knowledge about the importance of immunization awareness of complications associated with not receiving immunizations.
- Described strategies to improve immunization rates among older adults in the African American and Hispanic communities.
- Evaluated workshop outcomes

Long Range Outcomes

- Improved immunization self-care behaviors and life styles changes
- Help decrease incidence of influenza and pneumococcal disease complications.
- Decrease hospital days, health care expenditures, and morbidity related to this health problem.

Location - Washington Metropolitan Area (African Americans)

- **Bowie State University and Faith Based Organizations (6 Workshops)**
  - Gethsemane Baptist Church, Washington, D.C. (11/2/03)
  - People's Congregational Church of God in Christ, Washington, D.C. (11/9/03)
  - Saint Gabriel Church, Washington, D.C. (11/16/03)
  - Hamlin-Simpson United Method Church, Washington, D.C. (11/23/03)
  - Tenth Street Baptist Church (12/7/03)
  - Glenarden Apartments, Nurse Managed Center, Landover, Maryland (November-December, 2003)

  287 participants
  Completed

- **Bowie State University, Black Nurses Association of the Greater Washington Area (BNAGWA) and Faith Based Organizations (4 Workshops)**

  - Peoples Congregation United Church of Christ, Washington, D.C. (11/3/02)
  - Tenth Street Baptist Church (12/8/02)
  - Glenarden Public Library (12/18/02)
  - Health and Faith Empowerment Conference (1/22/03)

  196 participants
  Completed

Location - Washington, D.C. (Hispanics)

- **Council of Latino Agencies (CLA) and CLA member agencies, including EOFULA Spanish Senior Center, Spanish Catholic Center, LaClinica del Pueblo (health clinic); Spanish Senior Center (health and social service center), and Sacred Heart Church 7 Workshops)**
  -Dates of Workshops: October 15, 17 and 22, 23; November 12, 19, and December 14, 2003
  393 participants
  Completed

2. A COMMUNITY-BASED DIABETES SELF MANAGEMENT EDUCATION PROGRAM FOR USE IN THE AFRICAN AMERICAN COMMUNITY AND HISPANIC COMMUNITY INFORMATION AND AWARENESS

Objectives

- Assess the knowledge of participants about the disease process of Diabetes Mellitus (DM).
- Assess the knowledge of African Americans with DM about self-management of the disease.
- Provide information about the disease process.
- Discuss the risk factors for developing DM.
- Describe new developments in Diabetes treatment.

- Explain dietary options for managing diabetes
- Describe strategies for self-management and preventing complications of DM.
- Determine access to care among African Americans and Hispanic Americans with DM.
- Measure the impact of the project by developing a follow-up evaluation after the intervention to determine their progress on the participant's behavior associated with current attitudes and practices for addressing disease management.

Outcomes

Immediate outcomes

- Increased knowledge of diabetes.
- Awareness of complications associated with uncontrolled diabetes.
- Knowledge of self-management of diabetes.

Long Range outcomes

- Improve diabetes self-care behaviors and life style changes (dietary control, increased physical activity, adherence to diabetes treatment.
- Decrease incidence of complications, and ultimately, decreased hospital days, health expenditures, morbidity, and/or disability related to this disease.

Location – Lorman, Mississippi, Houston, Texas, Chicago Illinois, Prince George's County, Maryland – African Americans

- **Alcorn State University (Lorman, Mississippi)**
  A total of 18 workshops conducted in 2004. They were in five counties - Adams, Claiborne, Jefferson, Franklin, and Wilkinson.
  268 participants
  Completed

- **Prairie A&M University (Houston, Texas)**
  Diabetes Education Seminar June 12, 2004
  246 participants
  Completed

- **Chicago State University (Chicago, Illinois)**
  A total of 10 workshops - churches, YMCA Elder housing, high rise towers from April 24-November 18, 2004
  274 participants
  Completed

- **Bowie State University and the Diabetes Center at Prince George's Hospital Center**
  Second Annual Diabetes Education Day (educational workshop) November 9, 2002
  150 participants from Baltimore, Maryland, Prince George's County, Maryland, and Washington, D.C.
  Completed

Location - San Bernardino County, California, Las Cruces, New Mexico, Fort Worth, Texas-Hispanics

- **Loma Linda University, Diabetes Treatment Center in California**
  This was small pilot study to assess the effects of a three-month diabetes education program that includes weight reduction and control of blood sugar in type 2 diabetics. There was a six-month follow-up period.
  59 participants
  Completed

- **University of New Mexico (Las Cruces)**
  This was a small pilot study to: 1) Identify knowledge, attitudes, and practices of diabetes self-management among bilingual Latino/Hispanic Mexicans with diabetes. 2) Assess the effects of a culturally-appropriate, tailored diabetes self-management workshop on self-awareness and self-efficacy among bilingual Latino/Hispanic workshop participants at 3 months. Workshops held at the University on September 11 and September 24, 2004.
  39 participants
  Completed

- **University of North Texas, School of Public Health, Health Science Center**
  A one day interactive diabetes conference: *A Community Participatory Intervention for Diabetes Type 2: Informing and Empowering Hispanics to To Take Action in Fort Worth, Texas* - The conference was held on December 6, 2002.
  79 participants
  Completed

3. A COMMUNITY BASED OBESITY SELF MANAGEMENT EDUCATION INTERVENTION FOR USE IN THE AFRICAN AMERICAN AND HISPANIC COMMUNITIES

Objectives

- Determine the knowledge of African Americans and Hispanics about obesity.
- Provide information about obesity.
- Discuss the factors contributing to the development of obesity.
- Discuss strategies for self-management and preventing obesity.

- Describe strategies for preventing complications of obesity.
- Measure the impact of the project by developing a follow-up evaluation at 6 months after the intervention to determine their progress on the participants' behavior associated with addressing obesity.

Outcomes

Immediate outcomes

- Increased knowledge of obesity.
- Awareness of complications associated with obesity.
- Knowledge of self management of obesity

Long range outcomes

- Improved obesity self-care behaviors and life style changes (dietary control, increased physical activity, and weight loss).
- Decrease incidence of complications.
- Decrease hospital days, health care expenditures, morbidity, and/or disability related to this disease.

Location – Baltimore, Maryland and Tallahassee, Florida (African Americans)

- **Coppin State University, Baltimore, MD.**
  Educational sessions offering participants strategies for maintaining or developing a healthier self-image through healthy eating, exercise, food shopping, and making short and long-term lifestyle changes for preventing overweight and obesity in the African American Community (recruitment from health clinics, housing projects, temporary housing for men, and a sorority). One on one and group interventions.
  100 participants
  In Progress (2006)

- **Florida A&M University, Tallahassee, Florida**
  This is a small pilot study to: 1) identify key issues relating to obesity (as risk a factor for heart disease, diabetes, and joint disease) among rural African American men and women, and 2) incorporate and encourage self management skills of ideal weight management and healthy nutritional choices into the daily routine of rural African American men and women (recruitment from faith based and community based organizations).
  124 participants
  In Progress (2006)

Location – Washington, D.C., and Fort Worth, Texas (Hispanics Americans)

- **Council of Latino Agencies, Washington, D.C.**
  One group of individuals (n=350) received information about obesity prevention and control through a series of health fairs in the Washington metropolitan area.
  Another group of individuals (n=66) were recruited to participate directly in the project receiving one-on-one nutritional counseling, information about obesity, obesity related conditions, and physical exercise sessions to control and/or prevent obesity.
  416 participants
  Completed 2006

- **University of North Texas Health Science Center, Fort Worth, Texas**
  This is a small evaluation study with students aged 11-18 years old to measure the impact of a school-based obesity project.
  230 participants
  In progress 2006

FAITH-BASED AND COMMUNITY HEALTH EDUCATION FOR AFRICAN AMERICAN SENIORS IN BATON ROUGE, LOUISIANA

Objectives:

- Enhance the physical, spiritual, and mental well being of seniors and their families by optimizing African American seniors' health in Baton Rouge Louisiana, focusing on adult immunizations, diabetes, cancer, hypertension, and stroke.
- Use the theme "Seniors Leading the Way to Better Health" to provide a mind, soul, and body experience for seniors with the intent that with seniors receiving and implementing good health practices they will serve as role models in advocating healthy lifestyle habits for themselves and their families.
- Provide health screenings, educational information, and counseling for the participants.

Outcomes

- Improved education, knowledge, and awareness of participants that serve as a catalyst for improving proper influenza immunizations, avoiding complications of diabetes, preventing heart disease and stroke, and decreasing complications resulting from these conditions.

Location – Baton Rouge, Louisiana (African Americans)

- **Shiloh Missionary Baptist Church (5 workshops)**
  Educational workshops in a faith-based setting – held on November 1 and November 24, 2003; April 10, May 8, and August 22, 2004.
  120 participants
  Completed

APPENDIX F

DETAILED FUNDING TABLES

Appendix F- Table F1

HBCU Intervention: Amount Awarded by Project Type (Grantee, Year, and Status Indicated)

Project Type/Grantee University	Number Awarded	Amount by Type	Amount by Project*	Start Year 1996 2005	Status**
Prostate Cancer	**5**	**$1,278,556**			
Alcorn State			$291,011	1996	Completed
Lincoln			$248,453	1997	Completed
Morgan State			$239,101	2001	Completed
Tennessee State			$249,991	2003	No Cost Ext
Tuskegee			$250,000	2004	In Progress
Breast/Cervical Cancer	**5**	**$1,116,072**			
Florida A&M			$153,304	1996	Completed
Morehouse School of Medicine			$240,035	1998	Completed
Tennessee State			$250,250	1998	Completed
Meharry Medical College			$249,890	2000	Completed
Tuskegee			$222,593	2001	Completed
Colorectal Cancer	**1**	**$250,000**			
Alabama A&M			$250,000	2004	In progress
Diabetes & ESRD	**4**	**$774,944**			
Howard			$158,498	1997	Completed
Southern			$250,000	1998	Completed
University of District of Columbia			$241,640	2001	Completed
Texas Southern			$124,806	2005	New -lst yr
HIV/AIDS	**2**	**$438,873**			
University of Maryland Eastern Shore			$233,064	1999	Completed
Tennessee State			$205,809	2002	Completed
Cardiovascular Disease	**2**	**$424,963**			
University of Maryland Eastern Shore			$175,622	1996	Completed
North Carolina A&T			$249,341	2003	No Cost Ext
Children Immunization	**1**	**$319,834**			
Morgan State			$319,834	1996	Completed
Infant Mortality	**1**	**$125,000**			
Shaw			$125,000	2005	New-lst yr
Health Promotions	**2**	**$436,150**			
Prairie View A&M			$231,008	2000	Completed
Southern			$205,142	2000	Completed
Program Evaluation	**1**	**$249.557**			
Morgan State			$249,557	1999	Completed
TOTAL AWARDED	**24**	**$5,413,949**			

*2 years unless indicated
**At the time of this program assessment

APPENDIX F- TABLE F2
HBCU Quantitative/Qualitative Research Studies Funding

Disparity Issue/Project	n	Amount	Year	Status
Access and Barriers to Care	**2**	**$418,920**		
Howard University		$168,932	1996	Completed
Meharry Medical College		$249,988	1997	Completed
Costs of Care	**2**	**488,292**		
Southern University		$249,756	2000	Completed
Howard University		$238,536	2002	Completed
Quality of Care	**2**	**$407,134**		
Morehouse School of Medicine		$157,609	1999	Completed
Howard University		$249,525	1999	Completed
Utilization	**1**	**$197,852**		
Tennessee State University		$197,852	1996	Completed
Total Awarded	**7**	**$1,512,198**		

Appendix F Table F3
HSI Interventions: Amount Awarded by Project Type (Grant, Year and Status Indicated)

Projects Type/ Grantee University	Number	Amount by Awarded	Amount by type project	Start Year 1998-2005	Status
Cervical and Breast Cancer	**3**	**$606,642**			
University of Arizona			$262,996	1999	Completed
California State University			$218,646	2000	Completed
Charles R. Drew University			$125,000	2005	New - 1yr
Colorectal Cancer	**1**	**$231,026**			
New Jersey Medical School			$231,026	2004	In progress
Diabetes	**1**	**$125,000**			
New Mexico State University			$125,000	2005	New - 1yr
HIV/AIDS	**3**	**$727,818**			
University of Texas at Houston			$228,248	1999	Completed
University of California			$250,075	2000	Completed
University of Miami			$249,495	2004	In progress
Children Health Insurance	**1**	**$250,000**			
Boston Medical Center Corporation			$250,000	2001	Completed
Education Intervention	**2**	**$457,673**			
Latin American Research and Service Agency			$208,129	2002	Completed
University of South Carolina			$249,544	2003	In Progress
Program Evaluation	**1**	**$244,371**			
University of Arizona			$244,371	2002	Completed
TOTAL AWARDED	**12**	**$2,642,530**			

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*2 years unless indicated

**At the time of this program assessment

Appendix F- Table F4

Funding for Quantitative/Qualitative Research Studies

Projects Type/ Grantee University	Number	Amount by Awarded	Amount by type project	Start Year 1998-2005	Status
Access and Barriers to Care	**3**	**$740,617**			
University of Arizona Cancer Center			$249,283	2000	Completed
Ponce School of Medicine Puerto Rico			$245,134	2000	Completed
Michigan State University			$246,200	2001	Completed
Quality of Care	**2**	**$449,126**			
University of Massachusetts Boston			$232,876	1998	Completed
University of Texas at San Antonio			$216,250	2001	Completed
Utilization	**3**	**$688,726**			
University of Texas at San Antonio			$250,000	1998	Completed
Arizona State University			$243,758	1998	Completed
Massachusetts General Hospital			$194,968	1999	Completed
Needs Assessment	**2**	**$498,755**			
Latin American Research and Services Agencies			$248,755	1999	Completed
Council of Latino Agencies			$250,000	2003	Completed
TOTAL AWARDED	**10**	**$2,377,224**			

Appendix F: Table F5

HBCU/HSI TECHNICAL ASSISTANCE/TRAINING AND RESEARCH AND DEVELOPMENT ACTIVITIES FUNDING

TYPE OF ACTIVITY	Number of Workshops	Amount	Year
HBCU/HSI GRANT WRITING WORKSHOPS			
HBCUs (Mid Atlantic and Southern Regions)	**8**	**$240,000**	
Bowie State University (HBCU Research Network - HBCU and Hispanic participants)		$25,000	2005
Tennessee State University		$45,000	2004
Morgan State University		$30,000	2004
North Carolina A&T University		$30,000	2003
Morgan State University		$30,000	2003
Delaware State University		$30,000	2001
Tennessee State University		$25,000	2001
Tennessee State University		$25,000	2000
HSIs (Mid Atlantic, Mid Western, and and Western Regions)	**9**	**$255,000**	
University of North Texas Health Science Center		$25,000	2005
Stanford University		$45,000	2004
Howard University (Not an HSI – Serves Hispanic faculty and students)		$25,000	2004
Stanford University		$25,000	2003
Howard University		$30,000	2003
University of Texas at San Antonio		$25,000	2003
Massachusetts General Hospital (Not an HSI - Serve Hispanic students and faculty members)		$30,000	2002
Stanford University		$25,000	2002
Stanford University		$25,000	2001
HBCU/HSI DATA USERS WORKSHOPS - TECHNICAL ASSISTANCE ON ACCESSING AND UTILIZING CMS's MEDICARE AND MEDICAID DATA FOR HEALTH SERVICES RESEARCH			
HBCUs (Mid Atlantic and Southern Regions)	**8**	**$261,000**	
Morehouse School of Medicine		$25,000	2004
Hampton University		$31,000	2003
Morehouse School of Medicine		$45,000	2003
Morehouse School of Medicine		$25,000	2002
Bowie State University		$30,000	2002
Morehouse School of Medicine		$25,000	2001
Bowie State University		$30,000	2000
BioTechnology and Environmental Services, Inc. (BITES) Landover, Maryland (Non HBCU)		$50,000	1997-1998
DATA USERS CONFERENCES			
HBCUs (Mid Atlantic and Southern Regions)	**2**	**$50,000**	
Howard University		$25,000	1996
Morehouse College		$25,000	1995

Continued

Appendix F: Table F5--*Continued*

TYPE OF ACTIVITY	Number of Workshops	Amount	Year
DATA USERS CONFERENCES—cont.			
HSIs (Mid Atlantic, Mid Western and And Western Regions)	**8**	**$205,000**	
Howard University (Not an HSI-Serve Hispanic Students and faculty members)		$25,000	2004
University of Texas at San Antonio		$25,000	2004
Stanford University		$20,000	2003
University of Texas at San Antonio		$30,000	2003
Massachusetts General Hospital (Not an HSI - Serve Hispanic students and faculty members)		$20,000	2003
The University of Texas at San Antonio		$30,000	2002
The University of Texas at San Antonio		$30,000	2001
Howard University		$25,000	2001
DEVELOPING CAPACITY FOR HBCUs INFRASTRUCTURE TO CONDUCT HEALTH SERVICES RESEARCH			
HBCUs (Mid Atlantic and Southern Regions)	**2**	**$68,000**	
Southern University and A&M College		$38,000	2003
Bowie State University		$32,000	2002
HBCU/HSI HEALTH SERVICES CONFERENCES: IMPROVING HEALTH OUTCOMES AND REDUCING HEALTH DISPARITIES			
HBCUs (Mid Atlantic and Southern Regions)	**8**	**$195,000**	
Hampton University (HBCU Research Network - HBCU and Hispanic participants, and others)		$25,000	2005
Morehouse School of Medicine (HBCU Research Network – HBCU and Hispanic participants, and others)		$25,000	2004
Bowie State University		$25,000	2004
Tennessee State University		$40,000	2003
Bowie State University		$30,000	2001
Howard University (HBCU and Hispanic participants) and others)		$25,000	2000
CMS central office auditorium		0	1999
Howard University		$25,000	1997
HSIs (Mid Atlantic, Mid Western, and) Western Regions)	**3**	**$ 95,000**	
University of North Texas Health Science Center		$25,000	2004
Massachusetts General Hospital (Not an HSI - Serve Hispanic students and faculty members)		$30,000	2003
The University of Texas Health Science Center at Houston		$40,000	2002

Continued

Appendix F: Table F5--*Continued*

TYPE OF ACTIVITY	Number of Workshops	Amount	Year
CMS/HBCU PARTNERSHIP CONFERENCES – FOSTERING PARTNERSHPS TO IMPROVE HEALTH QUALITY AND REDUCE HEALTH DISPARITIES AMONG AFRICAN AMERICANS			
HBCUs (Mid Atlantic and Southern Regions)	**2**	**$149,690**	
Southern University and A&M College		$74,790	2000
Bowie State University		$74,790	2000
HBCU STRATEGIC PLANNING RESEARCH SEMINARS – INVESTIGATING DETERMINANTS OF HEALTH DISPARITIES IN THE AFRICAN AMERICAN COMMUNIY			
HBCUs (Mid Atlantic and Southern Regions)	**5**	**$125,000**	
Tennessee State University (HBCU Research Network)		$15,000	2005
Southern University		$25,000	2003
Bowie State University		$25,000	2002
Southern University		$35,000	2000
Minority Health Professions Foundation, Atlanta Georgia		$25,000	1996
OTHER ACTIVITIES	**2**	**$55,000**	
HBCU Visiting Scholars Program (2 participants – one from Morgan State University and one from Shaw University)		$30,000	2001
Collaborative Conference on "Improving Health Outcomes in Minority Populations: Building on the Minority Centers for Medical Treatment Effectiveness (MEDTEP) Programs		$25,000	1998
TOTAL		**$1,698,690**	

Appendix F: Table F6
HBCU/HSI EDUCATION/OUTREACH AND DISEASE PREVENTION ACTIVITIES FUNDING

Project Type/ **Contractor**	**Number of Activities**	**Amount**	**Year**	**Status**
IMMUNIZATION PROJECTS **(HBCU) African American Adults**		**$50,000**		
HBCU Research Network, Black Nurses Association of the Greater Washington Area (BNAGWA), and Faith Based Organizations in Prince George's County and Washington, D.C.	4 Sessions	$25,000	2002	Completed
Bowie State University and Faith Based Organizations in Bowie, Maryland	6 Sessions	$25,000	2003	Completed
(HSI) Hispanic American Adults		**$25,000**		
Council of Latino Agencies (CLA) and CLA member agencies in Washington, D.C.	7 Sessions	$25,000	2003	Completed
DIABETES SELF MANAGEMENT PROJECTS				
(HBCU) African American Adults		**$121,000**		
Alcorn State University and HBCU Research Network	18 Sessions	$32,000	2004	Completed
Prairie View A&M University and HBCU Research Network	Conference	$32,000	2004	Completed
Chicago State University and HBCU Research Network	10 Sessions	$32,000	2004	Completed
Bowie State University	Conference	$25,000	2002	Completed
(HSI) Hispanic Adults		**$94,000**		
Loma Linda University	Small Pilot Study	$46,000	2004	Completed
University of New Mexico	Small Pilot Study	$23,000	2004	Completed
University of North Texas	Conference	$25,000	2002	Completed

Continued

Appendix F: Table F6—*continued*

Project Type/ Contractor	Number of Activities	Amount	Year	Status
OBESITY SELF MANAGEMENT PROJECTS				
(HBCU) African Americans		**$50,000**		
HBCU Research Network and Coppin State University	8 group sessions and one on one sessions	$25,000	2005	In Progress
HBCU Research Network and Florida A&M University	Small Pilot Study	$25,000	2005	In Progress
(HSI) Hispanics		**$63,040**		
Council of Latino Agencies Washington, D.C.	Health Fairs One-on-one Sessions	$31,840	2005	Completed
University of North Texas	Small Evaluation Study	$31,200	2005	In Progress
COMMUNITY HEALTH EDUCATION FOR AFRICAN AMERICAN SENIORS				
(HBCU) African Americans		**$24,000**		
HBCU Research Network and Shiloh Missionary Baptist Church in Baton Rouge, Louisiana	5 Sessions	$24,000	2003-2004	Completed
TOTAL		**$427,040**		

*At the time of this Program Assessment

APPENDIX G

APHA PRESENTATIONS

APPENDIX G

APHA PRESENTATIONS

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA) ANNUAL CONFERENCES – HBCU/HSI PANEL SESSIONS ON AFRICAN AMERICAN AND HISPANIC HEALTH SERVICES ISSUES

Objectives

- To present and discuss issues about the influence of race on access to and use of prevention, primary, and acute care services.
- To describe successful HBCU/HSI research projects targeted to the African American and Hispanic American communities.
- To present research findings on selected HBCU/HSI projects.
- To provide a forum for discussion about the HBCU/HSI projects and implications for policy decisions regarding African American and Hispanic American Health.
- To disseminate information about the HBCU/HSI health services research program.

Annual Sites for the APHA Conferences
November 9-13, 1997; November 15-19, 1998; November 9-11, 1999; November 12-16, 2000, October 21-25, 2001, November 8-13, 2002, and November 9, 2004
Average of 25 participants at each panel session - Representatives from public health organizations and associations, federal government, faith based organizations, HBCUs, Hispanic Serving Institutions, community based organizations, majority universities, foundations, research organizations, among others.

Outcomes

Panel members:

- Exchanged scientific information on HBCU/HSI ongoing research.
- Shared results of their studies to improve health outcomes in the African American community and Hispanic community.
- Described successful community based approaches to reducing health disparities.
- Identified policy implications for research findings.
- Networked with participants at the conference.
- Shared methods of conducting health services research on a minority population.

APPENDIX H

PUBLICATIONS

Papers in the Special Issue of *Journal of Health Care for the Poor and Underserved*

and

Selected Publications of Grantees on the Expert Panels[1] and Other Grantees

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[1] External Expert Consultants

APPENDIX H
PUBLICATIONS

Papers published in the special issue of the *Journal of Health Care for the Poor and Underserved, 16*(4), November 2005, Supplement A, on the theme, "Racial Disparities in Health Outcomes: Research and Intervention Perspectives."

Anderson, J. B. Unraveling health disparities: Examining the dimensions of hypertension and diabetes through community engagement. *Journal of Health Care for the Poor and Underserved, 16*(4), Supplement A, 91-117.

Forrester-Anderson, I. T. (2005). Prostate cancer screening perceptions, knowledge and behaviors among African American men: Focus group findings. *Journal of Health Care for the Poor and Underserved, 16*(4), Supplement A, 22-30.

Goodman, J., & Blake, J. Nutrition education: A computer-based education program. *Journal of Health Care for the Poor and Underserved, 16*(4), Supplement A, 118-127.

Husaini, B., Emerson, J. S., Hull, P.C., Sherkat, D. E., Levine, R. S., & Cain, V.A. (2005). Rural-urban differences in breast cancer screening among African American women. *Journal of Health Care for the Poor and Underserved, 16*(4), Supplement A, 1-10.

Leybas-Amedia, V., Nuno, T., & Garcia, F. (2005). Effect of acculturation and income on Hispanic women's health. *Journal of Health Care for the Poor and Underserved, 16*(4), Supplement A, 128-141.

Levine, R.S., Husaini, B., Briggs, N.C., Foster, I., Hull, P.C., Pamies, R. J., Tropez-Sims, S., & Emerson, J. S. (2005). HEDIS prevention performance indicators, prevention quality assessment and *Healthy People 2010*. *Journal of Health Care for the Poor and Underserved, 16*(4), Supplement A, 64-82.

Linn, G., Brown, M., & Kendrick, L. (2005). Injection drug use among homeless adults in the Southeast with severe mental illness. *Journal of Health Care for the Poor and Underserved, 16*(4), Supplement A, 83-90.

Mayberry, R., Davis, T., Alema-Mensah, E., Samadi, A. R., Finley, R., & Jones, A. (2005). Determinants of glycemic status monitoring in Black and White Medicaid beneficiaries with diabetes mellitus. *Journal of Health Care for the Poor and Underserved, 16*(4), Supplement A, 31-49.

Powell, M. E., Carter, V., Bonsi, E., Johnson, G., Williams, L., Taylor-Smith, L., Hayes, Q., Hull, P. C., Cain, V. A., & Husaini, B. (2005). Increasing mammography screening among African American women in rural areas. *Journal of Health Care for the Poor and Underserved, 16*(4), Supplement A, 11-21.

Sherkat, D. E., Kilbourne, B. S., Cain, V.A., Hull, P.C., Levine, R. S., & Husaini, B. (2005). Explaining race differences in mortality among the Tennessee Medicare elderly: The role of physician services. *Journal of Health Care for the Poor and Underserved, 16*(4), Supplement A, 50-63.

Walker, E. A., & Bragg, R. (2005). Racial disparities in health outcomes: Research and intervention perspectives. *Journal of Health Care for the Poor and Underserved, 16*(4), Supplement A, v-xii.

APPENDIX H

PUBLICATIONS

SELECTED PUBLICATIONS OF GRANTEES ON THE EXPERT PANEL[1] and OTHER GRANTEES (ILLUSTRATIVE LIST)

1. Moore, P., Bay, C., **Balcazar, H.,** Coonrod, D., Brady, J. and Russ, R. (2005). Use of home visit and developmental clinic services by infants of Mexican descent and white non-Hispanic enrollees in the Arizona Newborn Intensive Care Program. *Maternal and Child Health Journal 9* (1): 35-47.

2. Panel on DHHS Collection of Race and Ethnicity Data (Panel Member: **Balcazar, H).** *Eliminating Health Disparities: Measurement and Data Needs*. Michele Ver Ploeg and Edward Perrin, Editors. The National Academies Press. Washington, DC. 2004.

3. Deeb-Sossa, N., Agans, R., Butron-Riveros, B., **Balcazar, H.,** Kalsbeek, W. and Buekens, P.(2004). Development and testing of interview questions to determine last menstrual period in Mexican immigrant populations. *Journal of Immigrant Health 6* (3): 127-136.

4. Coonrod, D., Bay, C. and **Balcazar, H**. (2004). Ethnicity, acculturation and obstetric outcomes: different risk factor profiles in low-and high acculturation Hispanics and in White Non-Hispanics. *Journal of Reproductive Medicine, 49*(1):17-22

5. Byrd, T., **Balcazar, H**. and Hummer, R. (2001). Acculturation and breastfeeding intention and practice in Hispanic women on the US-Mexico border. *Ethnicity and Disease 11*:72-79.

6. **Balcazar, H.,** and Krull, J. (1999). Determinants of birthweight outcomes among Mexican American women: examining conflicting results about acculturation. *Ethnicity and Disease 9*: 410-422.

7. Coonrod, D., **Balcazar, H**., Brady, J., Garcia, S. and Van Tine, M. (1999). Smoking, acculturation and family cohesion in Mexican American women. *Ethnicity and Disease 9*: 434-440.

8. Anders, R., **Balcazar, H**. and Paez, L. (In Press). Hispanic community participation research using a community health workers/promotores de salud model. *Hispanic Health Care International*.

9. Moayad, N., **Balcazar, H**., Pedregón, V., Velasco, L. and Bayona, M. (In Press). Do acculturation and family cohesiveness influence severity of diabetes among Mexican Americans? *Ethnicity & Disease*.

10. **Balcazar, H.,** Alvarado, M., Luna Hollen, M., Gonzalez-Cruz, Y., Hughes, O., Vazquez, E. and Lykens, K. (2006). Salud para su Corazon-NCLR: a comprehensive promotora outreach program to promote heart healthy behaviors among Latinos. *Health Promotion Practice 7*(1): 68-77.

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[1] External Expert Consultants

11. **Balcazar, H.** , Luna Hollen, M., Medina, A., Pedregon, V., Alvarado, M. and Fulwood, R. (2005). The North Texas Salud para su corazón promotor/a outreach program: an enhanced dissemination initiative. *The Health Education Monograph Series 22* (1): 19-27.

12. **Balcazar, H.,** Alvarado, M., Luna Hollen, M. Gonzalez-Cruz, Y. and Pedregon, V. (2005) Evaluation of Salud para su corazon (health for your heart) -NCLR national dissemination promotora outreach projects. *Prev Chronic Dis* (Serial online) 2005 July 04. URL: http://www.cdc.gov/pcd/issues/2005/jul/04_0130.htm.

13. **Balcazar, H**., Krull. J. and Peterson, G. (2001). Acculturation and family functioning are related to health risks among Mexican American pregnant women. *Behavioral Medicine 27*:62-70.

14. Elixhauser A, Weinick R, **Betancourt** JR, Andrews R. Differences between Hispanics and non-Hispanic whites in use of hospital procedures for cerebrovascular disease. *Ethn Dis* 2002*; 12*:29-37.

15. Green AR, Carrillo JE, **Betancourt** JR. Why the disease-based model of medicine fails our patients. *West J Med* 2002;*176*:141-143.

16. **Betancourt** JR. IOM Highlights Health Disparities: Implications for Health Plans. *Healthplan. Volume 43*, Number 4, July/August 2002.

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APPENDIX I

PROGRAM COORDINATION WITH OTHER COMPONENTS

APPENDIX I

PROGRAM COORDINATOR'S WORKING RELATIONSHIP WITH OTHER INTERNAL AND EXTERNAL COMPONENTS

Internal Components

- CMS Leadership on Health Disparities
- CMS Workgroups and Committees
- CMS/ORDI Planning Committee on the Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities Project
- CMS Interagency Workshop
- CMS's Center for Beneficiary Services
- ORDI Planning Committee on Health Disparities
- CMS's Minority Beneficiaries Workgroup
- CMS's Cultural Competency Coordinating Committee
- CMS/ORDI Health Disparities Workgroup
- CMS Women's Health Workgroup
- Commonwealth Fund Fellowship Program

External Components

- HHS Health Disparities Council – Workforce Workgroup Plan
- Federal Partners Meeting on "Collaborative Research Efforts to Eliminate Health Disparities
- National Cancer Institute, Center to Reduce Cancer Health Disparities
- Agency for Healthcare Research and Quality (AHRQ)
- National Institutes of Health Extramural Associates Program
- National Center for Health Statistics
- Office of Minority Health
- Administration on Aging
- Centers for Disease Control and Prevention
- National Institute of Child Health and Human Development
- National Hispanic Medical Association
- National Committee on Vital and Health Statistics
- HHS Data Council Working Group on Racial and Ethnic Data
- District of Columbia, Department of Health, Center for Health Statistics
- University of Maryland Baltimore County (UMBC) Research Council of the Institute for Racial and Ethnic Health Studies
- University of Maryland School of Medicine, Special Populations Cancer Network Steering Committee
- National Caucus and Center on Black Aged
- School of Public Health, Morgan State University
- Summit Health Institute for Research and Education (SHIRE)

INTERNAL COMPONENTS

CMS Leadership on Health Disparities

Consult with senior leadership at CMS on health disparities research and education/outreach initiatives including the Program Executive for Racial and Ethnic Programs in the Office of the Deputy Administrator and Chief Operating Officer; Deputy Administrator, leadership from CMSO; CBC; OCSQ; Regional Administrators Southern Consortium (Region IV-Atlanta, and Region VI-Dallas); and the Western Consortium (Region IX-San Francisco).

CMS Workgroup and Committees

Served on CMS workgroups and committees to address minority health services, data analysis, and evaluation issues. The workgroups consolidate the exchange of information and foster the development of project development for future efforts. These workgroups focus their attention on racial and ethnic data, cultural competency, minority beneficiaries, and minority health statistics. The workgroups are: Office of Research and Demonstration African American Research Demonstration Initiative (AARDI), HBCU, and Hispanic Agenda for Action (HAA), Cultural Competence Coordinating Committee (C4) Research and Data Sub-team, Minority Beneficiaries, and Health Disparities.

The HBCU and the HAA workgroups work to enhance the research capabilities and educational outreach of HBCUs and HSIs. These two workgroups focus on meeting four priority goals, offering technical assistance and training, engaging HBCUs and HSIs in health services research development, utilizing HBCUs and HSIs to conduct outreach and education, and disease prevention projects for Medicare and Medicaid beneficiaries. Both workgroups have provided funding for health services education/outreach intervention activities including grant writing workshops, data user's workshops, research conferences, outreach to rural and urban communities, and diversity summer internship programs. The workgroups have also supported disease prevention projects. Serve as the project officer on the following disease prevention projects: adult immunization, diabetes, and obesity in the African American and Hispanic American populations.

CMS/ORDI Planning Committee on the Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities Project

Serve as a member of CMS/ORDI Planning Committee for the *Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities Project*. This project was initiated through Section 122 of the December 2000 Benefits Improvement Protection Act (BIPA) legislation. It requires the Secretary of HHS to "evaluate best practices in the private sector, community programs, and academic research of methods that reduce disparities among individuals from racial and ethnic minority groups in the prevention and treatment of cancer." The planning committee is designing and implementing project activities for the specified target groups. A solicitation has been developed.

CMS Interagency Workgroup

Participated in a CMS interagency workgroup to organize a conference entitled *Eliminating Racial, Ethnic, and SES Disparities in Health Care: A Research Conference for the New Mellennium,* sponsored by CMS, the Agency for Healthcare Research and Quality, and the Henry J. Kaiser Family Foundation. This conference was held in October 1999. CMS commissioned several academic researchers to write papers for the Conference. Served as the project officer assisting three of the authors with their papers.

CMS's Center for Beneficiary Services

Consulted with CMS's Center for Beneficiary Services (CBS) staff on the Horizons Initiative to assist them in meeting the special needs of beneficiaries who experience barriers to health information because of culture or language. The purpose of the Horizons initiative was to enhance the capacity of CMS to develop a variety of culturally and linguistically competent communication and assessment activities for the following racial/ethnic groups: African Americans, American Indian/Alaskan Natives, Asian and Pacific Islanders, and Hispanic Americans. Four contracts were awarded to implement the Horizons Initiative.

ORDI Planning Committee on Health Disparities

Serve as member of ORDI Planning Committee on Health Disparities. A major outcome of this committee was to commission a report to CMS documenting findings about the variables contributing to the existence of health disparities among minority groups and to offer recommendations and strategies for a research agenda to eliminate health disparities. Experts in minority health representing African Americans, Hispanic Americans, Asian Pacific Islanders, and American Indians/Alaska Native were charged with developing the recommendations and strategies for shaping a future agenda on health disparities for each of the identified populations. Provided technical assistance to experts on African Americans and Hispanic Americans writing the report.

CMS's Minority Beneficiaries Workgroup

As a member of CMS's Minority Beneficiaries Workgroup, participated in making recommendations for program policy changes at CMS to improve health care access and increase the use of covered services for racial and/or ethnic minority populations. The key element underpinning each recommendation was cultural competency which was defined as the knowledge and interpersonal skills that allow organizations and individuals to understand, appreciate, communicate, and work with people from cultures other than their own. The workgroup felt that CMSs operating components should have culturally competent staff who could articulate the needs of its various customer groups in the formulation and development of Medicare and Medicaid program policies and procedures. The recommendations were to: 1) establish an infrastructure within CMS to identify, prioritize, and address minority health issues, 2) build partnerships and develop health services interventions, 3) improve and expand policies, i.e., collecting and analyzing data on race and ethnicity for Medicare and Medicaid beneficiaries at the time of enrollment, 4) improve policies and outreach to eliminate financial barriers faced by poor or near poor Medicare beneficiaries through existing or new programs, and 5) enhance CMS's capacity to conduct, catalogue, and publish minority health services research.

CMS's Cultural Competency Coordinating Committee

As a member of CMS's Cultural Competency Coordinating Committee (C4) Research and Data Sub-team, assisted in completing surveys of CMS's minority health related programs in the ORDI (formerly, Office of Strategic Planning). The subcommittee analyzed and evaluated these and other data from CMS's components. The subcommittee made recommendations to improve the collection of racial and ethnic data and developed an action agenda. The C4 serves as a policy development and evaluation group established for the purpose of "identifying opportunities, and or barriers to the effective development of programs for underserved populations through specific cultural competency initiatives.

CMS/ORDI Health Disparities Workgroup
As a member of the CMS/ORDI Health Disparities workgroup, participate in identifying gaps in the data on African American and Hispanic American beneficiaries and recommend programmatic activities to meet identified research needs for funding. Developed a comprehensive document recommending 41 health disparities projects in the categories of: 1) Topic/Issue Project, 2) Relevance to Policy or Operational Issues, 3) Methodology/Data Sources, and 4) Possible Vehicles for Funding.

Women's Health Workgroup
Collaborated with and provided technical assistance to the Chairperson of the workgroup on a project entitled: *The Best Protection is Early Detection*. This was for the Breast Cancer Awareness Month Program. Also provided information on the HBCU and HSI research projects that focused on breast cancer/mammography screening in African American and Hispanic American women. CMS, the American Cancer Society, Delmarva Foundation for Medicare Care, Maryland State Breast and Cervical Cancer Program, and Susan G. Komen Foundation sponsored the program at CMS headquarters.

Commonwealth Fund Fellowship Program
Presented information on the HBCU and HSI Health Services Research Program and health disparities issues to the participants in the Commonwealth Fund Harvard University Fellowship in Minority Health Policy. An annual meeting is held by CMS for the fellows to discuss issues such as CMS priorities, employment opportunities, health disparities, quality agenda, managed care, etc.

EXTERNAL COMPONENTS

Federal Partners Meeting on "Collaborative Research Efforts to Eliminate Health Disparities

Participated in the Federal Partners Meeting to help gain a consensus on the most promising areas for collaboration among federal agencies in health disparities research and identify collaborative strategies to enhance the efficiency and effectiveness in improving health outcomes. This was held on May 24, 2006 in Washington, D.C.

HHS Health Disparities Council – Workforce Workgroup Plan

This workgroup was organized in March 2004 to develop an HHS plan to operationalize Secretary Thompson's commitment to reducing and eliminating health disparities in the United States. The Council has four workgroups to address this issue: 1) outreach and education, 2) workforce, 3) research, and 4) cross cutting services and prevention. Member of the cross cutting services and prevention workgroup. This workgroup was charged with examining all aspects of HHS service delivery to identify opportunities for expansion or building linkages. It was also charged with determining how to coordinate the Department's initiatives focusing on prevention. The services/prevention workgroup has four objectives: 1) improve coordination of efforts and increase collaborations among the various components of the Department, 2) coordinate Departmental efforts to enhance capacity to address racial and ethnic health disparities at the regional, state and local/community levels, 3) increase access of underserved racial and ethnic minorities to information, primary prevention and other health care services provided by HHS agencies, and 4) improve the translation of results of research into improved practices at the service delivery level.

National Cancer Institute, Center to Reduce Cancer Health Disparities
Collaborate with the Cancer Institute on projects that focus on cancer health disparities issues. Attend its project meetings and technical panel reviews to gather information that may assist me in my planning. Members from NCI serve on my technical review for both the HBCU and HSI research projects. Presented at the National Cancer Institute conferences and training sessions. The latest presentation was at the Cancer Health Disparities Summit 2005. The Institute agreed to provide $300,000 for a two-year project. However, we were unable to process the funds because they were for a grant. Through an inter-agency agreement, CMS received $25,000 from NCI to fund an HBCU Research Network Symposium on eliminating health disparities in the Washington Metropolitan areas.

Agency for Healthcare Research and Quality (AHRQ)
Collaborate with staff members on projects focusing on health disparities. An AHRQ staff member serves on the HSI Technical Review Panel. Met with a project officer on a regular basis to co-sponsor a research conference with CMS and the HBCU Research Network for Health Services and Health Disparities Research. The agency provided $50,000 to help support the conference and a journal supplement.

National Institutes of Health Extramural Associates Program
Collaborated with the Director of the Extramural Associates Program on HBCU research activities. Gave staff briefings on CMS/ORDI strategies for developing an HBCU initiative for health services research. The primary objective of this program is to promote the entry and participation of individuals from underrepresented minority institutions into biomedical and behavioral research. Their staff provided information to develop CMSs HBCU and HSI Visiting Scholars/Associates Program. These scholars spend 90 days at CMS headquarters and a regional office to obtain information about the health related programs at CMS.

National Center for Health Statistics
Collaborated with staff at this agency by participating in their conferences focusing on refining the research agenda for minority health statistics and discussing CMS's HBCU and HSI research activities. Recruited staff members to participate on the HBCU and HSI Technical Review Panels.

Office of Minority Health
Collaborate with this office on the HBCU and HSI health services research agenda. Met with senior staff to work on health disparities conferences. Able to acquire $10,000 in a inter-agency agreement for an HBCU capacity building conference. Set up a planning meeting between the Director and the HBCU Research Network on developing collaborative activities between the two on other OMH activities. A staff member serves on the HBCU Technical Review Panel.

Administration on Aging
Recruited staff members from this administration to serve on the HBCU Technical Review Panel. Held meetings regarding funding an HBCU or HSI research project to focus on the senior population. This communication is ongoing.

Centers for Disease Control and Prevention
A staff member was recruited to serve on the Hispanic Technical Review Panel. Worked with staff members on workgroups involving data analysis for minority health issues.

National Institute of Child Health and Human Development
Recruited staff member to serve on the HBCU Technical Review Panel. Held discussions with this person on working with the HBCU Research Network and Hispanic leadership to support research on children's health activities.

National Hispanic Medical Association
Presented at the 10th Annual Conference (March 23-25, 2006) in Washington, D.C. *Research: Future Hispanic Research Opportunities.* In June 2001, participated in a Hispanic Physicians expert panel meeting on working with Hispanic Medicare Beneficiaries to reduce disparities. The objectives of the meeting were to: 1) promote a dialogue regarding reducing disparities in the Medicare population, 2) explore partnership opportunities, and 3) discuss potential assistance with peer review organization program "reducing disparities" efforts. Discussed the importance of participating in the Hispanic Health Services Research conferences. Members of the Association have submitted applications to the Hispanic Grant Program.

National Committee on Vital and Health Statistics
Provided staff support to the National Committee on Vital and Health Statistics Subcommittee on Health Statistics for Minority and other Special Populations. Made recommendations for program policy changes on the uniformity and adequacy of the collection, analysis, evaluation, measurement, and dissemination of minority health data throughout the Department of Health and Human Services. Worked with and supported the Office of Minority Health and collaborating offices in their data-related minority health activities. Worked on examining health data issues related to the medically indigent, including the medically underserved, uninsured and underinsured, to determine whether DHHS systems adequately addressed these issues. Made recommendations that were implemented to improve the system of collecting and disseminating valid and reliable health data for the aforementioned populations.

HHS Data Council Working Group on Racial and Ethnic Data
As a member of the HHS Data Council Working Group on Racial and Ethnic Data, chaired the subcommittee on prioritizing previous minority data recommendations for policy changes. The group identified a mechanism to coordinate development of timely DHHS responses to the Office of Management and Budget during its review of federal standards for race and ethnicity data (OMB Directive 15). The Working Group was charged with the task of coordinating the PHS' input into the OMB Directive 15 review process and monitoring the implementation of previous data recommendations made to improve the health status of minorities. Recommendations from the Working Groups regarding OMB revision to Statistical Directive 15 focused on how the changes will impact CMS activities, including creation of a separate "Asian" category and allowing for self-reporting of multiple races by individuals.

District of Columbia, Department of Health, Center for Health Statistics
Consulted with the District of Columbia, Department of Health, Center for Health Statistics, Technical Advisory Panel on the Establishment of an Institute on Minority Health Statistics, chaired a subcommittee to develop research opportunities focusing on Medicare and Medicaid beneficiaries. The subcommittee focused its attention on data analysis and evaluation of Medicare and Medicaid programs. This institute focused on health issues that affect minority populations in the District of Columbia. The major goal of the institute was to study the health status of minorities in the District, and to conduct research on health disparities.

UMBC Research Council of the Institute for Racial and Ethnic Health Studies
Served as a member of the University of Maryland Baltimore County (UMBC) Research Council of the Institute for Racial and Ethnic Health Studies. Assisted the institute to provide the State of Maryland with a central source for data and studies on the health status of racial and ethnic minorities and other underserved populations in Maryland. The council provided valid empirical data from which programs could be developed to directly address the health problems of racial and/or ethnic populations in Maryland.

Maryland Special Populations Cancer Network Steering Committee
Serve as a member of the Maryland Special Populations Cancer Network (MSPCN) Steering Committee at the University of Maryland School of Medicine. The purpose of the Steering Committee is to support the development and implementation of community-based cancer prevention and control research and outreach activities with an emphasis on minority and medically underserved communities. The MSPCN has a special emphasis on African Americans in Baltimore City and the Eastern Shore (nine county region) and rural and other underserved communities throughout the State of Maryland. The overall purpose of the MSPCN is to build an infrastructure that will: 1) foster cancer awareness activities by establishing community and academic partnerships, 2) increase rural and minority participation in cancer prevention and control research, quality cancer screening, detection and treatment services, 3) increase minority clinical trial participation, and 4) increase the number of minority cancer researchers.

National Caucus and Center on Black Aged
Consulted with the National Caucus and Center on Black Aged, Inc. to develop a 1998 National Health Symposium entitled “Health Status of African American Elders: Implications for the Next Millennium.” The National Caucus invited the CMS HBCU Health Services Research Awardees to present their research focusing on the aging population. Served as a facilitator for a panel presentation.

Morgan State University
Member of a planning conference for the development of a School of Public Health at Morgan State University. Provided information on the Medicare and Medicaid program activities. Morgan was strengthening its capacity in the community health sciences. During the planning conference, Morgan was working toward developing a program leading to the Doctor of Public Health degree. Morgan was successful in developing plans for a School of Public Health that offers the Doctor of Public Health Degree.

Summit Health Institute for Research and Education (SHIRE)
Consulted with the Summit Health Institute for Research and Education (SHIRE) for the *CMS Multicultural Workshop: Strategies to Enhance Diversity and Cultural Linguistic Competency at CMS*. Served as the project officer for the workshop. The purpose of the workshop was to convene knowledgeable health providers and professionals, educators, researchers, and representatives of advocacy and professional organizations at national, state, and community levels to make specific recommendations to CMS. The outcomes of the workshop were a list of recommendations for the implementation of strategies to eliminate health disparities, enhance diversity, and foster cultural and linguistic competency at CMS. Twenty-two representatives from the five major racial and ethnic groups experiencing health disparities and served by CMS, participated in the workshop.