



THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

School of Public Health  
Office of the Dean

Telex 752964  
Answerback: UNCCH SPH UD  
FAX (919) 966-7141

CB# 7400, Rosenau Hall  
The University of North Carolina at Chapel Hill  
Chapel Hill, N.C. 27599-7400

MEMORANDUM

TO: School of Public Health Faculty

FROM: Minority Health Research and Education Center Grant Committee  
Dorothy Browne, Co-Chair  
Victor Schoenbach, Co-Chair

DATE: December 10, 1992

SUBJECT: 1992-93 Request for Applications

- I. The Minority Health Research and Education Center (MHREC) Grant Committee has available funds for providing grants to School of Public Health faculty members to conduct research in minority health issues. We, therefore, invite faculty members to make application for the 1992-93 period.
- II. MHREC requires that these funds be expended for research to develop new knowledge related to minority health. Applications which specifically address this issue and/or define the research objectives to be accomplished will be considered for funding. A simple request for a piece of equipment or a trip without adequate explanation of how this will benefit the research goal will not be considered for funding.
- III. The following additional policies for allocations of MHREC funds will apply:
  - a. MHREC funds should not be requested for personnel except for specific jobs in specific research programs where continuing support is not required (e.g., student assistants).
  - b. Grants for pilot studies leading to full scale proposals are encouraged.
  - c. Proposals should be from faculty for funds which enhance their ability to perform minority health research. These proposals may include expenses and equipment for

graduate students' research provided the work is an integral part of a faculty members' research program. Funds should not be used as a supplement to support their on-going funded research.

- d. Priority for funding of projects will be given on: (1) the basis of quality of the proposed research and its relevance to minority health, (2) likelihood that the project will lead to continuing research i.e., its nature as emergent or developmental and its potential to attract funding from outside the School, and (3) juniority of the faculty member applying. These criteria will be applied in a comparable way to all disciplines encompassed by research throughout the School. The Committee recognizes the Dean's desire to foster interdisciplinary research activities in the School and would like to encourage respondents to this solicitation to enter into joint arrangements with other faculty. These criteria will be applied in descending order of importance.
- e. **All funds must be expended by June 30, 1993.**

IV. For your guidance in preparing the proposal, the Committee has \$20,000 available for distribution.

V. Submit an original plus seven copies to Ms. Lisa Perry, Room 171A, Rosenau by Monday, January 18, 1993. It is expected that awards in this round of allocations will be announced on or about January 29, 1993.

Applications will be limited to six (6) pages, not including budget and references. This limit includes a standardized cover page and five (5) double-spaced pages (8-1/2 x 11 plain white paper). A copy of the cover page is attached. It should be recreated in your favorite word or text processing software. The format should be the same as that presented in the example.

- A. SPECIFIC AIMS
- B. SIGNIFICANCE
- C. STUDY DESIGN AND METHODS
- D. POTENTIAL FOR FUTURE FUNDING
- E. BUDGET

(This section must include a narrative justification as well as a standard line-item presentation of each element and a total. Consult with your departmental business manager if you have questions concerning line-item categories, appropriate pay scales, etc. A sample line-item budget presentation is attached.) The budget is not included in the six page limit.

- F. PRIMARY REFERENCES

(A complete bibliography of all relevant citations is not necessary.)

- VI. Projects involving human subjects will be awarded funds only conditionally subject to approval by the School of Public Health Institutional Review Board on Research Involving Human Subjects. All funds awarded must be spent by June 30, 1993. Successful applicants will be required to submit a short report, by September 1, 1993, about their research accomplishments to Ernest Schoenfeld, Associate Dean for Administration. This report should clearly state (1) how the objectives were met, (2) how funds from the MHREC were useful in seeking "outside" funds, and (3) any other accomplishments, such as publications, presentations, or inventions. Investigators who do not submit reports will not be eligible for funding in subsequent cycles.

ES/bms

Attachments

Sample MHREC Application Cover Sheet

Sample Line-Item Budget Presentation

cc: Terri Davis, Fiscal Office

SCHOOL OF PUBLIC HEALTH  
UNIVERSITY OF NORTH CAROLINA  
CHAPEL HILL

Application for grant from the  
Minority Health Research and Education Center  
School of Public Health

Name \_\_\_\_\_

Department \_\_\_\_\_

Title of Project \_\_\_\_\_

\_\_\_\_\_

Rank \_\_\_\_\_

NO. \_\_\_\_\_

Budget (give justification of each item when not apparent from description)

- (1) Personnel (including fringe benefits) \$ \_\_\_\_\_
- (2) Travel (specify places and activities) \_\_\_\_\_
- (3) Supplies \_\_\_\_\_
- (4) Equipment (what) \_\_\_\_\_
- (5) Other (specify) \_\_\_\_\_
- TOTAL \_\_\_\_\_

SUMMARY STATEMENT  
(Privileged Communication)

<b>RECEIVED</b> DEC 16 1992
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Application Number: 1 R01 NR03642-01A1-----

Review Group: NURS  
NURSING RESEARCH STUDY SECTION

Meeting Dates: IRG: OCT/NOV 1992  
COUNCIL: JAN/FEB 1993

SD1  
PA91-23

Investigator: AMMERMAN, ALICE S Degree: DPH

Organization: UNIVERSITY OF NORTH CAROLINA  
City, State: CHAPEL HILL, NC

Requested Start Date: 04/01/93

Project Title: TEST OF A RURAL NURSE INTERVENTION TO LOWER CHOLESTEROL

IRG Action: 1/ Priority Score: 129 Percentile: 4.1  
 Human Subjects: 30-HS INV-CERTIFIED NO IRG CONCERNS/COMMENTS  
 Animal Subjects: 10-NO LIVE VERTEBRATE ANIMALS INVOLVED  
 Gender: 62-GENDER REPRESENTATION APPROPRIATE  
 Minority: 72-MINORITY REPRESENTATION APPROPRIATE

PROJECT YEAR	DIRECT COSTS REQUESTED	DIRECT COSTS RECOMMENDED	ESTIMATED TOTAL COST
01A1	300,641	300,641	418,136
02	272,910	272,910	379,568
03	203,901	203,901	283,589
TOTAL	777,452	777,452	1,081,293

RESUME: This project proposes to examine, in a randomized controlled trial, the effectiveness of a dietary risk assessment (DRA) and a Food for Heart Program (FFHP) delivered by public health nurses in county health departments to rural black and under-served Americans. The strengths of the proposed research include the focus of the study population, which are rural black and under-served Americans. The statement of the problem is well documented and the project is significant. The innovation of the proposed research is the use of the Dietary Risk Assessment and Food for Heart Program. The well-written and detailed background and significance section, the highly-developed conceptual framework, and the preliminary studies provide the basis for the proposed research. The strengths of the revised proposal are the inclusion of a measure of total cholesterol and low density lipoproteins as a primary outcome measure of the research. In addition, the cost analysis in the proposed research has now been well-detailed. Other strengths include: rationale for the use of a design using a randomized trial with a minimal intervention comparison group; access to subjects; clear plans for recruitment, screening and attrition; a detailed plan for the intervention and training of the nurses to carry out the intervention; low-literacy, culture-relevant materials including dietary information congruent with the

Date released: 11/10/92

Date Printed: 11/10/92

DESCRIPTION: State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application. DO NOT EXCEED THE SPACE PROVIDED.

Cancers associated with increased intakes of fat and decreased intakes of fiber have a high prevalence among African-Americans. The application of the 5-A-Day Program has particular merit in the adult African-American population, since primary prevention efforts assume even greater importance when a target population has limited access to secondary and tertiary health care, which, if present, could act as "safety nets" in preventing deaths due to cancer. In addition, increasing the consumption of fruits and vegetables also has the potential to reduce obesity, diabetes and hypertension - other major causes of mortality and morbidity in this culturally-distinct population.

This project, "Black Churches United for Better Health," will develop a dietary behavior change program that will increase fruit and vegetable consumption in the rural African-American adult church population (over the age of 18). Ten counties in the northeastern and southeastern parts of the state will be assigned to the intervention or control groups. Five churches with 60 active parishioners in each county will be recruited into the project. The program will utilize a lay health advisor model to develop social support for dietary change among church members. This model has been used successfully in church-based health promotion efforts focused on reaching African-American populations in North Carolina. The African-American population will be the focus of the intervention because African-Americans have the highest mortality rate from cancer than any other group in the U.S. population.

PERSONNEL ENGAGED ON PROJECT, INCLUDING CONSULTANTS/COLLABORATORS. Use continuation pages as needed to provide the required information in the format shown below on all individuals participating in the project.

Name	Steven H. Zeisel	Degree(s)	MD, PhD	Social Security No.	[REDACTED]
Position Title	Professor	Date of Birth (MM/DD/YY)	[REDACTED]	Role on Project	Principal Invest.
Organization	The University of North Carolina at Chapel Hill			Department	Nutrition
Name	Cynthia Biles	Degree(s)	MS	Social Security No.	[REDACTED]
Position Title	Clerk-Typist V	Date of Birth (MM/DD/YY)	[REDACTED]	Role on Project	Clerk-Typist
Organization	The University of North Carolina at Chapel Hill			Department	Nutrition
Name	Marci Campbell	Degree(s)	BD, MPH, RD	Social Security No.	[REDACTED]
Position Title	Clinical Instructor/Clin. Scientist	Date of Birth (MM/DD/YY)	[REDACTED]	Role on Project	Co-Investigator
Organization	The University of North Carolina at Chapel Hill			Department	Nutrition
Name	Janice M. Dodds	Degree(s)	EdD, RD	Social Security No.	[REDACTED]
Position Title	Associate Professor	Date of Birth (MM/DD/YY)	[REDACTED]	Role on Project	Co-Investigator
Organization	The University of North Carolina at Chapel Hill			Department	Nutrition
Name	Eugenia Eng	Degree(s)	BS, MPH, DrPH	Social Security No.	[REDACTED]
Position Title	Associate Professor	Date of Birth (MM/DD/YY)	[REDACTED]	Role on Project	Co-Investigator
Organization	The University of North Carolina at Chapel Hill			Department	Health Behavior/Health Ed
Name	Karen Glanz	Degree(s)	BA, MPH, PhD	Social Security No.	[REDACTED]
Position Title	Professor	Date of Birth (MM/DD/YY)	[REDACTED]	Role on Project	Consultant
Organization	Temple University			Department	Health Education
Name	John Hatch	Degree(s)	AB, MSW, DrPH	Social Security No.	[REDACTED]
Position Title	Professor	Date of Birth (MM/DD/YY)	[REDACTED]	Role on Project	Co-Investigator
Organization	The University of North Carolina at Chapel Hill			Department	Health Behavior/Health Education



THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

Department of Nutrition  
School of Public Health  
School of Medicine

Steven H. Zeisel, MD, PhD  
Chairman  
(919) 966-7218  
FAX (919) 966-7216

CB # 7400, McGavran-Greenberg  
The University of North Carolina  
Chapel Hill, NC 27599-7400

December 23, 1992

Dean Michel Ibrahim  
School of Public Health  
CB#7400, Rosenau Hall  
University of North Carolina,  
Chapel Hill, NC 27599-7400

Dear Michel:

I thought that you would be interested in the following review of a project, submitted by Dr. Ammerman in my Department, that could become an important component of the minority health initiative. It got an outstanding review and should be funded shortly. In addition, I have been told that the joint application by Thad Wester and myself to the NCI-5 a Day Project - Black Churches United for better Health - got a score of 145 (I don't know the percentile, but it should be good I would think). This, too, could become a component of the minority health initiative.

I hope that as the funding clarifies for the change budget, and for the above grants, that we can talk about a role for Nutrition in the effort, and about extra resources to help us do more in minority health.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Steve".

Steven H. Zeisel, M.D., Ph.D.  
Professor and Chairman  
Department of Nutrition  
Professor  
Department of Pediatrics



ABSTRACT OF APPLICATION FOR GRANT, CONTRACT, OR COOPERATIVE AGREEMENT

Title: Obesity Prevention In Native Americans: Coordinating Center

Number 00

Principal Investigator(s)/Project Director(s) C.E. Davis, PhD

**INSTRUCTIONS**

**Items to be included in the Abstract**

The Abstract should be plainly written, limited to not more than one page, and in sufficient detail to summarize:

- 1 the purpose(s) or problem(s)
- 2 the hypothesis(es) or objective(s), and
- 3 the method(s) of the project.

This proposal is to establish, within the Department of Biostatistics at the University of North Carolina, a coordinating center for the multi-center study of obesity prevention in Native Americans/Alaskan Natives. Obesity and its consequences are major health problems in Native American and Alaskan populations. A school based intervention study is proposed to evaluate methods of preventing obesity in children. The coordinating center will collaborate with the other investigators in the development of the protocol, manual of operations and data collection forms, train field center staff in the data collection procedures, design and conduct reliability studies, design and implement a quality control program, design and implement a distributed data management system, provide statistical expertise for all aspects of the study, conduct data analysis, collaborate in the preparation of scientific publications of the results and organize, coordinate and take minutes of all meetings of the investigators. The staff of the proposed coordinating center is multidisciplinary with faculty from the Departments of Biostatistics, Epidemiology, Nutrition, Health Behavior, Health Education and the School of Nursing.

\$1,749,465

NIH

**Agenda**  
**Minority Health Research Center**  
**Ad hoc Committee**  
**June 16, 1992**

- I. Welcome and Introduction: Dorothy C. Browne
- II. Charge to the Committee and Overview of the Minority Health Research Center:  
Dean Ibrahim
- III. Discussion - Preparation of Document
  - a. mission
  - b. organizational structure
  - c. operational procedures
  - d. necessary resources
- IV. Timeline for Preparation of Report and Date for next Meeting(s)
- V. Adjournment

May 27, 1992

DRAFT

Minority Health Research Center  
School of Public Health  
Mission Statement

The mission of the Minority Health Research Center (MHRC) is to provide a base for scholarly research on issues of importance for minority health in North Carolina and the nation. The mission is accomplished primarily through basic and applied research activities of School Public Health faculty and students, and cooperative research initiatives involving non-SPH constituencies, including educational institutions, private and public health agencies and community-based individuals and organizations; education of public health students and professionals about minority health and minority health research; and service to public health agencies and other organizations.

Specifically, the MHRC shall:

1. Engage in basic and applied research on health issues and concerns affecting domestic minorities (Black Americans, Native Americans, Asian Americans and Hispanics);
2. Maintain a forum for discussion of issues germane to minority health;
3. Collaborate and consult with national experts in the field of minority health;
4. Encourage social responsibility through cooperative programs with minority community residents and organizations;
5. Foster the training and development of minority researchers to pursue careers in public health;
6. Identify sources of funding in support of minority health research programs;

7. Develop and validate research instruments that capture cultural differences; and
8. Serve as a regional/national clearinghouse for the dissemination of scientific data relevant to minority health.

Minutes of the Dean's Initiative Meeting  
for  
The Minority Health Research Center  
held at

The University of North Carolina School of Public Health

April 30, 1992

Chapel Hill, North Carolina

The meeting was opened by Dean Ibrahim with an overview of the proposed function of the Minority Health Research Center (Hereinafter MHRC). Significantly, the Dean addressed four objectives of MHRC:

1. The creation of a research based entity for minority health issues. The program is to focus primarily on the African-American community, however, once established would expand to address other minority health concerns such as Native Americans, Hispanics etc..
2. MHRC would be primarily research-based, with scholarly activity forming the foundation of the program. Teaching, service, and advocacy would also be performed, however, the primary concern of MHRC would be research.
3. Funding for MHRC would come partially from the School of Public Health, the University of North Carolina, the B-Budget or the Kellogg Foundation. If funding is smaller than expected the program will proceed at a slower pace while other funding sources are explored.
4. At the present time leadership of the MHRC has not been determined. A purpose of this meeting is to determine whether SPH faculty will govern the program or if outside leadership is more suitable.

Several interested students and faculty members attended the meeting, among those present were:

Epidemiology: L. Carter, Huse, K. Wing, I. Hertz-Piccolo, D. Loomis, D. Savitz, V. Schoenbach.

Health Behavior and Health Education: C. Runyan, K. Bauman, V. Foshee, E. Mutran, V. Strecher, J. Atwood, E. Jackson, E. Eng, S. Headen, J. Earp.

Nutrition: A. Ammerman, R. Coleman.

Biostatistics: S. Bangdiwala, M. <sup>10110</sup>Simons, E. Davis, L. Edwards, W. Chambless.

Maternal and child Health: M. Kotelchuck, D. Browne, B. Zapata.

Environmental Sciences: D. Fox, F. Lynn.

Public Health Nursing: R. Stevens.

Health Policy and Administration: T. Ricketts, S. Jain, P. Fisher.

Deans Office: E. Schoenfeld, W. Small.

~~Others: R. Jackson (NGCU).~~

The meeting proceeded with a discussion of:

1. The Mission/Objectives of the MHRC.
2. Organizational Form of the MHRC.
3. Leadership/Advisory Board of the MHRC.
4. How to get MHRC of the ground/fund raising.

The remarks of faculty and student participants follow.

**T. Ricketts:** Suggested a collaboration with Morehouse Medical School which could involve individual mentoring; Projects should leave a sustainable product; early projects should be noteworthy and maintainable (i. e. instruments, data sets) this will assist in creating a strong agenda that by its nature will endure; should train qualified minorities to develop instruments and data sets; information and methods are what people come for; a partnership like Kellogg should be the model; O.K. to have a "pre-program" start under HP/DP, however must be careful about future image if started this way- would prefer program to stand on its own.

**S. Headen:** Must define the term "minority health"; questioned what the center will provide that cannot be found elsewhere; would favor a program which deals with "cutting edge" issues (i. e. male contraceptive use); legitimacy of program depends on credibility, thus, a body of minority faculty throughout the state would be required -SPH does not have a critical mass of minority faculty to support the program; must determine the conceptual focus of MHRC; she would prefer a narrowly focused high quality program as opposed to a broad based low quality program; need time to consider what form leadership of MHRC should take; should look at how national researchers define minority health questions and measure them; lack of African-American faculty raises some concerns; excited at the possibility of constant interaction on minority health and agenda setting with and without the intellectual component.

**M. Kotelchuck:** Develop a forum including other centers studying minority health issues in order to develop an agenda; racial differences in birth outcomes require a specifically focused conference similar to the CDC conference he attended; This is not a trivial program, therefore, to increase its legitimacy he would go independently of HP/DP; should maintain center concept.

**L. Carter:** must find out what other universities have done in the area of minority health-have they developed similar programs.

**B. Zapata:** Should bring experts in the field to SPH as consultants; must also consider what the social responsibility of MHRC will be to the community-residents should not be treated as subjects.

**E. Davis:** Should research which centers have worked and which have failed and why; in favor of utilizing HP/DP.

**D. Savitz:** Should offer incentives to pursue research in this area rather than others (i. e. CDC model); need ways to make the program work (i. e. seed money, Assistantships); participants should join the program to do with others what they do best-the work should be fun; should utilize the

population laboratory since the program has already established a relationship with community leaders; focus of the program should be African-Americans however this should not be exclusive; leadership of the program should consist of a prominent, distinguished person who represents and embodiment of the goals of MHRC.

**V. Schoenbach:** Recommends a broader definition of minority and suggests that more minority investigators be brought in; should start program under HP/DP.

**F. Lynn:** Interested in working with others outside the field (lead poisoning example); cross fertilization is essential.

**S. Bangdiwala:** Feels model of HP/DP would work as well or better than any other structure—more facilitative and less directive or "centered."

**Dean Ibrahim:** Endorses a SPH initiative independent of HP/DP; program will eventually be national in scope.

**D. Loomis:** Suggests the institute of Latin American Studies as a model for MHRC—the program has done well in reaching out to people in diverse fields and has generated a tremendous amount of intellectual energy.

**R. Jackson:** Questions what it means to have an "in house" focus and "getting ourselves together"; being narrow with such diversity will be difficult; budget for MHRC has a national flavor.

**K. Bauman:** must inventory what faculty has done, or is planning to do, in the area of minority health; need quality scholars pursuing good questions; should not exclude Native-Americans (60,000 in North Carolina and even more East of the Mississippi); Population Center model highly successful

**D. Browne:** Must test, develop and adapt instruments that capture cultural differences.

**D. Fox:** Should explore environmental equity issues related to differential exposures to hazardous substances in minority communities.

**L. Edwards:** Narrowness of program may be hard to achieve; program should be national in scope from its inception.

**P. Barry:** Mandate that MHRC leadership consists of someone with an understanding of minority health issues.

**I. Hertz-Piccolo:** Endorses cross-fertilization theory; should emphasize collaboration.

### Issues-Tensions-Potential Models

1. Partnership with communities (population Lab) vs. investigator-lead.
2. Center without walls vs. more tightly organized structure.
3. Steering vs. advisory community vs. both.
4. Leadership from within vs. external leadership.

5. Whether to start with group strengths, being eclectic and broad based vs. focusing on a few cutting edge areas and specializing more narrowly.

#### Possible Collaborations (Internal & External)

1. Morehouse Medical College.
2. ECU Department of City Health.
3. North Carolina Minority Health Center Inc.,



## Minority Health Research and Training Center

### I. The Mission and Aims of the Minority Health Research and Training Center

The Minority Health Research and Training Center will be a multidisciplinary center of excellence for basic and applied research on health issues of importance for minority health in North Carolina and the nation. The mission of the Center will be to assist in developing the capacity of the School of Public Health, the state and local agencies to prevent disease, prolong the life and promote the health of minority populations. The mission of the Center will be accomplished primarily through research activities of the School of Public Health faculty and students, and cooperative initiatives involving non-SPH constituencies (including educational institutions, private and public health agencies and community-based individuals and organizations); education and training of public health students and professionals about minority health research; and service to public health agencies and other organizations.

The specific aims of the Minority Health Research and Training Center are:

#### **RESEARCH**

1. To establish a center of excellence for the multidisciplinary, scientifically sound study of health issues and concerns affecting domestic minorities (persons of colors: Black Americans, Native Americans and Hispanics);
2. To provide support for conventional and innovative research efforts in the area of minority health.
3. To provide support for the design, implementation and rigorous evaluation of interventions for the improvement of minority health.
4. To maintain for the purpose of analysis databases containing information that could be used to address minority health issues.
5. To serve as a regional/national clearinghouse for the dissemination of scientific data relevant to minority health.

#### **TRAINING**

1. To facilitate the inclusion of minority health issues in the curricula of Departments within the School.

2. To facilitate and foster research and career training and development of young minority researchers.
3. To develop and foster continuing education programs in minority health programming, research and evaluation for state and local professionals and to enhance the capacity of private and public health agencies to address salient minority health issues.

## SERVICE

1. To establish, facilitate and maintain active partnerships among interested professionals and organizations from the academic, public and private sectors addressing the many issues related to minority health.
  2. To develop an effective interface between experts in the field of minority health and community leaders.
  3. To organize an on-going, accessible information systems on minority health interventions and initiatives being undertaken nationally.
  4. To assist in the formation of community-based coalitions to address and assess minority health issues at the local level.
  5. To promote awareness of the activities of the Minority Health Research and Training Center within the public health and academic communities and among individuals with an interest in minority health issues.
- II. Rationale for the center
- III. Organizational Structure (see attached chart)

The Center will be headed by a well-respected researcher with a demonstrated commitment to minority health research. The Director will be responsible for the overall administration of the Center; direct Center activities in the acquisition of funding for the development and continuation of the Center; act as a spokesperson for the Center; and represent the Center in policy activities. The Center Director will relate to an Advisory Council consisting of x members. The council will consist of 1) faculty members representative of the various departments within the School; 2) state and local agency professionals affiliated with minority health programs; and 3) community representatives. The role of the Council will be to review the overall strategies and progress of the center within the context of the broad issues in the area of minority health. The Council will also facilitate linkages with departments, and public and private agencies and organizations at the state and local levels.

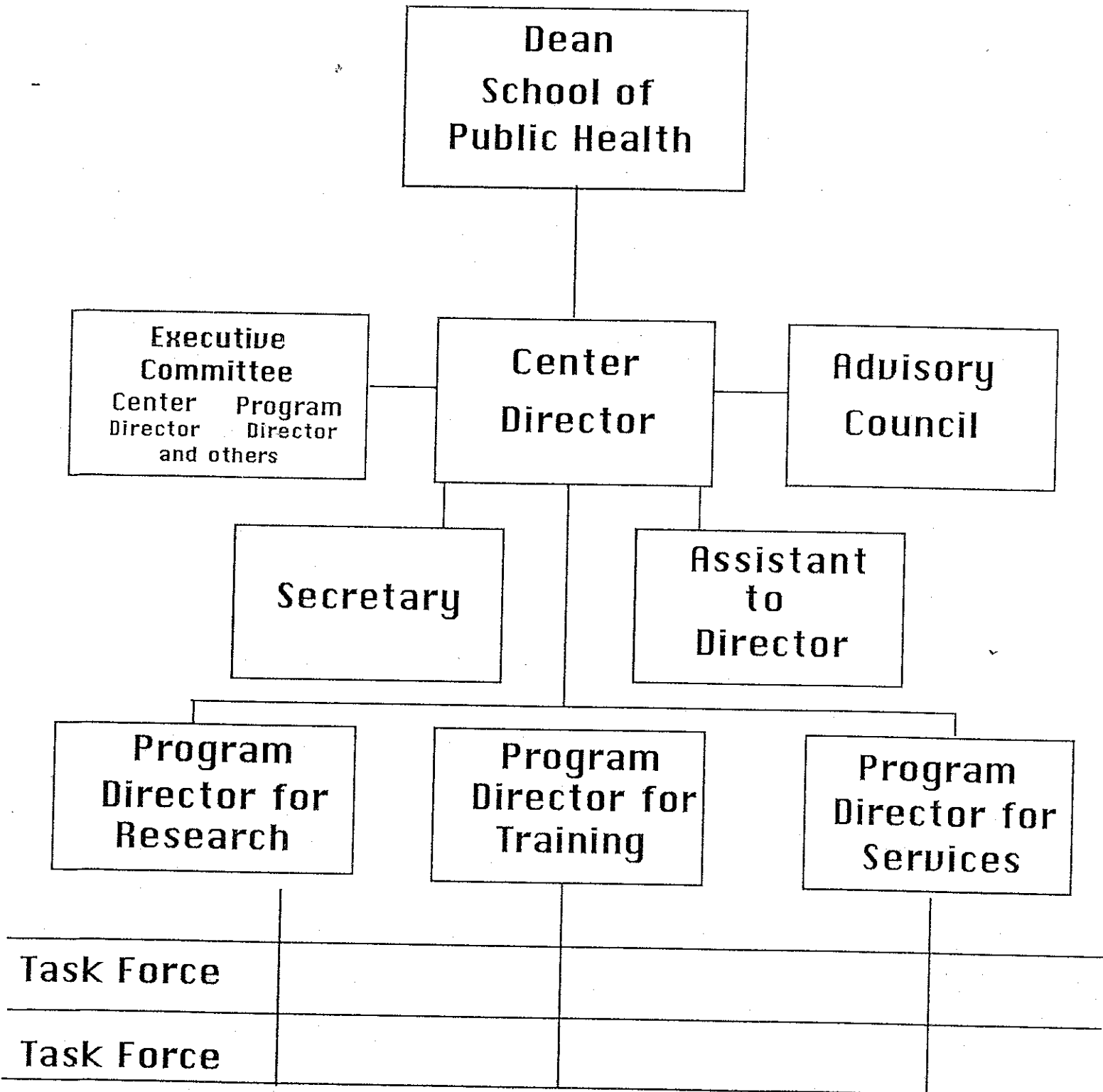
An Assistant Director will function under the direction of the Center's Director and will be responsible for the day-to-day management of the Center. The Center's Assistant Director will also assist the Director in preparing required reports to grant agencies; providing publicity for the Center; assisting researchers in the preparation of proposals originating from the Center; and coordinating activities of the advisory committee. The Center Secretary will be responsible for clerical support. Specifically s/he will be responsible for keeping records, maintaining all paperwork and typing correspondence, publications and reports.

- 1) What about a Core?
- 2) What about Program Directors?

#### IV. Funding

Funds to support the activities of the Center will be obtained largely through investigator-initiated research grants and contracts from state and federal agencies and private foundations. However, support for core activities (e.g. the Director and secretarial support) will be obtained from state funds.

# Minority Health Research and Training Center



June 16



THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

School of Public Health  
Office of the Dean  
FAX (919) 966-7141

CB# 7400, Resenau Hall  
The University of North Carolina at Chapel Hill  
Chapel Hill, N.C. 27599-7400

June 11, 1992

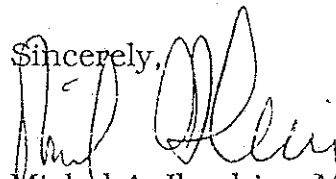
H. Garland Hershey, D.D.S.  
Vice Chancellor for Health Affairs  
214 South Building, CB# 8000

Dear Garland,

Attached is a request for authorization to plan for a Minority Health Research and Training Center in the School of Public Health. As you know, the School's Strategic Planning Process identified improving the health of disadvantaged, underserved, and vulnerable populations as one of its highest priorities. It is our hope through the establishment of this Center to facilitate the realization of this very timely and important goal.

I would greatly appreciate your including this proposal in the UNC-CH five year plan and forwarding our request to plan through the required University channels. This proposed Center has a very high priority for the School and I hope, therefore, that we can receive both the necessary authorization as well as funding through the change budget process in 1993.

Thanks for your help.

Sincerely,  
  
Michael A. Ibrahim, MD  
Dean

MAI/lp

Attachment

Post-It™ brand fax transmittal memo 7671		# of pages ▶ 4	
To	Garland Hershey	From	Lisa Perry
Co.	VCHA	Co.	Dean's Ofc. - SPH
Dept.		Phone #	6-3245
Fax #	2-2437	Fax #	

Request to Plan  
Minority Health Research and Training Center  
University of North Carolina at Chapel Hill  
School of Public Health

The School of Public Health hereby requests permission to plan for a Minority Health Research and Training Center. Planning would begin immediately upon receipt of authorization. It is expected that planning could be completed in about three months and there would follow a request to establish the Center with an effective date of 1 July 1993. Funding will be requested through the change budget mechanism at an initial level of approximately \$600,000 per annum. This request will be coincident with the beginning of the next biennium. Additional funds will be sought through application to Federal agencies and private foundations.

Rationale for Center:

Alarming differences exist in the health status between minority populations and white populations in North Carolina. The following age-adjusted comparisons clearly reflect these differences:

- Minorities are much more likely to die of heart disease and stroke. Contributing factors are higher prevalences of hypertension, diabetes, smoking, and obesity.
- Death from diabetes is three times as likely among minority females and over twice as likely among minority males. Relative risks for deaths from nephritis/nephrosis are similar.
- Minorities are at higher risk of death from cancer. Minority males are twice as likely to die from cancers of the esophagus, stomach, oral cavity, and prostate. Minority females are three times as likely to die from cervical cancer.
- Minorities, especially males, are at substantial excess risk of death from motor vehicle and other accidents; and homicide is four times as likely among minority males and three times as likely among minority females as among whites. Alcohol is a major contributor to these fatalities.
- Among AIDS victims, 37 percent of minorities, compared to 18 percent of whites, are IV drug users.
- Minority infants are about twice as likely to die in the first year. Low birthweight is the major contributing factor.
- Minority teenagers are twice as likely to become pregnant and far more likely to experience "repeat" pregnancies.
- Minorities in North Carolina have a life expectancy at birth that is six years less than for whites.

This gap in health status between the minority populations and the white populations is shameful and unacceptable. A concerted effort must be put forth to support the research and training programs needed to address this problem. The need to expand minority health research to consider social, economic, demographic, and environmental risks of minorities has been recognized by health agencies, funding organizations, and academic health centers. Research also needs to focus on health beliefs and health behavior of minority populations. Research and training programs designed to improve the health of minorities must be culturally sensitive and must reflect an understanding and appreciation for the history, customs, beliefs, and values of all ethnic groups. There is also an urgent need for more minority researchers to study minority health problems and design interventions that will help to improve health outcomes for minorities in North Carolina and elsewhere.

In addition to culturally sensitive research, there is a need to have training programs which provide a solid foundation for health professionals working with minority populations. Within these programs, there should be courses which focus specifically on the health of minorities. Other courses should be designed to make sure that the students understand and appreciate the role that history, customs, values, and beliefs play in shaping the behavior, including the health behavior, of individuals in all ethnic groups.

In order to strengthen the state's efforts to improve the health of minorities in North Carolina, it is proposed to begin planning for the establishment of a Minority Health Research and Training Center in the UNC School of Public Health. Historically, the School has been a leader in conducting research related to minorities and disadvantaged populations and in training students for careers in public health. As far back as the 1940s, the School's faculty worked jointly with leaders from North Carolina Central University to train minorities to work as health educators. In keeping with this tradition, in its recent strategic plan one of the major goals of the School was to "improve the health of disadvantaged, underserved, and vulnerable populations". Although the school has expanded its activities in minority health, the effectiveness, impact, and recognition for our efforts has been compromised by lack of coordination, insufficient support, and a relative scarcity of minority faculty and graduate students to participate in them.

The Minority Health Research and Training Center could reinforce the existing and future activities in minority health research and education so that faculty and students will be more effective in their work in this vital area and achieve a collective impact greater than the sum of their separate efforts.

The UNC School of Public Health is one of only 24 accredited such schools in the country. It is the only school of public health in the state. With its interdisciplinary focus and its historical commitment to improving the health of

minorities and other underserved populations, the School of Public Health represents an ideal location for a Minority Health Research and Training Center.

The program will collaborate with other minority-oriented programs at UNC and elsewhere across the state. For example, the program will work very closely with the newly established North Carolina Minority Health Center, the North Carolina Health Careers Access Program, the Old North State Medical Society, Community-Based Organizations which are minority-oriented and various other organizations and groups committed to eliminating the health status gaps between white populations and minority populations in North Carolina.



<NAME>Dr. Alice Ammerman  
<DEPT>Department of Nutrition  
<ADD>CB# 7400 - McGavran-Greenberg  
<SAL>Alice

<>

<NAME>Dr. John Anderson  
<DEPT>Department of Nutrition  
<ADD>CB# 7400 - McGavran-Greenberg  
<SAL>John

<>

<NAME>Dr. Jan Atwood  
<DEPT>Curriculum in Public Health Nursing  
<ADD>CB# 7400 - Rosenau  
<SAL>Jan

<>

<NAME>Dr. Shrikant Bangdiwala  
<DEPT>Department of Biostatistics  
<ADD>CB# 7400 - McGavran-Greenberg  
<SAL>Shrikant

<>

<NAME>Dr. Pat Fischer  
<DEPT>Department of Health Policy and Administration  
<ADD>CB# 7400 - McGavran-Greenberg  
<SAL>Pat

<>

<NAME>Dr. Karl Bauman  
<DEPT>Department of Health Behavior and Health Education  
<ADD>CB# 7400 - Rosenau  
<SAL>Karl

<>

<NAME>Dr. Deborah Bender  
<DEPT>Department of Health Policy and Administration  
<ADD>CB# 7400 - McGavran-Greenberg  
<SAL>Deborah

<>

<NAME>Dr. Dorothy Browne  
<DEPT>Department of Maternal and Child Health  
<ADD>CB# 7400 - Rosenau  
<SAL>Dot

<>

<NAME>Dr. Woody Chambless  
<DEPT>Department of Biostatistics  
<ADD>CB# 7400 - McGavran-Greenberg  
<SAL>Woody

<>

<NAME>Dr. Rosalind Coleman  
<DEPT>Department of Nutrition  
<ADD>CB# 7400 - McGavran-Greenberg  
<SAL>Rosalind

<>

<NAME>Dr. Douglas Crawford-Brown  
<DEPT>Department of Environmental Sciences and Engineering  
<ADD>CB# 7400 - Rosenau  
<SAL>Doug

<>

<NAME>Dr. C. Edward Davis  
<DEPT>Department of Biostatistics

<ADD>CB# 7400 - McGavran-Greenberg

<SAL>Ed

<>

<NAME>Dr. Janice Dodds

<DEPT>Department of Nutrition

<ADD>CB# 7400 - McGavran-Greenberg

<SAL>Jan

<>

<NAME>Dr. Jo Anne Earp

<DEPT>Department of Health Behavior and Health Education

<ADD>CB# 7400 - Rosenau

<SAL>Jo Anne

<>

<NAME>Dr. Lloyd Edwards

<DEPT>Department of Biostatistics

<ADD>CB# 7400 - McGavran-Greenberg

<SAL>Lloyd

<>

<NAME>Dr. Eugenia Eng

<DEPT>Department of Health Behavior and Health Education

<ADD>CB# 7400 - Rosenau

<SAL>Geni

<>

<NAME>Dr. Donald Fox

<DEPT>Department of Environmental Sciences and Engineering

<ADD>CB# 7400 - Rosenau

<SAL>Don

<>

<NAME>Dr. John Hatch

<DEPT>Department of Health Behavior and Health Education

<ADD>CB# 7400 - Rosenau

<SAL>John

<>

<NAME>Dr. Sandra Headen

<DEPT>Department of Health Behavior and Health Education

<ADD>CB# 7400 - Rosenau

<SAL>Sandra

<>

<NAME>Dr. Richard House

<DEPT>Division of External Affairs and  
Community Health Services

<ADD>CB# 7400 - Rosenau

<SAL>Richard

<>

<NAME>Dr. Ethel Jackson

<DEPT>Department of Health Behavior and Health Education

<ADD>CB# 7400 - Rosenau

<SAL>Ethel

<>

<NAME>Dr. Sagar Jain

<DEPT>Department of Health Policy and Administration

<ADD>CB# 7400 - McGavran-Greenberg

<SAL>Sagar

<>

<NAME>Dr. Arnold Kaluzny

<DEPT>Department of Health Policy and Administration

<ADD>CB# 7400 - McGavran-Greenberg

<SAL>Arnie

<>

<NAME>Dr. Richard Kamens

<DEPT>Department of Environmental Sciences and Engineering

<ADD>CB# 7400 - Rosenau

<SAL>Rich

<>

<NAME>Dr. Milton Kotelchuck, Chair

<DEPT>Department of Maternal and Child Health

<ADD>CB# 7400 - Rosenau

<SAL>Milt

<>

<NAME>Dr. Dana Loomis

<DEPT>Department of Epidemiology

<ADD>CB# 7400 - McGavran-Greenberg

<SAL>Dana

<>

<NAME>Frances Lynn

<DEPT>Department of Environmental Sciences and Engineering

<ADD>CB# 7400 - Rosenau

<SAL>Fran

<>

<NAME>Dr. Betty Mutran

<DEPT>Department of Health Behavior and Health Education

<ADD>CB# 7400 - Rosenau

<SAL>Betty

<>

<NAME>Dr. Beth Newman

<DEPT>Department of Epidemiology

<ADD>CB# 7400 - McGavran-Greenberg

<SAL>Beth

<>

<NAME>Melva Okun

<DEPT>Department of Environmental Sciences and Engineering

<ADD>CB# 7400 - Rosenau

<SAL>Melva

<>

<NAME>Dr. Thomas Ricketts

<DEPT>Department of Health Policy and Administration

<ADD>CB# 7400 - McGavran-Greenberg

<SAL>Tom

<>

<NAME>Dr. Carol Runyan

<DEPT>Department of Health Behavior and Health Education

<ADD>CB# 7400 - Rosenau

<SAL>Carol

<>

<NAME>Dr. David Savitz

<DEPT>Department of Epidemiology

<ADD>CB# 7400 - McGavran-Greenberg

<SAL>David

<>

<NAME>Dr. Victor Schoenbach

<DEPT>Department of Epidemiology

<ADD>CB# 7400 - McGavran-Greenberg

<SAL>Vic

<>

<NAME>Dr. Rachel Stevens, Acting Chair  
<DEPT>Curriculum in Public Health Nursing  
<ADD>CB# 7400 - Rosenau  
<SAL>Rachel

<>

<NAME>Dr. Paul Stewart  
<DEPT>Department of Biostatistics  
<ADD>CB# 7400 - McGavran-Greenberg  
<SAL>Paul

<>

<NAME>Dr. Victor Strecher  
<DEPT>Department of Health Behavior and Health Education  
<ADD>CB# 7400 - Rosenau  
<SAL>Victor

<>

<NAME>Dr. Michael Symons  
<DEPT>Department of Biostatistics  
<ADD>CB# 7400 - McGavran-Greenberg  
<SAL>Mike

<>

<NAME>Dr. H. A. Tyroler  
<DEPT>Department of Epidemiology  
<ADD>CB# 7400 - McGavran-Greenberg  
<SAL>Al

<>

<NAME>Dr. Steven Wing  
<DEPT>Department of Epidemiology  
<ADD>CB# 7400 - McGavran-Greenberg  
<SAL>Steve

<>

<NAME>Dr. Cecilia Zapata  
<DEPT>Department of Maternal and Child Health  
<ADD>CB# 7400 - Rosenau  
<SAL>Cecilia

<>

<NAME>Mr. Bill Small  
<DEPT>Dean's Office  
<ADD>CB# 7400 - Rosenau  
<SAL>Bill

<>

<NAME>Laurie Evans  
Chair, Minority Student Caucus  
<DEPT>Department of Epidemiology  
<ADD>CB# 7400 - McGavran-Greenberg  
<SAL>Laurie

<>

<NAME>Deborah Berry  
Chair, Student Union Board  
<DEPT>Department of Health Behavior and Health Education  
<ADD>CB# 7400 - Rosenau  
<SAL>Debbie

<>

RECEIVED

MAY 1 1992

ES  
FYI

4/30/92

✓  
COPY  
v.c. Schwenker  
5-1-92  
20

Michel,

OFFICE OF THE DEAN  
SCH. OF PUBLIC HEALTH

Regarding your question of breadth of inclusion (of minority groups) versus the advantage of tackling specifics (a minority group), how about:

		Minority Groups				majority Group
		M <sub>1</sub>	M <sub>2</sub>	M <sub>3</sub>	M <sub>4</sub>	
specific research questions	R <sub>1</sub>	X	X	X	X	X
	R <sub>2</sub>	X	X	X		
	R <sub>3</sub>	X	X			
	⋮	X				
	⋮	X				
	R <sub>k</sub>	X				

Generally, focus on M<sub>1</sub>. But choose R<sub>1</sub>, e.g., ethnic influences on low birth weight, that is core to all groups, even whites. Develop the breadth through a specific, important research probe.

And, as a second less effective <sup>strategy</sup> in my view, but reasonable <sup>one</sup> is to have representation of M<sub>3</sub> + M<sub>4</sub> on the steering/advisory board.

Is having one's cake + eating it, too, out of the question?

With kind regards,

Duke Symons

4/30/92

✓  
Michel,

Very successful beginning on the Minority Health initiative. Congratulations!

I have a suggestion for the money you saved on the initial lunch proposal! For Sept-Dec 1992, arrange a series of seminars/panel discussions on key issues identified today, e.g., broad research agenda for two or three minority groups and a panel on organizational possibilities. These should be followed by beverage/snacks (very small, but lots of sandwiches?!).

An important purpose of the socializing aspect is to provide "us", those in attendance today + those there only in spirit of support, to begin to talk with one another. Today we did very good things, as per Milt K: legitimized or confirmed the importance of your idea, but we by definition were more talking at one another.

I would submit that a common theme of successful research enterprises is that time is spent talking over coffee together + one-on-one about whatever happens to come up. An organizational structure to foster such has the best chance of success.

cc Vic Schoenbach

With kind regards, Duke Symons

**Minority Health Research and Education Center  
Staff and Space Requirements**

<u>Title/Function</u>	<u>Space Required in Sq. Ft.</u>
Director	250
Secretary	100
Assistant to the Director	150
Administrative Manager	150
Accounting Tech.	100
Program Directors	450
Research	150
Education	150
Service	150
Secretarial Support (2 @ 100)	200
Core Units	
Proposal Development	750
Director	150
Soc. Res. Asst. (2)	300
Secretary	100
Work Space	200
Data Management	550
Director	150
Programmers (2)	300
Secretary	100
Task Forces—5 offices @ 150	750
(space for faculty from other parts of University)	
Post-docs—10 @ 75	750
Student Carrels	200
Other Space	
Conference/Library	600
Mail Room	150
Storage/Supplies	200
Break room	<u>250</u>
 TOTAL	 <u>5600</u> sq. ft.

*Draft III*

## Minority Health Research and Education Center

### I. Mission

The mission of the proposed Minority Health Research and Education Center is to develop the capacity of the UNC School of Public Health and state and local agencies to prevent disease, prolong life and promote health among minority populations of North Carolina and the United States. The Center will pursue this mission through research, teaching, and service activities of the School of Public Health faculty and students, and through cooperative efforts with such constituencies as other educational institutions, private and public agencies, and community-based organizations. As a multi-disciplinary initiative for excellence in basic and applied research, teaching and community service regarding issues of importance for the health of minority populations, the Center will position the School of Public Health as a national leader in this increasingly important field.

### II. Rationale

The rationale for the Center is three-fold: 1) The health of minority populations represents a significant and increasing challenge to the public health of the state and nation. 2) Issues pertinent to minority health concerns are relatively neglected by research endeavors. 3) Members of minority population groups are sorely under-represented among public health professionals.

*1) The health of minority populations represents a significant and increasing challenge to the public health of the state and nation.*



Heterogenous in terms of geographic origin, socioeconomic resources, history, culture, and even language, members of minority populations constitute a significant and increasing percentage of the total U.S. population. Currently one in four U.S. residents is identified as a member of minority group; minorities comprise an even greater proportion of children and new labor force entrants. African Americans account for 12% of the U.S. population and represent the largest of the minority groups in the country; 20% of North Carolinians are Black. Nationwide, Hispanics comprise the second largest ethnic group and their numbers are rapidly increasing in both the country and the state. Native Americans are North Carolina's second largest minority population. Nationally, populations of Asian Americans and Pacific Islanders are growing rapidly.

Beyond demographic statistics, the importance of minority health for public health derives from the health status disadvantages experienced by many U.S. minority groups. Although heterogeneity of health status across the various minority groups and subgroups exists, data indicate that African Americans, Hispanics, Native Americans, and some groups of Asian Americans experience significantly poorer health status and significantly greater health risks than white Americans. Also relevant to public health research teaching and service delivery is the disproportionate dependence of minority Americans, whose economic resources are often limited, on public health systems for personal health care and environmental protection.

Gains enjoyed by white Americans in health status are often not reflected among minority populations. Although the life expectancy for white Americans rose between 1988 and

1989 to 76.0 years, it remained constant for Blacks at 69.2 years. Though the overall U.S. 1989 age-adjusted death rate of 523/100,000 was a record low, the age-adjusted all-cause mortality rate for Black Americans was 60% higher (837/100,000,) (CDC,1989). Cause-specific mortality ratios which compare death rates of Black and white Americans for major causes of death point to excess mortality for Blacks due to heart disease (1.4), cancer (1.3), stroke (1.9), motor vehicular accidents and non-motor vehicle-related injuries (1.8), pneumonia and influenza (1.5), diabetes mellitus (2.3), chronic liver disease and cirrhosis (1.7), homicide and legal intervention (6.6), HIV (3.3), nephritis, nephrotic syndrome, and nephrosis (3.1), septicemia (2.7), and perinatal causes (2.9). These differentials in health status at the national level are reflected in North Carolina. Similar patterns of excess mortality with unique characteristics as to specific causes of death can be found in statistics describing Native American and Hispanic populations.

Excess death rates in minorities are mirrored by higher rates of morbidity, which are influenced by greater prevalence of behavioral and environmental exposure to risk, and greater problems of access to quality health care. Minority Americans often have higher rates of hypertension, obesity, and cigarette smoking. They live disproportionately in areas with fewer health care resources, inferior public facilities and services, high rates of drug abuse and street crime, dilapidated housing, and environmental hazards such as childhood exposure to lead (Sibbison, 1992; Houk, ???). Minority adolescents, especially those of African American descent, suffer disproportionately from the consequences of interpersonal violence and unprotected sexual activity. According to the 1990 Youth Risk Behavior Survey (CDC, 1990), 40% of Black and Hispanic male teens reported carrying a

weapon at least once during the previous month. African American teenage women have a fertility rate that is among the highest in the world; the costs of teen childbearing impair the well-being of several affected generations as well as the wider community and its institutions. The financial cost of the consequences of teen childbearing for the federal government alone was estimated in 1990 at \$25 billion (Center for Population Options, 1992).

In growing recognition of the importance of minority health for public health, numerous governmental agencies and major voluntary organizations have established offices or programs for minority health. Among those are the U.S. Centers for Disease Control, U.S. Department of Health and Human Services, National Institutes of Health, the North Carolina Department of Environment, Health, and Natural Resources, the American Heart Association, and the American Cancer Society.

*2) Issues pertinent to minority health concerns are neglected by research endeavors.*

A second reason for an explicit focus on minority health is the realization that the health of minorities has been under-studied during the past decades of health research, with the result that many of the advances in health knowledge and treatments do not necessarily benefit minorities. This realization has led the National Institutes of Health to require that all new grant applications justify any study for a population that does not contain at least a proportional representation of minority persons.

Research pertinent to minority health concerns poses new and particular challenges for researchers. Scholars with relevant experience in conducting research among minority

populations are few. Research endeavors must be highly interdisciplinary to adequately consider the constellation of socio-economic, cultural, and demographic factors that comprise the health risk profiles of ethnic minority communities. A wide array of social and political barriers often bar entry into minority populations and confound traditional research methodologies.

Consequently, faculty who pursue research pertinent to minority communities need particular support and technical assistance. Students who are training at the University need to develop a solid foundation for working with minority populations, including coursework designed to ensure an understanding and appreciation for the role that history, customs, and values play in shaping the health-related behavior of individuals in all ethnic groups.

*3) Members of minority population groups are sorely under-represented among public health professionals.*

Increasing the numbers of professionally trained members of minority populations in the field of public health is critical. African American, Native American, Hispanic, and Asian American public health professionals will provide leadership for culturally-sensitive research projects and intervention activities in minority communities.

Historically the UNC School of Public Health has been a leader in conducting research related to minorities and disadvantaged populations and in training students for careers in public health. As far back as the 1940s, the School's faculty worked jointly with leaders from North Carolina Central University to train minorities to work as health educators. In

keeping with this tradition, the School included as one of the major goals in its recent strategic plan to "improve the health of disadvantaged, underserved, and vulnerable populations". Although the School has expanded its activities in minority health, our efforts have been compromised by lack of coordination, insufficient support and visibility, and a scarcity of minority students and faculty.

The Minority Health Research and Education Center will reinforce the existing and future activities in minority health research and education and enable faculty and students to achieve a collective impact greater than the sum of their separate efforts. The UNC School of Public Health is one of only 24 accredited schools of public health in the country and the only such school in the state. With its interdisciplinary focus and its historical commitment to improving the health of minorities and other underserved populations, the UNC School of Public Health represents an ideal location for a Minority Health Research and Education Center.

The Center will collaborate with other minority-oriented programs at UNC and elsewhere across the state. Relationships will be forged with the North Carolina Minority Health Center, the Office of Minority Health in the N.C. Department of Environment, Health, and Natural Resources, North Carolina Health Careers Access Program, the Old North State Medical Society, and a variety of pertinent community-based organizations committed to eliminating the health status gaps between ethnic groups.

### **III. Goals of the Center**

Goals of the Minority Health Research and Education Center are reviewed in the three main categories of research, education, and service.

**A. Research**

1. To establish a center of excellence for the multidisciplinary, scientifically sound study of health issues and concerns affecting African Americans, Native Americans, Hispanics and Asian American/Pacific Islanders.
2. To provide support for conventional and innovative research efforts in the area of minority health.
3. To provide support for the design, implementation and rigorous evaluation of interventions for the improvement of minority health.
4. To maintain databases containing information that could be used to address minority health issues.
5. To serve as a regional/national clearinghouse for the dissemination of scientific data relevant to minority health.

Research activities will be performed by issue-based task forces with membership which includes UNC faculty and at least one representative from each of the following groups:

students; public and private health agencies; community members or community-based organizations. The task forces will be charged to find sources of funding for pilot studies and other developmental work and will work on the development of relevant measures. These task forces will serve as organizational networks for investigators, research settings, and other collaborating parties. A task force may be a standing committee or may be formed for a specified period and disabled.

A designated task force leader will schedule meetings, disseminate information to task force members, and facilitate the accomplishment of the goals and objectives of the task force. S/He will have access to core resources including the services of a student assistant whose activities may be part of a training program for undergraduate or graduate students affiliated with the Center.

As part of the work in establishing a center of excellence for research, staff will conduct an inventory of on-going and impending research on minority health issues by UNC faculty and students. This information will be compiled in a brochure that will be updated annually and mailed to selected organizations and individuals in North Carolina and in the United States.

## **B. Education**

1. To legitimize and facilitate the inclusion of minority health issues in the curricula of departments within the School.

2. To foster the educational and career development of student members of minority populations.
3. To provide continuing education programs in minority health programming, research and evaluation for state and local professionals and to enhance the capacity of private and public health agencies to address salient minority health issues.

Educational initiatives for the Center will encompass a broad range of activities. The School of Public Health and its eight departments offer degree programs at the undergraduate, masters and doctoral level. The building blocks of these curricula include classroom instruction in content areas, internships, research projects, master's theses and doctoral dissertations. The Center and its topically-oriented task forces will advocate the incorporation of minority health topics into the curricula of the various departmental programs as appropriate. The research and education goals of the Center will complement each other as research will generate new knowledge for classroom instruction and educational offerings will address issues in conducting research. Faculty who participate in the MHREC will be encouraged to modify their own course offerings and other offerings in their departments.

The need for more minority public health professionals is critical. Increasing the numbers of minorities entering the profession requires a multi-faceted plan which targets



both undergraduate and graduate students and young faculty. Elements of this plan include: financial support for students; seed money for faculty; opportunities for student and faculty involvement in relevant research; senior-junior faculty mentoring programs; and strong linkages with undergraduate institutions with high minority enrollment.

Although the pipeline for minority career development is long, our program will focus primarily on support for undergraduate and graduate students. Preparation of minority graduates will be part of the Center's mission. The program will identify financial resources to assist minority students with their education and will provide a focal point for minority students as they participate in the academic life of their departments within the school. Programs will be instituted to recruit and retain minority masters and doctoral students and faculty.

The Center will also assume responsibility for coordinating the annual Minority Health Conference for students, faculty, and practicing public health professionals in North Carolina and across the Southeast region.

### **C. Service**

1. To establish, facilitate and maintain active partnerships among interested professionals and organizations from the academic, public and private sectors addressing the many issues related to minority health.

2. To develop an effective interface between experts in the field of minority health and organizations committed to improving minority health.
3. To contribute to the enhancement of institutions of higher education that serve largely minority students.
4. To promote awareness of the activities of the Minority Health Research and Education Center within the public health and academic communities and among individuals with an interest in minority health issues.

Service activities will include outreach and advocacy initiatives in partnership with institutions of higher learning, private voluntary organizations, public health and social service agencies, and members of minority communities.

In partnership with other institutions of higher learning, particularly Historically Black Colleges and Universities, the Center will pursue activities such as the following: 1) Co-sponsoring intervention and research activities and campus programming for students; 2) Fostering an environment that inspires minority students to consider the health professions as possible areas; 3) Supporting joint academic programs designed to enable the participation of students in exchange programs; 4) Establishing programs involving inter-institutional faculty activities including joint seminars and teaching ventures.

#### **IV. Organizational Structure** (see attached chart)

The Center will be headed by Center Director with a well-established academic reputation and a demonstrated commitment to minority health research. The Director will be responsible for the overall administration of the Center. His or her duties will include directing activities for the acquisition of initial and continued funding and serving as a spokesperson and representative for the Center in policy activities.

The Center Director will relate to an Advisory Board composed of faculty members, state and local agency professionals, and community representatives. The Board will review overall strategies and progress of the Center and will facilitate linkages with departments, and public and private agencies at the state and local levels.

An Assistant to the Director will function under the direction of the Center Director and will be responsible for the daily management of the Center. The Assistant to the Director will also assist the Director in preparing required reports for funding agencies and providing publicity; assist researchers in the preparation of proposals; and coordinate activities of the Advisory Board.

The Center Secretary will be responsible for clerical support. Specifically s/[B] will be responsible for keeping records, maintaining all paperwork and typing correspondence, publications and reports.

The Center will have two core units: Data Management and Analysis; and Proposal Development and Dissemination.

*Data Management and Analysis*

This core is headed by a faculty member in the Department of Biostatistics at UNC-CH, who will create and maintain centralized, electronic databases of all data collected by MHREC investigators.

The data management and analysis section will work in conjunction with MHREC research personnel to develop a catalog of all past published studies which have included minority populations of notable size and/or focus. Whenever possible, data from those past studies will be obtained and made available to the MHREC investigators and other interested parties. At a minimum, developing a database which catalogs all past published studies which have included minority populations will allow researchers to quickly identify studies relevant to their particular research and training needs.

The data management and analysis section will provide MHREC researchers with the option to create and maintain separate databases which will eventually be included in the Center's database library. All databases created in this way would be developed in consultation with the section's personnel to ensure a reasonable amount of compatibility among databases.

All statistical data analyses will be done in consultation with the data management and analysis section. The section will help design experiments, participate in the collection and cleaning of data, and provide assistance in analyzing and presenting data. As needed, the section will provide short courses on data management and statistics to the MHREC personnel and others, with special consideration given to graduate student trainees.

*Proposal Development and Dissemination*

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2. Sibbison JB. Lead in soil. The Lancet, April 11, 1992;339: 921-2.
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5. Center for Populations Options (1025 Vermont Av, NW, Suite 210, Wash DC 20005). Teenage pregnancy and too-early childbearing: public costs, personal consequences. (Cited in The Nation's Health, July 1992, p16)
6. Centers for Disease Control. MMWR 191 (October 18); 40(41):697-700.

1 "Sec. 228. There is appropriated from the Title V nonreverting account  
 2 established in G.S. 143-215.3A to the Department of Environment, Health, and  
 3 Natural Resources the sum of ~~\$999,855~~ nine hundred ninety-nine thousand eight  
 4 hundred fifty-five dollars (\$999,855) for the 1991-92 fiscal year and the sum of  
 5 ~~\$3,992,390~~ four million six hundred ninety-two thousand three hundred ninety dollars  
 6 (\$4,692,390) for the 1992-93 fiscal year to be used for the development and  
 7 implementation of the Title V program in accordance with G.S. 143-215.3A;  
 8 provided, however, if the revenues raised from Chapter 552 of the 1991 Session Laws  
 9 are less than ~~\$999,855~~ nine hundred ninety-nine thousand eight hundred fifty-five  
 10 dollars (\$999,855) for the 1991-92 fiscal year or are less than ~~\$3,992,390~~ four million  
 11 six hundred ninety-two thousand three hundred ninety dollars (\$4,692,390) for the  
 12 1992-93 fiscal year, then the appropriation is reduced accordingly."

13  
 14 Requested by: Senator Martin of Pitt, Representatives Ethridge, H. Hunter  
 15 **USE OF FOOD AND LODGING FEES**

16 Sec. 163. If the revenues received pursuant to G.S. 130A-248(d) exceed  
 17 the amount in anticipated revenues from this source for the 1992-93 fiscal year, then  
 18 the Department of Environment, Health, and Natural Resources may use up to eleven  
 19 thousand six hundred dollars (\$11,600) of this revenue for the 1992-93 fiscal year for  
 20 the restaurant and lodging fee collection program in accordance with G.S. 130A-  
 21 248(d). These funds are in addition to any other funds appropriated for this purpose.

22  
 23 Requested by: Senator Martin of Pitt, Representatives Ethridge, H. Hunter  
 24 **AUTHORIZE USE OF WATER QUALITY FEES**

25 Sec. 164. Section 158 of Chapter 689 of the 1991 Session Laws reads as  
 26 rewritten:

27 "Sec. 158. There is appropriated from the nonreverting account established in  
 28 G.S. 143-215.3A to the Department of Environment, Health, and Natural Resources a  
 29 sum not to exceed ~~\$2,124,142~~ two million one hundred twenty-four thousand one  
 30 hundred forty-two dollars (\$2,124,142) for the 1991-92 fiscal year and a sum not to  
 31 exceed ~~\$2,148,017~~ two million six hundred thousand dollars (\$2,600,000) for the  
 32 1992-93 fiscal year for the salaries and the necessary support for up to 49 positions for  
 33 the 1991-92 fiscal year and for up to 59 positions for the 1992-93 fiscal year in the  
 34 water quality program. Water quality fees shall be the only source of funds for these  
 35 positions and all necessary support. These positions shall be used to reduce the  
 36 backlog of permit applications and to improve the rate of compliance of facilities  
 37 with environmental standards for toxic substances."

38  
 39 Requested by: Senators Martin of Pitt, Kaplan, Representatives Ethridge, H. Hunter  
 40 **OFFICE OF MINORITY HEALTH**

41 Sec. 165. (a) The Office of Minority Health of the Department of  
 42 Environment, Health, and Natural Resources for which funds have been appropriated  
 43 in this act, shall have, but is not limited to, the following duties and responsibilities:

- 44 (1) Develop public health policies that promote improvement in
- 45 minority health status and minority access to public health services;
- 46 (2) Develop monitoring, tracking, and reporting mechanisms for
- 47 programs and services with minority health goals and objectives;
- 48 (3) Provide periodic progress reports on the office and the advisory
- 49 council activities to the Governor, the General Assembly, and the
- 50 Secretary of the Department of Environment, Health, and Natural
- 51 Resources;
- 52 (4) Contact local health departments, community-based organizations,
- 53 voluntary health organizations, and other public and private

1 organizations statewide, on an ongoing basis, to learn more about  
 2 their services to the minority communities, the health problems,  
 3 and their ideas for improving minority health;

4 (5) Promote local health department minority health services and  
 5 community outreach by holding public meetings and community  
 6 forums, and participating in community-sponsored activities;

7 (6) Offer technical assistance and consultation to local health  
 8 departments and community-based organizations in such areas as  
 9 grant writing and conference planning;

10 (7) Assist local health departments and community-based organizations  
 11 in identifying potential funding sources and other community  
 12 resources;

13 (8) Promote communication across all State agencies that provide  
 14 services to minority populations;

15 (9) Improve methods for collecting and reporting data on minority  
 16 health; and

17 (10) Serve as a liaison to other states, the federal government, and  
 18 national organizations.

19 (b) Funds appropriated in this act to the Department of Environment,  
 20 Health, and Natural Resource for the Office of Minority Health and for the Minority  
 21 Health Advisory Council shall be used for the following:

22 (1) Three positions in the Office of Minority Health, which shall  
 23 include a Director of the Office of Minority Health; and

24 (2) Related support for the positions authorized in subdivision (1); and

25 (3) Expenses and related support for the Minority Health Advisory  
 26 Council.

27 (c) The Department of Environment, Health, and Natural Resources shall  
 28 report quarterly, beginning October 1, 1992, to the Joint Legislative Commission on  
 29 Governmental Operations regarding the establishment and activities of the Office of  
 30 Minority Health and of the Minority Health Advisory Council, including the status of  
 31 the health of minorities in North Carolina.

32  
 33 Requested by: Senators Martin of Pitt, Kaplan, Representatives Ethridge, H. Hunter  
 34 **MINORITY HEALTH ADVISORY COUNCIL**

35 Sec. 166. Chapter 130A of the General Statutes is amended by adding  
 36 the following new sections to read:

37 "**§ 130A-33.43. Minority Health Advisory Council.**

38 There is established the Minority Health Advisory Council in the Department of  
 39 Environment, Health, and Natural Resources. The Council shall have the following  
 40 duties and responsibilities:

41 (1) To make recommendations to the Governor and the Secretary of  
 42 Environment, Health, and Natural Resources aimed at improving  
 43 the health status of North Carolina's minority populations;

44 (2) To identify and examine the limitations and problems associated  
 45 with existing laws, regulations, programs and services related to the  
 46 health status of North Carolina's minority populations;

47 (3) To examine the financing and access to health services for North  
 48 Carolina's minority populations;

49 (4) To identify and review health promotion and disease prevention  
 50 strategies relating to the leading causes of death and disability  
 51 among minority populations; and



- 1           (5) To advise the Governor and the Secretary of Environment, Health,  
2 and Natural Resources upon any matter which the Governor or  
3 Secretary may refer to it.

4 "§ 130A-33.44. Minority Health Advisory Council - members; selection; quorum;  
5 compensation.

6           (a) The Minority Health Advisory Council in the Department of Environment,  
7 Health, and Natural Resources shall consist of 15 members to be appointed as  
8 follows:

- 9           (1) Five members shall be appointed by the Governor. Members  
10 appointed by the Governor shall be representatives of the  
11 following: health care providers, public health, health related  
12 public and private agencies and organizations, community-based  
13 organizations, and human resources agencies and organizations.  
14           (2) Five members shall be appointed by the Speaker of the House of  
15 Representatives, two of whom shall be members of the House of  
16 Representatives, and at least one of whom shall be a public  
17 member. The remainder of the Speaker's appointees shall be  
18 representative of any of the entities named in subdivision (1) of  
19 this section.  
20           (3) Five members shall be appointed by the President Pro Tempore of  
21 the Senate, two of whom shall be members of the Senate, and at  
22 least one of whom shall be a public member. The remainder of  
23 the President Pro Tempore's appointees shall be representative of  
24 any of the entities named in subdivision (1) of this section.  
25           (4) Of the members appointed by the Governor, two shall serve initial  
26 terms of one year, two shall serve initial terms of two years, and  
27 one shall serve an initial term of three years. Thereafter, the  
28 Governor's appointees shall serve terms of four years.  
29           (5) Of the nonlegislative members appointed by the Speaker of the  
30 House of Representatives, two shall serve initial terms of two years,  
31 and one shall serve an initial term of three years. Thereafter,  
32 nonlegislative members appointed by the Speaker of the House of  
33 Representatives shall serve terms of four years. Of the  
34 nonlegislative members appointed by the President Pro Tempore of  
35 the Senate, two shall serve initial terms of two years, and one shall  
36 serve an initial term of three years. Thereafter, nonlegislative  
37 members appointed by the President Pro Tempore of the Senate  
38 shall serve terms of four years. Legislative members of the Council  
39 shall serve two-year terms.

40           (b) The Chairperson of the Council shall be elected by the Council from among its  
41 membership.

42           (c) The majority of the Council shall constitute a quorum for the transaction of  
43 business.

44           (d) Members of the Council shall receive per diem and necessary travel and  
45 subsistence expenses in accordance with the provisions of G.S. 138-5 or G.S. 138-6, or  
46 travel and subsistence expenses in accordance with the provisions of G.S. 120-3.1, as  
47 applicable.

48           (e) All clerical support and other services required by the Council shall be  
49 provided by the Department of Environment, Health, and Natural Resources."

50  
51 Requested by: Senators Martin of Pitt, Kaplan, Representatives McAllister, Ethridge,  
52 H. Hunter

53 NON-MEDICAID REIMBURSEMENT



THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

File in MHRTC

School of Public Health  
Office of the Dean  
FAX (919) 966-7141

Memorandum

CB# 7400, Rosenau Hall  
The University of North Carolina at Chapel Hill  
Chapel Hill, N.C. 27599-7400

To: Ernie Schoenfeld  
From: Bill Small *Bill*  
Date: October 21 1992  
Subject: Strategies for Recruiting Minority Faculty

I thought that you might like to see the attached copy of an article on recruiting minority faculty that appeared a while back in the Chronicle of Higher Education. I think that many of the techniques highlighted at the end of the article could have implications for the School in developing strategies along this line. Regardless what approaches we take, I strongly suggest that the Dean make it perfectly clear that he supports the recruiting/hiring effort and that he expects the cooperation of each department chair and program director. In my opinion, strong decisive leadership on the part of the Dean coupled with cooperation and accountability from chairs and directors are essential elements for the success of the plan.

There are several techniques listed in the Chronicle article that I would consider crucial to any minority faculty recruitment initiative: 1) develop an innovative goal orientated plan; 2) redefine excellence; accentuate the importance of facilitating growth and development of minority faculty; 3) identify potential faculty recruitment sources, i.e. professional organizations, colleges, universities, minority caucuses, etc; 4) critically review and stop searches that are void of minority candidates in the candidate pool; 5) participate in the minority post-doctoral fellowship program that exists at UNC-CH and at other research institutions; 6) increase the number of minorities entering doctoral programs in the School (grow our own); 7) provide adjunct faculty positions to selected SPH minority alumni having earned doctoral degrees, and engage them in teaching and research activities; 8) Invite outstanding minority scholars for lectures and seminars; 9) establish joint research and teaching programs with minority institutions of higher learning 10) schedule a block of time for prospective candidates to meet with minority faculty and administrative staff during campus visits; and 11) periodic evaluation of recruiting plan to determine whether objectives are being met.

I am also including a copy of the School's 1979 guidebook on recruiting minority faculty.

As other ideas come to mind I will inform you.

WTS/rl

Attachments

~~Schoenfeld~~ Files

RECEIVED

JUL 10 1992

Office of The Assoc. Dean  
Sch. of Public Health

Ad hoc Committee on Minority Health  
Research and Training Center  
July 2, Meeting Minutes (Summary)

Present: Ernie Schoenfeld, Donald Fox, William Small, Sandra Headen, and Dorothy Browne,  
Absent: Lloyd Edwards and Vic Schoenbach

I.

The Committee discussed the draft of the document describing the Minority Health Research and Training Center; the following items were proposed and accepted.

1. A program director will be identified for each of the following areas; Research, Training and Service.
2. An "Executive Committee" should be added to the organizational chart. The vision for the Center should originate from the executive committee which will be comprised of the Director, Program Directors and others (to be designated).
3. The organizational chart will be modified such that the assistant director becomes the assistant to the director. The assistant to the director and the secretary will report to the director. This should be shown on the organizational chart.
4. The categories under which the specific aims are listed should be "Research", "Training" and "Service".
5. #1 under "Service" (originally titled Implementation, etc.) will become an aim under "Research".
6. The Center will have two core units. These two units are: Dissemination and Capacity Building (which includes editorial services, proposal development and student funding); and Design and Statistical Analysis (which includes biostatistics, epidemiology and data management).

## II.

Assignments were given for the next meeting. These assignments should be completed at least a week before the next meeting which is August 5, 1992.

The assignments and the individual responsible are as follow:

- |                   |  |
|-------------------|--|
| 1. Dot Browne     | Organizational Structure and Core Services (i.e. editorial, proposal development and student funding)        |
| 2. Sandra Headen  | Research   |
| 3. Vic Schoenbach | Rationale - i.e. elaboration of the rationale for the Center as contained in G. Hershey's letter to the Dean |
| 4. Don Fox        | Training   |
| 5. Bill Small     | Services   |
| 6. Lloyd Edwards  | Core Services (biostatistics, epidemiology and data management)  |

Ernie Schoenfeld agreed to review each of the sections (i.e. to act as a reality check).

After Ernie reviews a section he will return it to the author; the author of the section should send it to Dot no later than July 20th. All sections will be merged and sent to members prior to the meeting on August 5th.

June 26, 1992

DRAFT

Minority Health Research and Training Center  
School of Public Health  
Mission Statement

The mission of the Minority Health Research and Training Center (MHRTC) is to facilitate scholarly research and training on issues of importance for minority health in North Carolina and the nation. The mission is accomplished primarily through basic and applied research activities of the School of Public Health faculty and students, and cooperative research initiatives involving non-SPH constituencies, including educational institutions, private and public health agencies and community-based individuals and organizations; education and training of public health students and professionals about minority health research; and service to public health agencies and other organizations.

Specifically, the MHRTC shall:

1. Engage in basic and applied research on health issues and concerns affecting domestic minorities (persons of colors: Black Americans, Native Americans, Asian Americans and Hispanics);
2. Foster the training and development of minority researchers to pursue careers in public health;
3. Identify sources of funding in support of minority health research and training programs;
4. Develop and validate research instruments that capture cultural differences;
5. Serve as a regional/national clearinghouse for the dissemination of scientific data relevant to minority health;
6. Maintain a forum for discussion germane to minority health;

7. Collaborate and consult with national experts in the field of minority health; and
8. Encourage social responsibility through cooperative programs with minority community residents and organizations.



THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

*Abezome June 30*  
**RECEIVED**

JUN 19 1992

Office of The Assoc. Dean  
Sch. of Public Health

School of Public Health  
Department of Maternal and Child Health

The University of North Carolina at Chapel Hill  
CB# 7400, Rosenau Hall  
Chapel Hill, N.C. 27599-7400

TO: Members of the Ad hoc Committee on the Minority Health Research Center

FROM: Dorothy C. Browne *DCB*

DATE: June 17, 1992

RE: Next Meeting

The next meeting of the Ad hoc committee will be held on July 1, 1992 at 1:00 until 3:00p.m. in Room 400 Rosenau - MCH Conference Room.

At this meeting we will discuss the revised mission statement. This statement will be sent to you prior to the meeting for your review and comments. Additionally, I will send you the draft statement on the organizational structure for the center.

If you have any questions regarding this meeting, please do not hesitate to contact me.

attachment

/ps

The Institute for Environmental Studies (IES) was founded over 25 years ago with the mission to foster and coordinate research, teaching and service on environmental concerns at the University of North Carolina at Chapel Hill, and to maintain liaison and cooperation on environmental matters with agencies outside the Chapel Hill campus. To accomplish these goals IES undertakes, on an interdisciplinary basis, to identify and articulate important problems and opportunities related to environmental health, science and policy; to foster discussion and joint projects directed to environmental issues among faculty members from various disciplines; to stimulate new research, teaching and service programs involving the cooperation of persons from multiple disciplines; to foster the teaching of environmental issues; and to encourage and assist in cooperative efforts on environmental matters between elements of the Chapel Hill campus and other campuses of The University of North Carolina, with other colleges and universities, and with governmental and private agencies. Current specific areas of endeavor are outlined below. Faculty members from many UNC-Chapel Hill departments are involved in these activities. Information about specific activities is available on request.

## *Specific Activities*

### ■ ***Environmental Education Program***

IES has had a strong commitment and history of activities in environmental education ranging from middle and high school teacher training in water quality and reuse/recycling to efforts directed toward the public and governmental agencies. New areas of endeavor include environmental sciences training for leaders from the business community, and reuse-recycling education at the local level. Additional resources are needed to make these educational opportunities available to a larger audience of teachers, educational administrators, and the public.

### ■ ***DOE Global Change Fellowship Program***

IES serves as the designated coordinator of UNC participation in the Department of Energy's Global Change Fellowship Program. IES coordinates the efforts of program scholars in residence on the UNC campus. This program

expects to offer financial support to UNC graduate students and post-doctoral fellows interested in global change research.

### ■ ***Center for Environmental Modeling***

The Center brings together environmental modelers from across the Chapel Hill campus to foster collaborative research, data exchange, communication, and teaching. Sponsorship is sought for expanded and shared programming, networking, visualization capabilities, and student support.

### ■ ***Center for Drinking Water Research***

This newly formed, interdisciplinary unit coordinates research on many topics related to the health and environmental implications of drinking water contaminants. All aspects of contaminants from sources and formation mechanisms to health effects and treatment technology are included in the center focus. The



## **Minority Health Research and Training Center**

### **I. The Mission and Aims of the Minority Health Research and Training Center**

The Minority Health Research and Training Center will be a multidisciplinary center of excellence for basic and applied research on health issues of importance for minority health in North Carolina and the nation. The mission of the Center will be to assist in developing the capacity of the School of Public Health, the state and local agencies to prevent disease, prolong the life and promote the health of minority populations. The mission of the Center will be accomplished primarily through research activities of the School of Public Health faculty and students, and cooperative initiatives involving non-SPH constituencies (including educational institutions, private and public health agencies and community-based individuals and organizations); education and training of public health students and professionals about minority health research; and service to public health agencies and other organizations.

The specific aims of the Minority Health Research and Training Center are:

#### **RESEARCH**

1. To establish a center of excellence for the multidisciplinary, scientifically sound study of health issues and concerns affecting domestic minorities (persons of colors: Black Americans, Native Americans and Hispanics);
2. To provide support for conventional and innovative research efforts in the area of minority health.
3. To provide support for the design, implementation and rigorous evaluation of interventions for the improvement of minority health.
4. To provide support for the development and validation of instruments on cultural differences thought to impact on the health of minorities.
5. To maintain for the purpose of analysis databases containing information that could be used to address minority health issues.

#### **TRAINING**

1. To facilitate the inclusion of minority health issues in the curricula of Departments within the School.

2. To facilitate and foster research and career training and development of young minority researchers.
3. To develop and foster continuing education programs in minority health programming, research and evaluation for state and local professionals and to enhance the capacity of private and public health agencies to address salient minority health issues.

## **IMPLEMENTATION, DISSEMINATION AND COORDINATION**

1. To serve as a regional/national clearinghouse for the dissemination of scientific data relevant to minority health.
2. To establish, facilitate and maintain active partnerships among interested professionals and organizations from the academic, public and private sectors addressing the many issues related to minority health.
3. To develop an effective interface between experts in the field of minority health and community leaders.
4. To organize an on-going, accessible information systems on minority health interventions and initiatives being undertaken in the region (Southern ?) and (Nations ?)
5. To assist in the formation of community-based coalitions to address and assess minority health issues at the local level.
6. To promote awareness of the activities of the Minority Health Research and Training Center within the public health and academic communities and among individuals with an interest in minority health issues.

II. Rationale for the center

III. Organizational Structure (see attached chart)

The Center will be headed by a well-respected researcher with a demonstrated commitment to minority health research. The Director will be responsible for the overall administration of the Center; direct Center activities in the acquisition of funding for the development and continuation of the Center; act as a spokesperson for the Center; and represent the Center in policy activities. The Center Director will relate to an Advisory Council consisting of x members. The council will consist of 1) faculty members representative of the various departments within the School; 2) state and local agency professionals affiliated with minority health programs; and 3) community representatives. The role of

*what relationship*

the Council will be to review the overall strategies and progress of the center within the context of the broad issues in the area of minority health. The Council will also facilitate linkages with departments, and public and private agencies and organizations at the state and local levels.

An Assistant Director will function under the direction of the Center's Director and will be responsible for the day-to-day management of the Center. The Center's Assistant Director will also assist the Director in preparing required reports to grant agencies; providing publicity for the Center; assisting researchers in the preparation of proposals originating from the Center; and coordinating activities of the advisory committee. The Center Secretary will be responsible for clerical support. Specifically s/he will be responsible for keeping records, maintaining all paperwork and typing correspondence, publications and reports.

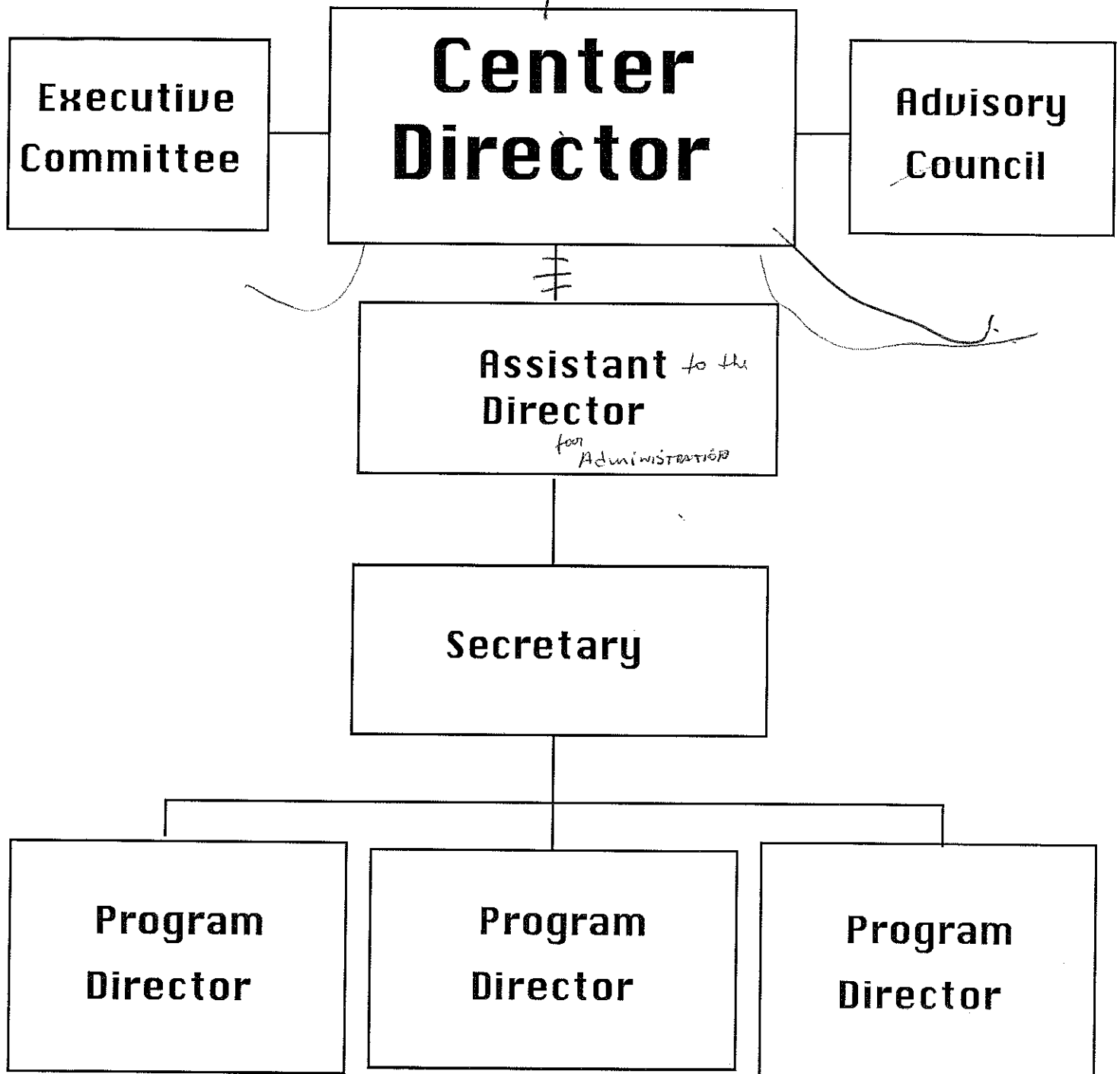
- 1) What about a Core?
- 2) What about Program Directors?

#### IV. Funding

Funds to support the activities of the Center will be obtained largely through investigator-initiated research grants and contracts from state and federal agencies and private foundations. However, support for core activities (e.g. the Director and secretarial support) will be obtained from state funds.

# Minority Health Research and Training Center

DEAN



**Proposed objectives of a UNC Minority Health Research Program**

**July 1, 1992**

**Submitted by Sandra Headen**

**Purpose:** The program will serve as an organizational focus for investigators engaged in research involving minority populations and provide a forum for sharing information regarding ongoing research and for generating ideas for future research. Program activities will encompass the areas of public health policy, behavioral assessment and measurement, and community-based interventions. }

**Objectives:** The objectives of the program are the following:

(a) production of original research in the form of published papers in peer-reviewed journals, working papers, and monographs on issues relating to minority health. For these activities, the Program should clearly distinguish between scientific works and policy statements.

(b) recruitment of minority and nonminority investigators to the area of minority health research

(c) coordination of research activities at UNC that involve minority populations, ( a clearing house for ongoing research, access to consultants on minority health issues)

(d) training in research methods for members of ethnic minority groups at the pre-doctoral and postdoctoral levels. These would involve preceptorships to engage in specific, well-defined research projects. These experiences should be closely monitored and production of concrete products by trainees should be the criterion for success.

(e) dissemination of research methodology and research findings regarding key issues in minority health to health professionals (through conferences and summer institute training experiences)

In addition, UNC should establish a reputation as a think tank on minority health issues, sponsoring forums where these issues can be discussed and where minority scientist are provided with the opportunity to talk with each other and with members of the larger professional community.