

MINUTES FROM THE MHREC COMMITTEE MEETING ON 4/22/94

Members present: Edwards, Fox, Mitchell, Schoenbach, Schoenfeld, Small (presiding), Pullen-Smith

There was an excellent turn-out by students for the Mirian Wright-Edelman presentation given 3/14 /94 as part of the University's Bicentennial celebration.

The SPH was featured at a health orientation program for college students held at the Friday Center on the same day as the Wright-Edelman program. Student representatives from SPH performed excellently.

The first order of new business at today's meeting was the review of the draft crafted by Barbara, Ernie, and Don concerning the Guideline for Use of Discretionary Budget of MHREC. There was lengthy discussion concerning what was thought to be the final version of the mission of the MHREC. However, the actual final version of the mission drafted by Dorothy C. Brown was discovered and all agreed on the language of the text. Small thought that perhaps the MHREC should also consider involving other school such as nursing and medicine concerning what they are doing in the area of minority health research. He thinks that perhaps we should invite Lorna Harris to speak to the committee about some of the things that they are doing in the nursing program. Lloyd thinks that this is a good idea, however he feels that the SPH should without question be the leader in terms of minority health issues. Small agreed in that we need to develop our own distinct perspective in terms of minority public health and that SPH definitely has the components already in place to be the leader.

In the matter of the development of the MHREC brochure, Vic reports that he is still in the initial process of putting it together but expects that it will be completed shortly. Part of the mission of the MHREC is to get more people involved in minority health so that the school through the center will be thought of as the preeminent place for minority health related issues.

Small suggested that the MHREC look into perhaps pursuing funding from the Aaron Diamond Foundation, a private philanthropic organization that regularly disperses funding concerning health related issues. Small also reported that SPH did not receive funding for the HCOP and asked the other committee members if they felt that we should pursue funding in the next cycle. Vic felt that perhaps the proposal could be improved but wondered whether pursuing the grant would be feasible given the politics and subjectivity involved in the committee's decision process. Lloyd felt that the grant proposal could have used a bit more unity and that it would be a good grant to have. He also felt that perhaps some of the criticism of the proposal by the decision committee was unwarranted.

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MAY 25 1994

Office of The Assoc. Dean
Sch. of Public Health

Lloyd and Dot Brown went to a Community Substance Abuse Prevention Conference (CSAP) and reported that the conference has at least 10 million dollars in grant money to disperse. His own personal observation is that they are not really interested in research based methods but primarily hands-on community organizations. He plans to give a fuller report on the conference at the next MHREC meeting.

Small suggested that MHREC should actively pursue getting churches involved as conduits in disseminating health related information to their respective communities. He spoke with the Dean of Shaw's School of Divinity who was very receptive to the idea. Small suggested drafting a letter of intent to be sent to the CDC for possible funding. The initiative would bring together regional clergymen to discuss AIDS and HIV in terms of disseminating information about the disease to their communities.

AGENDA ITEMS FOR THE NEXT MEETING (To Be Re-scheduled)

- 1). Lloyd's presentation on CSAP
- 2). The Minority AIDS Conference held on April 26, 1994
- 3). Additional support persons for MHREC
- 4). Other Business
- 5). Telfair Seminar

Note: Check your e-mail for date, time, and location of the next MHREC meeting.



DEPARTMENT OF HEALTH & HUMAN SERVICES

~~Public Health Service~~
Public Health Service

File MAREC
Health Resources and
Services Administration
Rockville MD 20857

Our Reference: 1 D18 MB02409-01

William T. Small, M.P.H.
University of North Carolina
School of Public Health
CB# 7400, Rosenau Hall
Chapel Hill, North Carolina 27599-7400

RECEIVED
MAR 29 1994 APR 7 1994
Office of The Assoc. Dean
Sch. of Public Health

Dear Mr. Small:

This is to inform you that your above referenced application for a Health Careers Opportunity Program (HCOP) grant was reviewed by a non-Federal peer technical review group on January 10-14, 1994. Although the proposal was recommended for approval, it did not receive a technical merit score high enough to permit funding. Applications for fiscal year 1994 funding considerations were extremely competitive.

Enclosed are the peer reviewers' evaluation comments which summarizes the strengths and weaknesses of your proposal. We hope these comments will be valuable to you in understanding the scoring of the proposal and assist you should you decide to re-apply during the next competitive grant cycle.

Should you wish additional clarification, you may contact the appropriate program consultant of the Program Coordination Branch, Division of Disadvantaged Assistance. Their telephone number is (301) 443-4493.

Thank you for your interest in the Health Careers Opportunity Program.

Sincerely yours,

William E. Simpson, Jr.
Clay E. Simpson, Jr., Ph.D.
Director
Division of Disadvantaged Assistance
Bureau of Health Professions

Enclosures

cc: Dr. Robert P. Lowman, Authorized Official
Mr. Kent Walker, Financial Officer

SUMMARY OF HCOP REVIEWERS' EVALUATION

UNIVERSITY OF NORTH CAROLINA-CHAPEL HILL
SCHOOL OF PUBLIC HEALTH

1 D18 MB 02409-01

A panel of non-Federal peer technical reviewers convened on January 10-14, 1994, to review and evaluate Health Careers Opportunity Program (HCOP) applications for Fiscal Year 1994. The following evaluation of your proposal is provided for your information and use.

Although the Technical Reviewers noted strengths in the application, they did express concern regarding the following weaknesses. Although the national, state and School's needs are provided, the undergraduate students' need for academic support is not addressed. The thrust of the summer program is intensive academic assistance to rising college seniors who attend undergraduate schools, but the need to provide such assistance to that target group is not addressed or documented. Enrollment of minority and disadvantaged students has been decreasing over the past three years, but this is not explained. It is not possible to assess the retention rate because Table III is not completed correctly causing confusion because the number of graduates exceeded the original cohort. The implementation plan is not fully developed with respect to the follow up of summer program students (rising college seniors). During the summer program there were too many personnel (19 faculty and assistants) to teach 24 students. This appears excessive teaching resources and ways of consolidating personnel should be considered. The academic content appears to be more appropriate for matriculating students, rather than undergraduate students. Students may not be able to retain core course content after the summer program when they return to their respective institutions. No description of follow-up activity was provided to ensure that students had retained the course content and that the summer academic approach was effective. The evaluation plan is addressed in broad terms and lacked specificity. Although the evaluation process is described, the data collection plan, specific measures of achievement for each objective and methods for analyzing data are not provided. Summer faculty salaries appear high and it was questioned whether steering committee membership activities were included in the cost. Costs for the peer associates and the student assistant were not well justified. Student recruitment costs are not justified. No explanation is provided for increased stipend costs each year for the same number of students.

The technical reviewers recommended approval of the application with a merit rating score of 240 on a scale of 100 to 500 with 100 being the best.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Public Health Service
 Health Resources and Services Administration
 Bureau of Health Professions
 Division of Disadvantaged Assistance

HEALTH CAREERS OPPORTUNITY PROGRAM

REGION	STATES	PROGRAM CONSULTANT
I	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	Dr. Roscoe Dandy
II	New York, New Jersey	Dr. Roscoe Dandy
	Puerto Rico, Virgin Islands	Ms. Stacey Diggs
III	Delaware, Maryland, Pennsylvania, Virginia, West Virginia, District of Columbia	Ms. Stacey Diggs
IV	Alabama, Kentucky, Tennessee	Mr. Paul Beasley
	Florida, Georgia, Mississippi, North Carolina, South Carolina	Ms. Jacquelyn Williams
V	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	Ms. Sandi Meadows
VI	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	Ms. Lucille Revels
VII	Iowa, Kansas, Missouri, Nebraska	Ms. Lucille Revels
VIII	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming	Ms. Lucille Revels
IX	Arizona, California, Hawaii, Nevada, Guam, Trust Territory of the Pacific Islands, American Samoa	Ms. Rosemary Diliberto
X	Alaska, Idaho, Oregon, Washington	Ms. Rosemary Diliberto

Dr. William Brooks, Chief
 Program Coordination Branch

Mr. Mario Manecchi, Chief
 HCOP Section

All Program Consultants may be reached at:

(301) 443-4493
 (301) 443-5242 (FAX)

Mailing Address:

Parklawn Building
 Room 8A-09
 5600 Fishers Lane
 Rockville, Maryland 20857

copy - Terri



THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

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

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

Memorandum

To: Carmen Samuel-Hodge
From: William T. Small, Chair, MHREC Committee
Date: March 31, 1994
Subject: Supplementary Funds

RECEIVED

MAR 31 1994

Office of The Assoc. Dean
Sch. of Public Health

The Minority Health Research and Education Center (MHREC) is pleased to inform you that your request for an additional \$240.00 in funds for your study, "Diabetes Care for African Americans - Perceived Education Needs and Barriers to Dietary Adherence", has been granted.

We wish you the very best in your research activities.

WTS/rl

cc: MHREC Committee
Steven Zeisel, MD



THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

copy - Terri

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

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

Memorandum

To: Renee Royak-Schaler

From: William T. Small, Chair, MHREC Committee

Date: March 31, 1994

Subject: Supplementary Funds

RECEIVED

MAR 31 1994

**Office of The Assoc. Dean
Sch. of Public Health**

The Minority Health Research and Education Center (MHREC) is pleased to inform you that your request for an additional \$2100.00 in funds for your study, "Breast Cancer Worry, Perceived Risk, and Early Detection Among African-American, Low Income Women at Risk of Breast Cancer", has been granted.

We wish you the very best in your research activities.

WTS/rl

cc: MHREC Committee
James Sorenson, Ph.D.

DRAFT

Guideline for Use of Discretionary Budget of MHREC

March 22, 1994

The Dean of the School of Public Health has established the Minority Health Research and Education Committee (MHREC) and committed seed monies to promote and enhance minority health research and educational activities that are consistent with the mission of the Committee. Examples of such activities include: a small grants program to support faculty and student research projects on minority health, and limited support of seminars and conferences involving the participation of faculty and students of the school e.g., the annual SPH Minority Health Conference.

Note: The SPH is specifically prohibited from providing a donation to any other nonprofit group.

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MAR 30 1994

Office of The Assoc. Dean
Sch. of Public Health

MINUTES FROM THE MHREC COMMITTEE MEETING ON 3/18/94

Joh -MHREC

Members present: Fox, Mitchell, Schoenbach, Schoenfeld, Small (presiding), Pullen-Smith

The School of Public Health is co-sponsoring a lecture by Mirian Wright-Edelman to be given 3/14/94 at 10:00 A.M. in the Student Union. The SPH is responsible for the reception refreshments which will be taken care of by Bill Small. Wright-Edelman's speech will be entitled: "Health Agenda for America's Children". An all points E-mail will be sent to the different departments and flyers posted around campus. The talk will be a part of the University's Bicentennial celebration. The Student Union was chosen as the site because it is at the center of campus and because of the great amount of interest that the talk will garner. The SPH, however, must make sure that its credit for sponsoring the event is duly noted.

Bill Small attended Gary Grant's seminar which the SPH MHREC co-sponsored. About forty or fifty people attended and information was shared regarding the Tillery community in which Grant lives and works. Medical students from both Duke and ECU have been engaged in support activities there and have helped to established an excellent clinic in the community as well as a stress, fitness and wellness center. They have documented a marked increase on the part of the elderly in reducing the intake of fat in their diet. Many SPH students are interested in supporting Grant's efforts. The Tillery community is in need of people with technical skills to write grant proposals as well as participate in hands-on health maintenance activities. The honorarium to Mr. Grant was appreciated and will be donated to the community.

Carmen Samuel-Hodge's request for supplemental grant funds of \$240 has been approved by the SPH. Bill Small informed the Committee that Renee Royak-Schaler's request of \$2,100 in supplemental grant funds was also approved.

Mae Jemison will not be coming to speak on campus as part of the Bicentennial celebration for various contractual reasons. However, the NCHCAP forum will continue without her participation.

Bill Small attended a conference of Health Professions Advisors at ECU on Saturday March 12, 1994 and presented on behalf of the SPH. All of the medical schools in NC participated. This is the very first time that SPH has had a role in this event. Healthcare reform was among the many important topics discussed and an excellent video concerning UNC's School of Public Health was shown by Bill Small. There were many questions addressed and Small has been invited to Wake Forest. Small has offered the SPH as host site of a subsequent NC Health Advisors Conference and all agreed that this is worth pursuing.

The evaluation for the School's Minority Health Conference has been compiled. The overall evaluation was that it was exceptional. The only real complaints were in regards to the availability of space and the quality of lunch. Next year we plan to convene at the Friday Center and possibly include a teleconference series. At any rate, we will submit a letter of intent to the CDC for program money. Vic suggested that it might be possible to get multi-year funding from

a foundation. Ernie suggested that we talk with Charles Rasberry about approaching foundations to augment funding. Small estimates that we will be able to raise about \$25,000 next year and that instead of raising entrance fees, write the increase into the grant application itself. In the introduction to the proposal we will be sure to mention our previous ties with the CDC.

Barbara Pullen-Smith from the N.C. Office of Minority Health gave an excellent presentation on the Office of Minority Health: A Year in Review. Several SPH students were present during Ms. Pullen-Smith's presentation.

Congratulations to Laurie Evans on the birth of her daughter Christina Lynn and the completion of her PhD.

MHREC - STATUS REPORT

1. No change budget - so need to seek external funding
2. Temporary leadership
3. Plan of action
 - a. letter to faculty re status
 - b. Reform advisory committee - add some external groups
 - c. Small grants program
 - d. Develop a course (several faculty)
 - e. seek external support - foundation
4. Structure. (Laurie?) - keep close to SPT
→ how to make visible - funding
5. Publicity - work re Melissa
 - f. look for means to foster research by and among the faculty
 - g. " " opportunities to provide C.E.
 - h. In addition to the annual conference, start a seminar series re distinguished guest speakers

Oct 7

MHREC Committee

Space.

Phone book listing

Formally announce the committee + its functions
make it a standing committee

MHREC

1. Letter to faculty - states report, rekindle interest - who - from MAI -
considered to start of school

2. Write Office of Minority Health to participate in advisory committee
Dilton Atherton

two levels -

one

ad hoc - for issues

3. Laurie will ~~now~~ review the structure issues

4. Publicity - with Melrose - Bill will do
→ print out Laurie's stuff

5. Need to find out what Richard + Bob are doing.
→ need to do a status report on legislative business

6. Space - temporary or long term.
↓ and injurious to Bill Small
long term we are considering a more permanent site

7. Brochure - give to Laurie

8. Think about re-appointing committees

→ write letter to each,

9. Institutionalizing + reviewing a full-time director

report on the

MAI

...to an agreement to pay \$3.7 million over 30 years to women claimants who were injured by silicone breast implants.

The highly complex settlement, the companies, the Dow Corning Corporation, Bristol-Myers Squibb Company, the Baxter Healthcare Corporation will pay women specific amounts of money.

...finally did it," said Gary E. Larson, Dow Corning's executive vice president.

Judge's Approval Needed

The agreement is still subject to approval by the companies' boards of directors and by Judge Sam C. Pointer of the Federal District Court in Birmingham, Ala. Even if he approves it, the settlement can crumble if too few women sign up. But if it goes through it will clear the courts of many of the cases involving more than 25,000 women who had implants and say they were injured.

The manufacturers say there is no scientific evidence that the implants are harmful, and they are agreeing to the settlement to put the expensive litigation behind them. Dow Corning

White House Slaps Counsel for Failing to Pay 'Nanny Tax'

By DOUGLAS JEHL
Special to The New York Times

WASHINGTON, March 23 — A senior White House lawyer, William H. Reedy 3d, was stripped tonight of his supervising background checks of administration appointees after lapses suggested that he himself had tried to conceal embarrassing information.

The announcement, in a terse White House statement, followed an intensive review by top Clinton aides of Mr. Reedy's conduct, including his failure until three weeks ago to pay 1991 Social Security taxes for a nanny employed by him and his wife.

Mr. Kennedy has also acknowledged the unusual step early last year about the time he was undergoing his own background review — of using a check imprinted with his wife's former name to pay Social Security taxes owed for 1992 for the nanny. Mr. Kennedy, an associate White House counsel and a former law partner of Hillary Rodham Clinton, will be assigned to less important duties in the counsel's office. In deciding to dismiss him, Thomas F. Hart 3d, the White House chief of

...million women had silicone breast implants in the last 25 years. Some women and doctors say the devices caused a variety of diseases, including autoimmune disorders, like lupus, and connective tissue disorders, like scleroderma, a progressive hardening and thickening of the skin and internal organs.

Although the amount of money that the three companies agreed to pay sounds enormous, part of it will be paid by insurance companies and part in

Continued on Page A11, Column 3

...of its beneficial trade status. It does not meet certain human rights conditions is outmoded and should be replaced.

That sentiment, which has been conveyed to China by the Administration, also seems to be taking hold on Capitol Hill, from which the pressure to link human rights and trade originally came.

The United States has for years used the threat of trade sanctions to promote free immigration and human rights in Communist countries, from the former Soviet Union to China. Any

'Use of Other Tools'

He added that there is "a very strong possibility that the Administration will recommend, and the Congress will adopt, the use of other tools" besides trade sanctions to promote American human rights concerns provided that China meets President Clinton's basic human rights demands laid out in an executive order last June.

Administration officials are increasingly arguing that the current policy is

Continued on Page A4, Column 1

One Foundation's Aim: Spend Till the End

By N. R. KLEINFELD

Special to The New York Times

NEW YORK, March 23 — Irene Diamond has \$60 million and less than three years to get rid of it.

Of course, everyone should have her problem. Such charming circumstances make her limitlessly popular. Scarcely a day goes by that supplicants don't write or call beseeching her for money.

Ms. Diamond, the widow of Aaron Diamond, the millionaire builder, is now final arbiter of the work of the Aaron Diamond Foundation, which a decade ago charted an unorthodox destiny for itself.

A Short but Lively Life

Unlike most foundations, which seek to exist in perpetuity, annually distributing just a small percentage of their wealth and thus never dulling their philanthropic glow, the Diamond Foundation chose to have a constricted but lively life. Once it had received its major financing of \$150 million from Mr. Diamond's estate, which came by the beginning of 1987, it was to give away all the money in 10 years and then go out of business.

"Most foundations spend very



Chester Higgins Jr./The New York Times
Irene Diamond in her office.

little of their money," Ms. Diamond said. "They're almost in the investment business. That wasn't our style."

This puts the deadline at the end of 1996. The clock ticks away. There are about 1,000 days left.

That computes to \$60,000 a day. The checks better get in the mail.

"It's interesting," Ms. Diamond said. "There's no trouble finding places for the money. I only wish I had four times as much. If I can help it, there won't be a penny left."

How About It?

The calls for aid do pour in. "There is an acceleration of requests recently to get the last of it," said Vincent McGee, the foundation's executive director. "We get out of the blue: 'We know you're going out of business, how about an endowment grant.'"

The pleas for money number 1,500 a year, roughly twice as many as came in before 1990. The answer has been yes to organizations like the AIDS Action Foundation, New Yorkers Against the Death Penalty, the Chinatown History Museum and the Dance Theater of Harlem. The answer in about 1,200 instances is a polite no. "It's a difficult morale situation in the office," Mr. McGee acknowledged, "because we're mostly saying no

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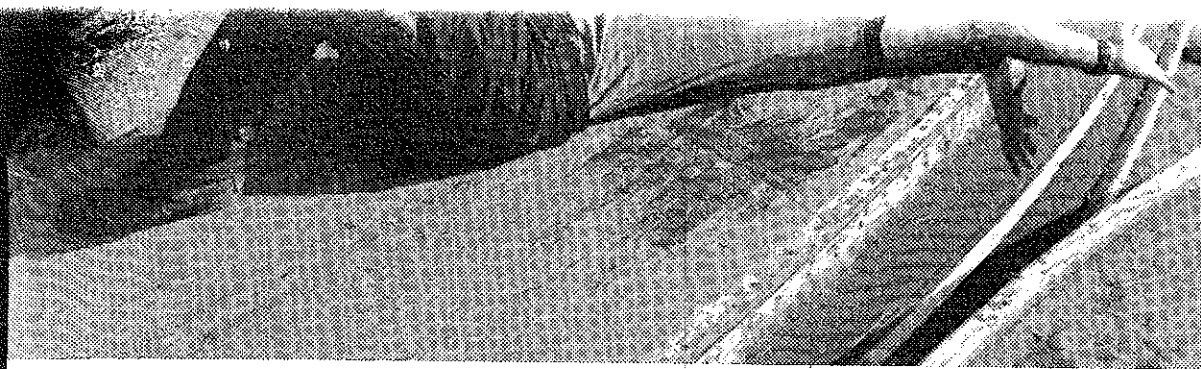
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Auto Exchange I



Joyce Dopkeen/The New York Times

An Early Spring Sun Warms More Than the Heart

As the temperature soared into the 70's yesterday, Willie Mroczkowski was inspired at Playland in Rye, N.Y., to renew a pastime only dreamed about for many long snow-filled months: basking in the sun.

Foundation's Aim: Spend Till the End

Continued From Page A1

these days."

Irene Diamond is a small, gracious, chirpy woman slowed perhaps no more than a half-step at the age of 83. She very much runs the rather lean foundation — just 11 staff members in a suite of offices by Radio City Music Hall — but happily tolerates discord. She was once outvoted 9 to 1 by the foundation board on a grant proposal and afterward declared it one of the best board meetings she had ever been to.

Long before she settled into dispensing money, she dreamed of becoming an actress. Instead, she found herself more attracted to judging scripts. She eventually advanced to story editor at Warner Brothers, for which she bought nearly all the Bette Davis movies but will undoubtedly be best remembered for the acumen that prompted her to say yes to "Casablanca."

Not that all memories are nourishing. "God help me, I bought 'King's Row,' one of Ronald Reagan's biggest flops," she said with an upward swoon of her eyebrows.

After a decade in Hollywood, she came to New York as the story editor and talent scout for Hal Wallace, the producer. She sent Burt Lancaster out to Hollywood, as well as Shirley Booth and a young man she liked named Robert Redford.

In 1942 she married Aaron Diamond, with whom she had a daughter. He was a man much on the go. He grew up one of nine children in very modest circumstances in the South. His mother died when he was 2. When he went to Harvard Business School, he earned money volunteering for medical experiments. After college, he tried retailing, beginning with Macy's and then became the rug buyer at Abraham & Straus.

A friend enticed him into the construction business, and he became one of the most successful builders and developers in the city. He built subsidized housing. He built commercial towers. He built much of Roosevelt Island. One of his proudest achievements was the Designers and Decorators building on 58th Street and Third Avenue. The millions began to pile up.

'I was never one to just go to lunch with the girls.'

assistance of the city, of the Diamond AIDS Research Center in 1991. The Diamond Foundation is currently the largest private supporter of AIDS research.

Scientists and Mentors

What's more, it donated \$16.6 million to match 75 young scientists with senior scientists who will act as their mentors. It has given many grants to help offer better educations and opportunities to minority and disadvantaged children. It has backed efforts to develop minority artists.

"If you have any intelligence at all and you look around, you can't help but be interested in these things," Ms. Diamond said. "One of the sad things of life is that most people aren't that interested."

She went on, "I don't really like the foundation world. Most foundations concentrate on the pretty things in life, buildings and safe programs. We don't. I don't like the perks, the luncheons, the affluence of some foundations. We don't have huge quarters and big staffs. We don't give luncheons and dinners. We really spend our money on things that are needed desperately. We don't live in a sweet little world."

Mr. McGee added, "This is not an easy business, the money-moving business. Too often, the grant seekers feel as if they have to do a shuffle and a dance. And grantors too often have people jumping through hoops. We try to discourage that. We try to tone down what often is an adversarial game: the poor, hat in hand, coming to the arrogant money people."

The foundation does draw the line. A lawyer called up once and said, given the violence in the city's schools, would the foundation finance a suit against the Board of Education to defend the right of students to bear arms. He was told not to bother

putting the request on paper.

With its remaining millions, the Diamond Foundation intends to distribute the money at a fairly even rate of about \$20 million a year. When it finally turns off the lights, it will have dispensed more than \$205 million.

Awareness of the dwindling days of the foundation is widespread in the philanthropic world. No one is better informed than the regular recipients of Diamond grants. Some have already begun alluding with some consternation to what they call L.A.D., life after Diamond.

"I basically try to remain calm," said Sister Paulette LoMonaco, the executive director of Good Shepherd Services, a community services organization in Manhattan that has received more than \$1 million from the foundation. "But it's awful living with the prospect of L.A.D. I wish they could keep going. But they're in a meltdown. They're in a spenddown. They're in planned demise."

Like others, Robert Gangi, the executive director of the Correctional Association of New York, which concerns itself with prison conditions and opportunities for prisoners, is scouting for replacement funds. His group has a three-year, \$450,000 grant from the Diamond Foundation, a lot of money for an organization with an annual budget of \$825,000. "Frankly, we're concerned about the loss of that money, and it may leave a big hole in our budget and we may have to cut back," he said. "Diamond is willing to fund things that others won't touch. Irene Diamond puts her money where her mind, heart and soul are."

The foundation does not want to starve its children. "We've made no secret about our going out of business," Mr. McGee said. "With groups we've worked with, we've tried to strengthen them. We've invited other foundations here to meet with the grantees. Sometimes that results in money."

Several recipients have gone so far as to ask the Diamond Foundation if there were any way — pretty please — that it could go on. "Yes, many have asked," Mr. McGee said. "But there is no money to continue. I'm afraid we are going away."

Avenue at 77th Street — a chic s run by the designer whose costume Nancy Kerrigan wore to the Olym and Holly Hunter and Marisa Tomei wore to the Oscars — the pair kept the small talk.

Then one of the two men reached pocket and pulled out a small-caliber revolver. The police said they forced the Wang employee with whom they had been chatting to climb a spiral staircase that leads to the retailing floor. There, they confronted a couple from Potomac, Md., whose daughter was trying on a gown.

Victim's Finger Broken

The gunman and his partner demanded the mother's diamond ring, which the police said was valued at \$60,000, yanking it so hard off her finger that they broke her finger.

Capt. William Roe of the Manhattan detectives said that the gunman was the woman, Edith Schaeffer, 47, whose husband, Gerald, 49, moved to her, the assailant shot him twice. Both were shot in the midsection, the police said. Their assailants escaped with Mrs. Schaeffer's ring, Captain Roe said.

The Schaeffers were taken to York Hospital-Cornell Medical Center where they were in stable condition tonight. A spokesman for the hospital said they were "expected to do well." Their daughters, Alisa, 22, the bride, and Jennifer, 15, were interviewed at the 19th Precinct.

The store was not ransacked, police said.

The shootings shattered what had been a calm afternoon in the implicitly fashion-conscious boutique.

"Two women came out screaming at the second floor," said Michael Martin, a real-estate broker whose office is nearby.

"They were really frantic. They were screaming, 'Oh, my God, someone help us.'"

Emergency service officers wearing bulletproof vests and carrying guns quickly converged on the scene. They searched the hotel and evacuated some tenants "to make sure none of the gunmen were still hiding in the store," said John Miller, the deputy police commissioner for public information.

But the assailants were not identified. Captain Roe said that one — the one with the gun — was wearing a blue suit and a beige shirt with a white collar. The other also had on a blue suit, but had a tie. Other police officers said that one of the men had red hair and a mustache. They described the other as very pale.

Pattern Is Possible

Police officials were investigating whether the assailants had followed the Schaeffers on a day of high-profile shopping on the Upper East Side. Police said the Schaeffers had been browsing at Barney's, on Madison Avenue at 61st Street, and moved to Bergdorf Goodman, at Fifth Avenue and 57th Street, before heading to Wang. The police were looking for a taxi driver who took the assailants from Bergdorf Goodman to the hotel. They also were looking for witnesses who saw the pair leaving the hotel, arguing about what had happened in the Wang salon. Anyone with information about the case was to call 577-8477, a police line for detectives.

Detectives were looking into the possibility of connections to a handful of robberies in which the assailants

THE DETAILS

und New York

ent, 20, Bronx Park

andlot softball added in a fusil- semiautomatic high school stu- ar-old woman r students, one ce said.

face at 11:30 to blocks from ol and were at the time of cials said. football game at fistfight, and members mimican and ners, some of youth gangs. aid one play- offball team omatic 9-mil- at least 11

2 Indicted on Murder Counts In Killing of Officer in Bronx

A Bronx grand jury indicted two men yesterday for the murder of Police Officer Sean McDonald, a rookie patrolman slain last week on a Bronx street after he tried to halt a robbery at a small clothing store.

The grand jury brought a basic felony murder charge, known in New York State as second-degree murder, against each suspect, but not the special crime of killing a police officer, known as first-degree murder.

That angered the police union, which said the distinction was symbolically important. The Legislature created the distinction so that the killer of a police officer could be subject to the death penalty, but the courts have since barred all capital punishment in New York State.

the city's agencies to select 10,000 workers who could be laid off quickly if the Mayor's carefully drafted budget proposals fall apart.

The layoffs could save about \$300 million, officials said, if the Mayor does not win agreements with the unions on a severance plan to cut 7,600 jobs and on other concessions, including a requirement that employees pay part of their health benefits.

The order came as the state's Financial Control Board reported that the Mayor's budget strategies would push the city toward financial stability but that his preliminary plan to balance next year's budget included "substantial risks and missing details" that jeopardized his goals.

The board's report said \$950 million of the \$2.3 billion Mr. Giuliani hopes to save to close the budget gap for the 1995 fiscal year remained risky, including the severance plan, the health benefits and assumptions of aid from Albany and Washington.

charged with any crime. Mr. Pardi was not available for comment today.

subsidized housing. He built commercial towers. He built much of Roosevelt Island. One of his proudest achievements was the Designers and Decorators building on 58th Street and Third Avenue. The millions began to pile up.

"We lived very nicely, but we never lived luxuriously," Ms. Diamond said. "We never had a yacht. He wanted to give something back. My husband wasn't interested in accumulating more and more money. He wanted to do something with it."

They had established a foundation in 1955 for estate planning purposes, but it was essentially inactive. In 1984 the couple began discussions about firing it up. Their sensibilities about philanthropy coincided. They were not interested in keeping their name burned into some perpetual memorial eventually controlled by other people. Most foundations disperse a portion of the investment income produced by their assets, preserving the principal. That keeps them around forever.

Impact, and in New York
The Diamonds weren't keen to allow a small sum of money to dribble out every year. They wanted to give away enough money to achieve real impact, and they wanted to do it in New York, the city that had enriched them. Thus they wanted the foundation to hand out as much money each year as foundations with three or four times its wealth — and then come to an expedient end.

In a discussion in April 1984, the Diamonds worked out a spending formula: 40 percent on minority education, 40 percent on medical research and 20 percent on the arts, and all of it in New York.

A week later Mr. Diamond died of a heart attack. Ms. Diamond went on with the plan alone. "I was never one to just go to lunch with the girls," she said.

To a large extent, the foundation has concentrated on controversial and not overly popular causes. One of the first grants was for a training program to enable young low-income workers to become licensed day-care workers. Right from the beginning, the foundation financed AIDS and drug abuse research projects, culminating in the establishment, with the

schools, would the foundation finance a suit against the Board of Education to defend the right of students to bear arms. He was told not to bother. "I'm afraid we are going away."

THE DETAILS

Giving Away Millions

A sampling of 1992 given by the Aaron Diamond Foundation

MEDICAL RESEARCH

- \$1,750,000 Aaron Diamond AIDS Research Center for the City of New York to support AIDS research.
- 100,000 Capital District Center for Drug Abuse Research and Development in Albany to create a center to develop new treatments for drug addiction.
- 60,000 Children's Blood Foundation for a study of HIV-positive infants and the risk of developing pneumocystitis carini pneumonia.
- 75,000 Mount Sinai Medical Center to study severely disruptive behavior in preschool children.

MINORITY EDUCATION

- \$100,000 Bank Street College of Education to support projects like math and science conferences for parents and a revised bilingual education program for teachers and administrators.
- 30,000 Chinatown History Museum for arts-in-education programs in Chinatown and Harlem.
- 25,000 Red Hook Arts to support music, dance and drama programs to develop the skills and creativity of children in the Red Hook section of Brooklyn.
- 20,000 Art Without Walls to support the Creative Learning Center for Children of Women in Prison.

CULTURE

- \$250,000 Dance Theater of Harlem for general support.
- 35,000 MacDowell Colony, a New Hampshire retreat for writers, composers and visual artists.
- 15,000 Jazzmobile to support classes and concerts that promote jazz and the contributions to jazz of black musicians.
- 5,000 Brooklyn Philharmonic Orchestra for general support.

yle. They also were nesses who saw the hotel, arguing about information about the to call 577-8477, a polic- sibility of connections robberies in which the like the pair today, als well-dressed — made worth of jewelry. Investi theves in the jewelry r ed Upper East Side resta drinking and then foll with expensive-looking and necklaces.

Another Shooting
In one case, a man was prevent the theft of his ring. Another victim sa- knew what they were lo- was wearing costume- rings, which they let her! stole her engagement rin- real.

After the robbers had Schaeffers had been taker, Chet Hazzard, executi- dent of Vera Wang Bridal outside the salon and read from Miss Wang. It said not been in the vicinity of and was "terribly and- cerned." The statement in Miss Wang said she had b- with the Schaeffers.

OPPORTUNITY DOCKS

The Travel Every City
The New York



THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

Ernest Schoenfeld
Dean's Office
Rm. 171B Rosenau Hall
Campus Box 7400

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

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

MEMORANDUM

TO: MHREC Committee
FROM: Bill Small
DATE: February 4, 1994
RE: Written Report from Trude Bennett

RECEIVED

FEB 7 1994

Office of The Assoc. Dean
Sch. of Public Health

Attached is a written report from Trude Bennett on the 1993 MHREC-funded grant, 'Health and Well-Being of African-American Women Service Workers'. Her oral presentation of this report is scheduled for February 25 at 12:30. This will be the first Brown Bag Seminar of the MHREC Committee. The MHREC Committee will meet prior to the Brown Bag Seminar on February 25 at 11:30 in the McGavran Room.

Date: February 2, 1994

To: William T. Small, Assistant Dean
School of Public Health
165 Rosenau Hall 210, CB# 7400

From: Trude Bennett, Dr.P.H.
Assistant Professor
Department of Maternal and Child Health

Re: Progress report on grant received from Minority Health Research and Education Center

I received my grant from the Minority Health Research and Education Center for the project, "Health and Well-Being of African-American Women Service Workers," in February 1993. As a newly arrived faculty member in the School of Public Health, I was aware of the historical and current concerns of the housekeeping staff at UNC and the organizing efforts of the Housekeepers Association to improve salaries and working conditions. Though unique in certain ways, the conditions of UNC housekeepers appeared to be representative of the situation of many minority women in the workforce. The low-wage and low-status nature of their jobs, accompanying stresses and potential health risks, multiple roles necessitated by family and economic responsibilities, and efforts to achieve greater equity all appeared to characterize employment for large numbers of minority women throughout the Southeast and the U.S. Given the lack of research in this area, I felt that an exploratory study could be beneficial and I was very grateful to receive support from the MHREC. Subsequently I became acclimatized to Chapel Hill after an absence of five years, and became more familiar with the situation of the housekeepers and their organizing efforts. I heeded the advice of the MHREC awards committee and decided to spend an initial period of time getting to know members of the Housekeepers Association, trying to understand their history and current issues in greater depth, and letting people get to know me and determine how I might be supportive of their concerns through my activities in campus and community groups as well as my academic work. For this reason I proceeded with the task of reviewing existing literature on health and social risks associated with service occupations and the relationship between work and family life for African-American women; however, I delayed the focus group work and have made modifications to the design which are described below.

Literature review. The literature review was initiated in the Spring of 1993 with the assistance of Pauline Russell-Brown, a doctoral student in the Department of Maternal and Child Health. We first reviewed labor force and economic trends among African-American women in North Carolina from the 1990 Census. I have continued to search and review literature about or relevant to African-American women in the following topic areas:

- *Women's changing labor force participation
- *Structural changes in the U.S. economy and impact on minority women
- *Competing demands of work and family in women's lives
- *Racial and socioeconomic inequalities in women's health
- *Family structure and health
- *Stress, hypertension, and cardiovascular disease among African-American women
- *Occupational stress and health problems of women workers
- *Injuries among women workers
- *Stressful working conditions and health problems as predictors of absenteeism
- *Employment-related health insurance coverage
- *Access to health care for uninsured and underinsured working families
- *Stress, social support, health, and health care utilization
- *Accessibility and acceptability of health care to working women

Although this list covers a vast area of public health and other literature, perhaps the main finding of this extensive review was that there is a dearth of research with specific relevance to African-American women in low-wage service sector jobs. Research on women's multiple roles tends to focus on middle class, European-American women. The women's occupational groups most studied are professionals (e.g., physicians) and office workers, with some limited attention to factory workers in European studies. Women service workers are clearly a large and critical component of the U.S. labor force deserving attention in relation to occupational health risks and family issues.

Support activities. Over the last year, I have participated in various support activities for the UNC Housekeepers Association and other organizations involving African-American women workers. I attended noontime and evening meetings of the housekeepers' support group on campus, meetings of the student legal team working in support of the housekeepers' grievances, and meetings with University administrators at which support for the housekeepers was solicited. I helped to organize and staff fund-raising and educational events both on campus and in the community. I assisted volunteers in the design, implementation, and analysis of an informal survey of UNC housekeepers to gather information for legal activities. I have been asked by the Steering Committee of the Housekeepers Association to help lead discussions of African-American women's health issues in community meetings in Durham, and hope to participate in the activities of a new support group based in Chapel Hill called "We Are All Housekeepers."

Through these activities, I have met the staff of the Working Women's Project of Southerners for Economic Justice (SEJ) based in Durham. While attending community events on Workers' Compensation and other economic justice issues, I have been fortunate to meet women from other work sites and organizing projects. At a community forum on job discrimination in July, I met organizers from the Center for Women's Economic Alternatives in Ahoskie and the Helping Hands Center in Siler City who are working with predominantly minority women working in poultry processing plants. At a Women's Economic Justice Conference hosted in Durham in October by the Mid-Atlantic Synod of the Presbyterian Church, I attended a workshop conducted by women poultry workers and began to learn about the hazardous conditions of women working in the poultry industry, which now surpasses tobacco in terms of its role in the North Carolina economy and relies on a workforce of rural African-American women.

Focus groups. As a result of these experiences and consultation with numerous people involved in community and research activities, I have reassessed my original plan for the focus groups. My current plans are being developed with the assistance of Gratia Wright, Research Director of First Research Marketing Research in Greensboro. Ms. Wright is an African-American woman with extensive experience in focus group work (she has conducted groups for Dr. Eugenia Eng in the Department of Health Behavior and Health Education). She has agreed to work within the budget defined for this project because of her strong commitment to community-based work and her hope that the project will ultimately help to improve working conditions for low-income minority women.

I have determined that the aim of organizing four groups of UNC housekeepers according to age and stage of family life is not realistic. Due to the housekeepers' demanding schedules and constraints on transportation as well as time, I have altered my expectation to conduct no more than two focus groups with UNC housekeepers. I aim to conduct the first group with UNC housekeepers in March or April of 1994 as a pilot effort, and then to evaluate plans for three additional groups. Enrollment of women into the initial group will be carried out by Chris Bauman, a full-time organizer working on campus with the Housekeepers Association. The only criteria will be to include African-American women employed as housekeepers on campus. African-American women students who have been active in support activities with the Housekeepers Association are being recruited to assist Ms. Wright as recorders, and to receive training in focus group research. The group session will be held in the basement of the Campus Y, a comfortable room which is easily accessible on campus, affords total privacy, and is associated with a group that is perceived as being independent of the University administration and therefore not linked to

the women's employer. Dip's Country Kitchen has agreed to cater lunch for the group within the project budget. After assessment of the initial group, my current aim is to conduct one or two additional groups with UNC housekeepers, and to organize at least one group with women from the poultry plants in the Siler City area and possibly with Duke Hospital workers. Rosa Sutton and Carol Brooke of the Helping Hands Center have indicated interest in facilitating recruitment and organization of groups in Siler City. Barbara Taylor and Joanna Miller, organizers of SEJ's Working Women's Project have offered to assist in organizing groups among Duke Hospital workers or women in similar jobs at other sites.

I am currently working with Gratia Wright to develop a screener, consent form, and discussion guide. These forms will be reviewed by members of the Steering Committee of the Housekeepers Association and hopefully by Dr. John Hatch of the Department of HBHE, who has generously provided consultation on this project. Topics for focus group discussion will reflect the following issues:

1) Health insurance coverage and utilization of health care

Access to coverage for themselves, their children, and others in their families

Other financial barriers to care: If insured, they may be "underinsured" with high premiums, deductibles, and co-payments or certain conditions excluded from coverage; cost of medications

Nonfinancial access barriers: time off work or away from family responsibilities to schedule appointments for themselves, their children, or other family members; waiting time for appointments; provider availability; transportation; child care; waiting time at the clinic or doctor's office; lack of respect; poor communication; literacy problems; any other disincentives

How often (in the last year) did they have a medical problem but did not seek care (for themselves or their children)? What types of problems?

2) Direct effects of their jobs on their own physical and mental health

Do they work at more than one job? What types of secondary jobs? What hours?

Physical exposures to chemicals or anything else in the working environment that might be harmful (extreme heat or cold), forms of physical exertion (e.g., operating heavy equipment, heavy cleaning work), other physical stresses (e.g., repetitive motion); risk of injury

Fatigue and other forms of stress -- lack of respect by employers, supervisors, or others encountered in the workplace (e.g., customers, faculty, students); lack of control; harsh treatment by supervisors; racism, sexism, or other forms of discrimination; performance pressure (e.g., speed, unreasonable workload); lack of adequate time for meals or breaks; insufficient access to restrooms; lack of privacy

Illness or injury which they perceive to be related to their job -- any types of accidents or injuries; automobile accidents related to fatigue; physical injury, soreness, or pain; skin problems; respiratory problems; heart problems; frequent colds; depression; anxiety; any other patterns of illness or disease

3) Indirect effects of jobs on themselves and their families

Availability to family and ability to supervise children, resulting anxiety and problems with children

Problems related to low income and need to work additional jobs

Problems related to commuting and travel to work

Spillover of all of above on family life and the multiple roles that women play in their families

Further research. Since receiving the MHREC grant, I have also received funding to work in related areas of minority health and women's health. I am Co-investigator on a project funded by the National Center for Health Statistics and the Association of Schools of Public Health, "Assessment of Statistical Materials and Methods for Minority Health Research," (Dr. Lloyd Edwards, Principal Investigator and Dr. Dorothy Browne, Co-Investigator) and a project funded by the Centers for Disease Control and Prevention, "Maternal Morbidity: The Impact of Pregnancy-Related Hospitalizations on Women and Children's Health" (Dr. Milton Kotelchuck, Principal Investigator). I am continuing to focus on developing a research agenda that will be supportive of health promotion, disease prevention, and policy reform for health services delivery and financing to benefit minority health. The NIH research program in "Women's Health Over the Lifecourse: Social and Behavioral Aspects," which places special emphasis on

minority women, is ongoing. I hope that findings from the focus groups will generate information that will enable me to develop a proposal to NIH for research funding under this solicitation.

Minority Health Research and Education Center

*The University of North Carolina at Chapel Hill
School of Public Health*

*Dr. _____
Director*



THE UNIVERSITY OF NORTH C
AT
CHAPEL HILL

2/25
for you
MHRES mtg
today

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

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

MEMORANDUM

TO: Minority Health Research and Education Center Committee
FROM: Bill Small
DATE: February 18, 1994
RE: Supplemental Funding to MHREC Grant Awardee

Attached is a request for supplemental funding for Carmen Samuel-Hodge. She is requesting an additional \$240.00 to cover office supplies that were omitted from original proposal. Please review and be prepared to discuss at the next MHREC meeting on February 25 at 11:30 in the McGavran Room.

ok with me
Ernie

RECEIVED

FEB 21 1994

Office of The Assoc. Dean
Sch. of Public Health

UNIVERSITY OF NORTH CAROLINA

AT

CHAPEL HILL

School of Public Health
Department of Nutrition

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

MEMORANDUM

TO: Minority Health Research and Education
Center Grant Committee

FROM: Carmen Samuel-Hodge *CSH*

DATE: February 18, 1994

SUBJECT: Request for Supplemental Funding

Thank you for funding my proposal entitled "Diabetes Care for African Americans - Perceived Education Needs and Barriers to Dietary Adherence". I have taken into consideration your areas of concern and will address those issues in my progress report and final analysis.

In review of my original proposal, I have uncovered an omission in my request for funding. As a NIH trainee with Dr. Alice Ammerman, I will have access to general office equipment, but other operational expenses associated with my proposed project are better handled as a separate account with its own funding source. These costs and their justification, are addressed in this request for supplemental funds (see attached budget revision).

I apologize for the oversight, and request your consideration of this revised budget. Again, thank you for the grant award, and your support of research focused on minority health.

Attachment

Attachment

E. BUDGET AND JUSTIFICATION

BUDGET

1.	Personnel	\$	0
2.	Travel	\$	40.00
3.	Equipment & transcription services	\$	282.00
4.	Office supplies *	\$	240.00
5.	Refreshments & remuneration for participants	\$	1,160.00
	TOTAL BUDGET	\$	1,722.00

JUSTIFICATION

1. None requested; the applicant will moderate the group discussions.
2. Travel to four (4) discussion sites at an average round trip of 40 miles X \$0.25/mile = \$40.00. Health Centers located within Orange, Durham and Chatham counties will be selected.
3. Equipment includes a tape recorder with microphone @ \$90.00 and blank audio tapes (two 5-packs of 60-minute tapes @ \$5.00 each) = \$10.00. Total equipment = \$100.00.

Transcription costs include 12 hours of transcribing (4 sessions X 1.5 hours/session X 2 hours transcribing/recorded hour @ \$14.00/hour = \$168.00. An additional \$14.00 is added to allow for any additional time needed for transcription. Total transcription services = \$182.00.

4. Office supplies include the following estimates:

Paper – for invitations, forms, questionnaires, general correspondence, reports, etc.	\$	50.00
Postage – for correspondence with centers and participants	\$	40.00
Telephone – reminder calls to participants, contact with centers, collect calls from participants with inquiries, etc.	\$	70.00
Office supplies – stationery, computer disks, and general office supplies	\$	40.00
Printing – copying of consent forms, invitations, questionnaires, and other materials	\$	40.00

Total = \$240.00

* These are the costs for which supplemental funds are requested. Other portions of the original budget remain unchanged.

MINUTES FROM THE MHREC COMMITTEE MEETING ON 1/21/94

The idea of cataloging Minority Health projects not falling under MHREC was the first item discussed. In order to establish a base of research that is being conducted in the SPH, we will write all faculty in SPH and ask for research projects, courses, scheduled seminars, etc that they are involved in. A similar effort was made with the Injury Prevention Center and we will contact April Hoyle to get assistance on how data collection was done. Additionally, a database called SPARCI is available and can be accessed to obtain a list of all grant and contract proposals (funded and pending). Rebecca Mabe is an expert in searching this database and will be requested to assist us.

The status of the brochure was mentioned. It was developed last year by Dot's assistant but was never finalized. We will circulate this draft to the committee to solicit comments and suggestions. Dean was pleased with Center proposal. Maybe we'll need something more substantive than brochure to give to people (administrators, and others) who we want to know what we are all about. This will include things we have done, things we are planning to do, programs, seminars, etc. These things will complement brochure. Vic and Dot have agreed to work on this document.

Joseph Telfair submitted his final report on the grant he was awarded last year by MHREC. He is willing to come before the group and present his findings. Oral reports were suggested earlier this year and maybe this should be done as a school-wide seminar. Schoenfeld suggests initiating Brown Bag Seminars to draw people who are interested in Minority Health. This may not have broad attendance initially, but will draw attention to MHREC. This is something that needs to be done over a long period of time (approximately once per month). A suggestion was made to bring Delton Atkinson to discuss minority issues, Barbara Pullen-Smith to discuss what is going on in the State, and Recipients of 1993 MHREC awards to give reports. Brown Bag Seminars will be scheduled ASAP.

We have developed a notebook of MHREC documents and memos and need your assistance in gathering copies on a disk so that they may be kept in a central location. We will identify the file name, subdirectory and date on each document in the notebook and keep them on Rosa Laney's computer.

Lloyd Edwards sent out letters to awardees and projects not funded by the MHREC Committee. He will get copies (on disk and hard copy) to Bill for the notebook. Committee was pleased to see a new crop of people interested in Minority Health as demonstrated by the applicants for MHREC funds.

Parking for the Deborah Prothrow-Stith lecture on February 10 was mentioned as a concern. It was suggested that parking options should be made available in a news release. This would indicate parking availability at the S lot and shuttle would be 60 cents each way. Laurie will check with Cynthia Cotten to see about having this information added to announcement.

Joycelyn Elders and Hillary Rodham Clinton will be at NC State on February 10 to talk about Health Care Reform. Barbara Pullen-Smith will forward information to the committee ASAP.

John Turner is interested in establishing an African-American Center to be housed in the Black Cultural Center. The Black Cultural Center is trying to include academic programs such as MHREC. Bill shared what the MHREC committee is doing and visions for the future. Harold Wallace is interim director of BCC. Maybe MHREC could have space to house projects. Walter Davis was approached about donating money to MHREC. Schoenfeld would like Davis to give MHREC a jump start in funding to get recognition we need to get service money. We need to bring in Davis and Turner to discuss plans.

General Assembly canceled May session and will carry on business during special session. This throws wrench in plans for AIDS conference (April 26). This would be a good time to introduce MHREC plans to General Assembly. We need to be invited to do this. Further information will be forwarded as available.

File

MINUTES FROM MHREC COMMITTEE MEETING ON 1/5/94

The purpose of this meeting was to discuss proposals submitted in response to the MHREC Grant committee. A total of five proposals were submitted. Each proposal was distributed to the entire MHREC committee and was to be evaluated prior to the meeting. During the meeting, committee members offered comments on each proposal and the discussion ended with a vote whether or not to fund the proposal.

Letters will be sent to all applicants by the grant committee to let them know the results. Money will be allotted by February 1 (IRB clearance required prior to funding) and must be encumbered by June 30. Recipients of grant funds will be reminded of the 6 month progress report due August 31 and the final report due February 28, 1995.

Funds are from Dean's office and the MHREC will not lose the money if it is not spent on funding grants.

A brief summary of the discussion of the proposals is provided below:

Ed H. Norman; Irva Hertz-Picciotto - Evaluation of Interventions for Childhood Lead Poisoning in North Carolina

All members felt positive about this proposal. The only problem was that statistical assistance was needed. This will be made explicit in the approval letter that statistical assistance is required as a condition of the funding.

Renee Royak-Schaler - Breast Cancer Worry, Perceived Risk, and Early Detection Among African-American, Low-Income Women at Risk of Breast Cancer

The question came up to whether PI is eligible since not affiliated with SPH. However, through collaboration with Brenda DeVellis and James Sorenson who are both in the SPH, it was determined that Dr. Royak-Schaler is eligible. In the future, we will make it clear who is eligible.

The only problem with this proposal was small sample size. Regardless, this proposal received 6 votes for funding.

Carmen D. Samuel-Hodge - Diabetes Care for African Americans --Perceived Education Needs and Barriers to Dietary Adherence

There was a suggestion that more theoretical framework was needed. The proposal only discussed data collection and didn't mention much information on dietary component. Additionally, there was not a lot of discussion on how the data would be analyzed. The statistics were weak. Even if this was only a descriptive study, tables would be needed to show that information.

The strengths of this proposal were that it was valuable and feasible with only modest funding. PI is funded by other sources and did not need salary. The proposal received 6 votes for funding with additional work on data analysis required as a condition of the funding.

Frances M. Lynn; Alan B. Steckler - Childhood Lead Poisoning Prevention in North Carolina: Developing Primary Prevention Strategies

The consensus of the committee was that this proposal was weak and not well developed. The entire proposal was 'iffy'. Though another proposal was referenced, this proposal was not written as to stand on its own. It was suggested that evaluating interventions was 'putting the cart before the horse'. This proposal received 2 votes for funding and 4 votes for not funding.

Rachel Royce - North Carolina Cervical Health Study - Prevention of Cervical Cancer in HIV-Infected Women.

There were major problems with this proposal. It appeared to be an R01 proposal that was not funded. Additionally, the ethnic group hypothesis seemed to be contrived, it was too ambitious and the budget was not reasonable for the proposed research. Possibly some subset of this proposal should have been submitted with greater chances of funding although it is not clear whether or not the proposal could have been paired down. No mention was made as to who would help with the questionnaire. By the time a person was identified, the year would have passed.

There was discussion whether or not project should be approved with conditions that needed to be revised and submitted again. The committee voted against this option. This proposal received 5 votes for not funding and 1 undecided vote.

Other items discussed were:

- Visit of Marion Wright Edelman in April

We have made contact with persons responsible for this visit and are exploring ways to be a co-sponsor. Details will be provided as soon as they are available. The only information we have is that she will be here for a week (in the School of Social Work) and will provide the Bicentennial lecture on April 13.

-Visit of Debra Prothrow-Stith February 10-11

The School of Medicine is spearheading and the MHREC has provided some funds to co-sponsor. A lecture is being scheduled in the SPH and Dr. Stith will be available to talk with students during her visit. Monica Bynoe may be contacted for more info on visit with students. Also Carol Runyan (Injury Prevention Center) has also requested time with Dr. Stith.

-The MHREC is exploring the possibility of hosting a seminar. David Satcher, Director, CDC, has been suggested but committee is open for other suggestions.

The next meeting of the MHREC is Friday, January 21. Time and location will be announced ASAP.

North Carolina Minority Health Facts: **BLACKS**

INTRODUCTION

Fifty years ago, Blacks died at a rate of 10.0 per 1,000 population. Heart disease, nephritis, stroke, tuberculosis and pneumonia were among the leading killers of Black persons. Only one-half of Black births were attended by a physician and almost one-fifth of these births were to unmarried women. While great strides have been made in improving the health of Blacks, there are still many health issues that have remained virtually unchanged or worsened since the turn of the century.

This report focuses on major health indicators of maternal and infant health, mortality, infectious disease and behavioral risk factors that greatly affect the health of Blacks. It can be used to begin developing measures to promote positive health outcomes and studies that explore associations between these indicators and socioeconomic indicators. Currently, Healthy People 2000 is addressing some of these health initiatives on the national level while Healthy Carolinians 2000 is focusing on community-based health improvement programs at the state level.

Note: North Carolina data are for 1987-91 unless otherwise noted. Mortality rates are age-adjusted and expressed per 100,000 population. Behavioral Risk Factor data are self-reported via telephone.

POPULATION

The 1990 U.S. Census enumerated 1,456,323 Blacks in North Carolina. Although Blacks had the least percentage growth of any major racial group during the past decade, they still constitute the second largest racial group in North Carolina (Table 1). One out of every five persons in the state is Black and the median age is 28.5 years. Sixty-three percent live in urban areas.

Socioeconomic characteristics which may affect the health of Blacks include those from the 1990 census:

- Almost one-third of Black households had women as head of household with no husband present while 17 percent were headed by women with no husband present and children under age 18.
- Forty-one percent of children under age five were below the poverty level.
- Fifty-three percent of all persons in correctional institutions were Black men.

TABLE 1
Population and Percent
Increase by Race
North Carolina 1990

Race	Population	Percent Increase 1980 to 1990
Total	6,628,637	12.7
White	5,008,491	12.4
Black	1,456,323	10.4
American Indian	79,825	23.7
Other	83,998	105.5

MATERNAL AND INFANT HEALTH

Approximately 43,000 pregnancies occur to Black women in North Carolina each year. Live births represent the majority of these pregnancies with a percentage of 69. Abortions account for 30 percent of these pregnancies while fetal deaths account for one percent.

Sixty-eight percent of the pregnancies were to unmarried women. Over one-fourth of the pregnancies occurred to females under age 20 with more than one-third (37%) of these teens having a second or higher-order pregnancy. Slightly more than five percent of the adolescent pregnancies were to younger teens (ages 10-14). As shown in Figure 1, the pregnancy rate for Black females age 15-19 was 155.3 per 1,000 population in 1990. The Year 2000 goal is to reduce the rate to 120.0.

THE UNIVERSITY OF NORTH CAROLINA
ABSTRACT OF APPLICATION FOR GRANT, CONTRACT, OR COOPERATIVE AGREEMENT

Title: Hispanic Infant Outcomes: A Systematic Study

Number: 00

Principal Investigator(s)/Project Director(s): C. M. Suchindran

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 problems(s),
2. the hypothesis(es) or objective(s), and
3. the method(s) of the project.

The proposed research will conduct a systematic study of several related infant outcomes among Mexican-Americans, mainland and island Puerto Ricans, Cuban-Americans, with the mainland distinguished by birthplace in the U.S. or in their motherlands. The study will use national birth and infant death certificate data, collected since 1989, which obtained information on Hispanic ethnic identity in nearly all states. The study will analyze systematically and in an integrated way low birthweight, perterm birth, intrauterine growth retardation and the timing and level of infant mortality from all causes combined and from specific causes, to discover the difference in these outcomes among various ethnic-nativity groups. The study will also identify the specific combinations of characteristics that place individuals at the greatest risk of experiencing adverse pregnancy outcomes. The analysis techniques include a variety of analytical techniques such as local linear regression, classification and regression trees, multinomial logistic regression and hazards modeling. The proposed research seeks to understand the ethnic differences in the infant outcomes by examining the direct and indirect effects of a number of intermediate and proximate explanatory variables.

\$ 395,091

Div. of Research Grants, NHH

Minority Health Research and Education Center
School of Public Health
University of North Carolina at Chapel Hill
October 10, 1994

Lloyd + fundraising

Agenda

Minutes of previous meeting

Old business

- Joseph Telfair's Report
- MHREC brochure and logo - *talk to April + Bill re: how to proceed.*
- Additional old business

New business

- Establishment of MHREC - *Look to Foundation for core support*
- Recent MHREC developments *SPACE*
- Policy issues
- Small grant awards
- Additional new business

MINUTES FROM THE MHREC COMMITTEE MEETING ON 4/22/94

Members present: Edwards, Fox, Mitchell, Schoenbach, Schoenfeld, Small (presiding), Pullen-Smith

There was an excellent turn-out by students for the Mirian Wright-Edelman presentation given 3/14 /94 as part of the University's Bicentennial celebration.

The SPH was featured at a health orientation program for college students held at the Friday Center on the same day as the Wright-Edelman program. Student representatives from SPH performed excellently.

The first order of new business at today's meeting was the review of the draft crafted by Barbara, Ernie , and Don concerning the Guideline for Use of Discretionary Budget of MHREC. There was lengthy discussion concerning what was thought to be the final version of the mission of the MHREC. However, the actual final version of the mission drafted by Dorothy C. Brown was discovered and all agreed on the language of the text. Small thought that perhaps the MHREC should also consider involving other school such as nursing and medicine concerning what they are doing in the area of minority health research. He thinks that perhaps we should invite Lorna Harris to speak to the committee about some of the things that they are doing in the nursing program. Lloyd thinks that this is a good idea, however, he feels that the SPH should without question be the leader in terms of minority health issues. Small agreed in that we need to develop our own distinct perspective in terms of minority public health and that SPH definitely has the components already in place to be the leader.

In the matter of the development of the MHREC brochure, Vic reports that he is still in the initial process of putting it together but expects that it will be completed shortly. Part of the mission of the MHREC is to get more people involved in minority health so that the school through the center will be thought of as the preeminent place for minority health related issues.

Small suggested that the MHREC look into perhaps pursuing funding from the Aaron Diamond Foundation, a private philanthropic organization that regularly disperses funding concerning health related issues. Small also reported that SPH did not receive funding for the HCOP and asked the other committee members if they felt that we should pursue funding in the next cycle. Vic felt that perhaps the proposal could be improved but wondered whether pursuing the grant would be feasible given the politics and subjectivity involved in the committee's decision process. Lloyd felt that the grant proposal could have used a bit more unity and that it would be a good grant to have. He also felt that perhaps some of the criticism of the proposal by the decision committee was unwarranted.

Lloyd and Dot Brown went to a Community Substance Abuse Prevention Conference (CSAP) and reported that the conference has at least 10 million dollars in grant money to disperse. His own personal observation is that they are not really interested in research based methods but primarily hands-on community organizations. He plans to give a fuller report on the conference at the next MHREC meeting.

Small suggested that MHREC should actively pursue getting churches involved as conduits in disseminating health related information to their respective communities. He spoke with the Dean of Shaw's School of Divinity who was very receptive to the idea. Small suggested drafting a letter of intent to be sent to the CDC for possible funding. The initiative would bring together regional clergymen to discuss AIDS and HIV in terms of disseminating information about the disease to their communities.

AGENDA ITEMS FOR THE NEXT MEETING (To Be Re-scheduled)

- 1). Lloyd's presentation on CSAP
- 2). The Minority AIDS Conference held on April 26, 1994
- 3). Additional support persons for MHREC
- 4). Other Business
- 5). Telfair Seminar

Note: Check your e-mail for date, time, and location of the next MHREC meeting.

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.

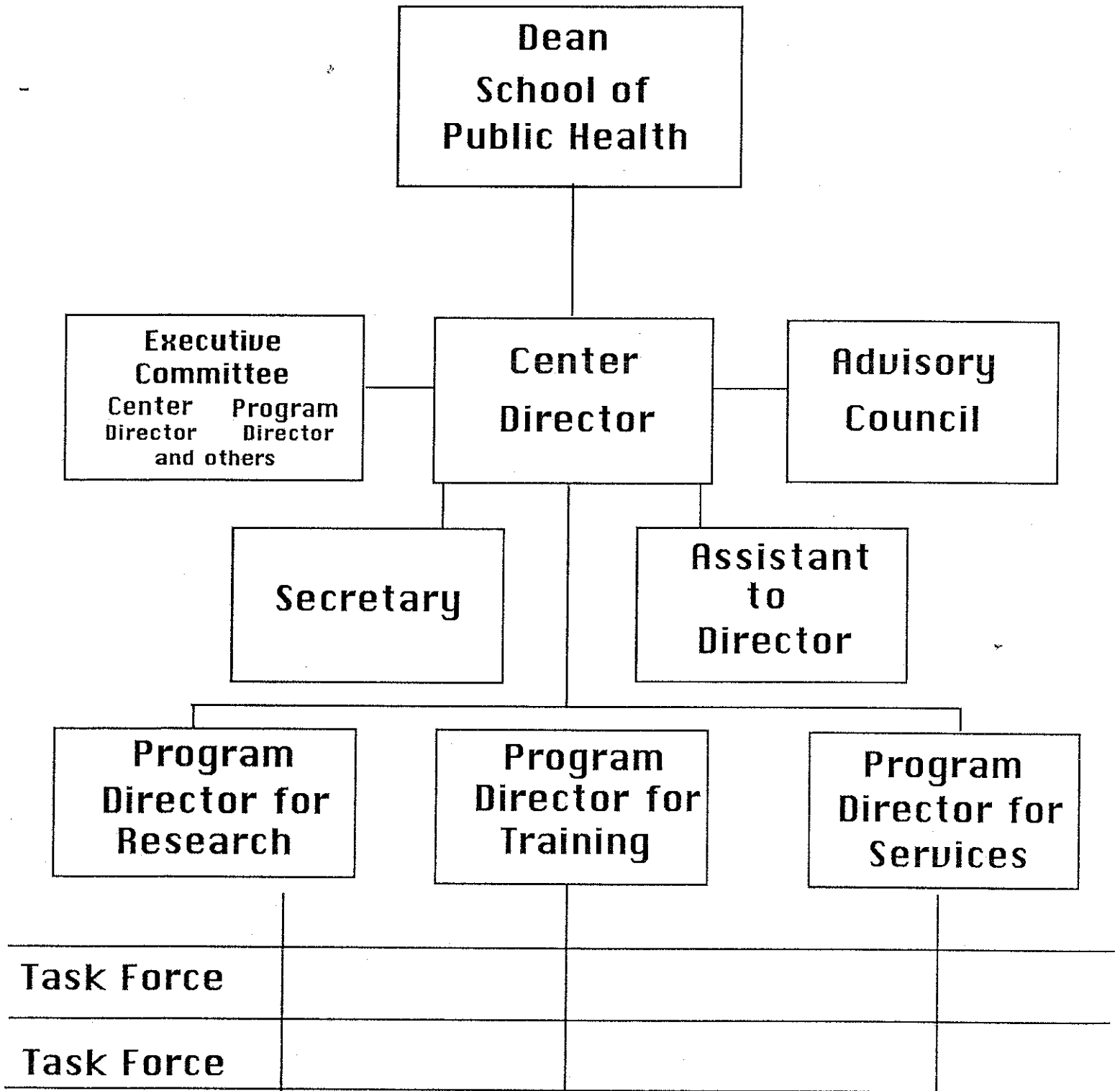
An Assistant Director will function under the direction of the Center's Director and will be responsible for the day-to-day management of the Center. The Center's Assistant Director will also assist the Director in preparing required reports to grant agencies; providing publicity for the Center; assisting 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



**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.



THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

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

MEMORANDUM

To: Dr. Michel Ibrahim, Dean
School of Public Health *DCB*

From: Drs. Dorothy C. Browne and Victor Schoenbach *V/S*

Date: December 10, 1992

Re: Minority Health Research and Education Center

Attached is a preliminary proposal outlining the mission, rationale, goals, and organizational structure for the Minority Health Research and Education Center.

Please review this initial draft to see that it is consistent with your general view of the Center. It is our understanding that initial funding will come through the change budget mechanism.

We are prepared, of course, to amend and expand the proposal and welcome your critique at this stage in the process.

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, education, and service activities of the School of Public Health faculty and students, and through cooperative efforts with 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, the Center will position the School of Public Health as a national leader in the increasingly important field of minority health.

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 examined sporadically and from narrow perspectives. 3) Members of minority population groups are under-represented among public health professionals.

Heterogenous in terms of geographic origin, socio-economic 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,1992). 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, Hispanic and Asian populations as well.

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). 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, 1991), 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.

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.

A second reason for an explicit focus on minority health is the realization that research on the health of minority populations and their identified subgroups has been inadequate. Much of the data on minority health has been gathered through studies of the general population and consequently suffers from sampling biases (Mays, 1991). 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.

Often constructs, measures, and methods developed for the study of the white population have been used haphazardly in the study of minority groups. Little theoretical or empirical inquiry has been directed toward methodological issues for minority health research. The

unique cultural experiences of minority populations are often ignored by researchers (Neighbors, 1985; Mays, 1991). Lack of attention to the cultural context for research has left us with a superficial understanding of minority health status.

Researchers pursuing minority health topics need particular types of technical support and assistance. Senior researchers with relevant expertise need an opportunity to come together with others interested in building new competencies. Inquiry into the constellation of socio-economic, cultural, and demographic factors that comprise the health risk profiles of minority communities demands multi-disciplinary research. Such multi-disciplinary efforts would be furthered by the presence of the proposed Center. Developing new, culturally appropriate constructs and measures requires access to expertise in sociometric procedures and methodological techniques. The Center would work to build a technical capacity for creating and testing instruments.

The last of the Center's three-part rationale concerns the need for professionally trained members of minority populations in the field of public health. Despite increasing percentages of minorities in the U.S. population as a whole, minority representation among those earning graduate degrees has declined. Trends for minority student enrollment and graduation from advanced degree programs in public health parallel statistics for other degree programs. In 1990, African Americans accounted for only 6% of U.S. students enrolled in schools of public health; another 6% were Hispanic; 5% were Asian American; and less than 1% were Native American (Levin, 1991).

Increasing the numbers of graduate-trained minority public health professionals is critical in any endeavor to build capacity for conducting 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.

III. Goals

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. These interdisciplinary task forces will be established as standing or temporary committees in response to subject area priorities determined by the Center. Members will be charged to find sources of funding for pilot studies and other developmental work; they will work to create relevant measures for minority health issues and to coordinate multi-disciplinary inquiry into specified subject areas.

The task forces will function as organizational networks for all MHREC-affiliated investigators, institutions, and collaborating parties. As such, they will coordinate continuing education and technical assistance for researchers around minority health topics and facilitate access to minority health databases.

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 document that will be updated annually and distributed 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 departmental curricula 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, the Center will focus primarily on support for undergraduate and graduate students. 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 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 contribute to the enhancement of institutions of higher education that serve largely minority students.

3. 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.

The Center will focus its service activities around support for outreach and advocacy initiatives sponsored by other state and national bodies dedicated to minority health concerns such as the North Carolina Minority Health Center, the North Carolina Office of Minority Health, the North Carolina Health Careers Access Program, the North Carolina State Medical Society, and other federal and local organizations committed to eliminating the health status gaps between ethnic groups. All service initiatives sponsored by the Center will endeavor to build on existing efforts in the target communities.

In partnership with other institutions of higher learning, particularly Historically Black Colleges and Universities, the Center may pursue activities such as the following: co-sponsoring intervention and research activities and campus programming for students; coordinating programs to inspire minority students to consider careers in the health professions; supporting joint academic exchange programs for students and faculty.

The MHREC will work whenever possible to support minority health-related activities sponsored by area public and private service agencies, foundations, and community and

civic organizations. Possibilities include the following: joint sponsorship of health promotion programs; scholarships and student enrichment programs; internships and training initiatives; formation of community coalitions to address minority health issues; participation in outreach activities such as conferences, seminars, and retreats.

Also with respect to its service goals, the MHREC will work with local, state, and federal government to ensure that minority health issues are public policy priorities. To that end, the MHREC will support efforts to educate public officials regarding minority health issues; disseminate research findings and provide other technical support to existing state and national minority health agencies; and foster increased participation of minorities in government.

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 Committee composed of faculty members, state and local agency professionals, and community representatives. The Committee

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 Committee. S/He will serve as the chief administrator for the Proposal Development and Dissemination Unit described below.

The Center Secretary will be responsible for clerical support such as keeping records, maintaining all paperwork and typing correspondence, publications and reports.

Research, education, and service activities will be performed by interdisciplinary task forces established to address specific subject areas determined by the Center. A designated task force leader will schedule meetings, disseminate information to task force members, and facilitate the work of the task force. S/He will have access to the services of a student assistant whose activities may be part of a training program for undergraduate or graduate students affiliated with the Center.

The Center will house and staff two core support 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 unit 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 unit 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 unit. Unit personnel 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

This core, headed by the Assistant to the Center Director, will assist MHREC-affiliated investigators and students in developing grant proposals and disseminating research findings.

The Proposal Development and Dissemination unit will function as a resource for investigators in all stages of the proposal development process. The unit will serve as a clearinghouse for funding opportunities and external requests for proposals. Unit staff will provide secretarial and research support for investigators and students in conceptualizing and drafting new proposals. Staff will perform literature reviews, gather support documentation, offer technical assistance for writing and editing, and guide investigators through the institutional protocols associated with submitting proposals. Staff will supervise and facilitate the completion of all standardized forms and procedures, budget and budget justification materials, and official contract documentation. The unit will manage a small resource library and will coordinate training in proposal development for junior investigators and students.

The Proposal Development and Dissemination unit will also coordinate the distribution of research findings to all MHREC-affiliate investigators and institutions. They will provide writing and editing assistance to investigators in preparing manuscripts for

publication in peer-reviewed journals and for release to the general public. Staff will assist in the preparation of summary documents for public and private health and social service agencies and government offices charged with policy-making relevant to minority health concerns. The unit will coordinate targeted and general educational campaigns regarding research findings.

The proposed Minority Health Research and Education Center meets critical and contemporary needs at the School of Public Health, in the state of North Carolina and in the country as a whole for coordinating research, education, and service related to minority health issues. The Center fits firmly into the well-established history of the School of Public Health's commitment to minority and disadvantaged populations and will greatly strengthen that commitment for the School as it moves toward the future.

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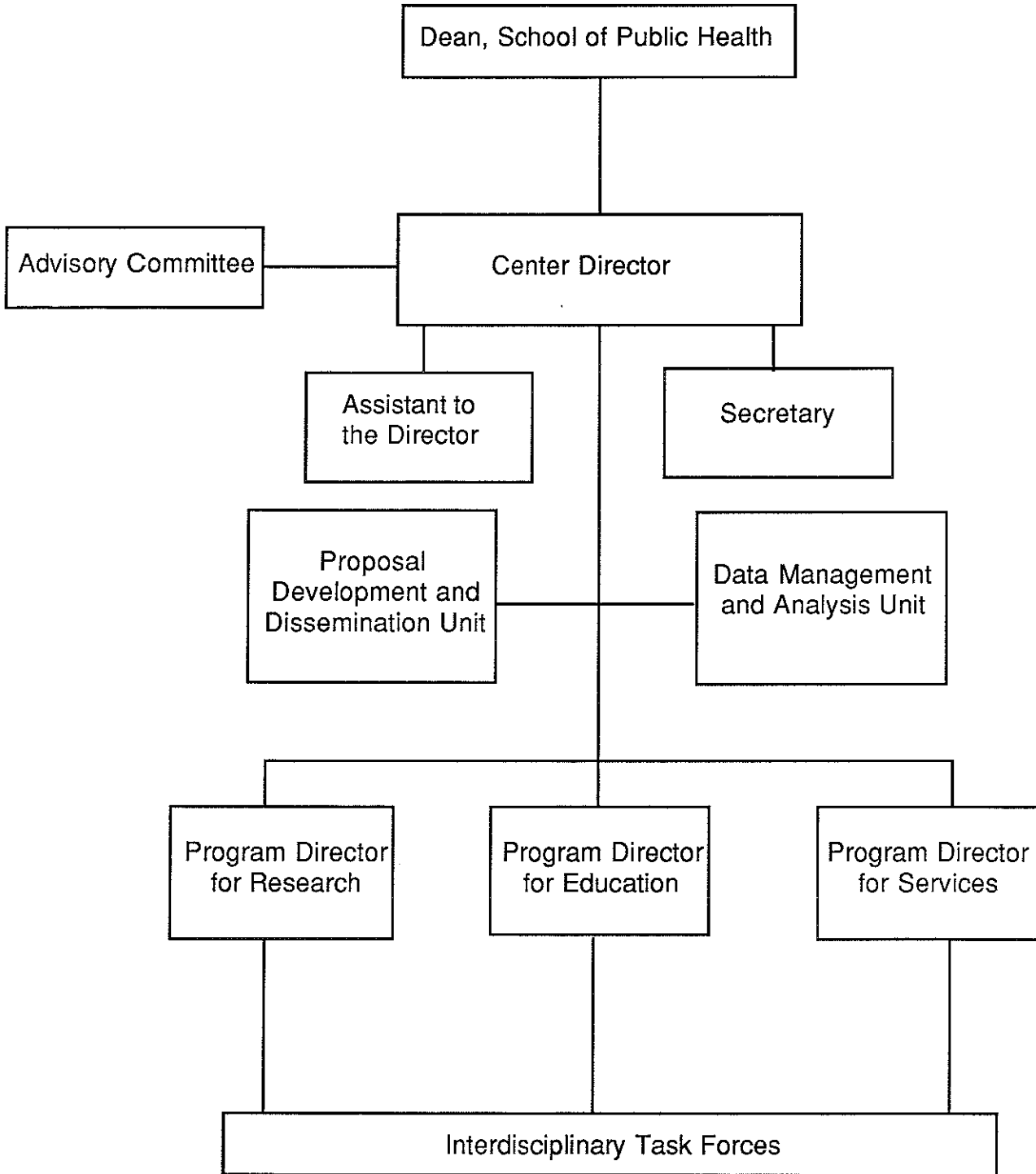
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MINORITY HEALTH RESEARCH AND EDUCATION CENTER





THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

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
Dean's Office
Rosenau Hall

From: Bill Small *BS*

Date: April 5, 1995

Subject: Dr. Caswell Evans' Visit to SPH

RECEIVED

APR 05 1995

Office of The Assoc. Dean
Sch. of Public Health

You are invited to attend a luncheon reception for Caswell Evans, DDS, MPH on **Wednesday, April 12, 1995 from 12:00 noon - 2:00 p.m. in the Student Lounge, Rosenau Hall.** Cas is currently serving as president of the American Public Health Association and is sharing with us the honor of his presence as he travels to Washington, D.C.

Cas has family ties in North Carolina and served as chief of dental services and director of research and evaluation at HEALTHCO, Inc. in Soul City, NC during the early 1970's. He has also served as assistant professor of dentistry at the University of North Carolina School of Dentistry. He has had extensive experience in public health dentistry, having served as dental director of King County Health Department in Seattle for many years. He is presently assistant director for the Los Angeles County Health Department, an adjunct professor at the School of Public Health and School of Dentistry at the University of California, Los Angeles, and associate professor in community medicine at the Charles R. Drew University of Medicine and Science.

Recently President Clinton signed a proclamation declaring the week of April 3 through April 9 as "National Public Health Week". Cas Evans was the principal initiator of this special proclamation.

We look forward to having you with us on Wednesday April 12.

WTS/rl