

NATIONAL INSTITUTES OF HEALTH
FISCAL YEAR 2005
PLAN FOR HIV-RELATED RESEARCH

VIII: RACIAL AND ETHNIC
MINORITIES

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
OFFICE OF AIDS RESEARCH

AREA OF EMPHASIS:

Racial and Ethnic Minorities

SCIENTIFIC ISSUES

HIV infection among racial and ethnic minorities remains a formidable health challenge, despite years of prevention interventions and enhanced therapeutic options. The disproportionate impact of HIV infection and transmission among this population has altered the social construction of these communities, affected their oldest institutions, and destroyed families across several generations. Despite the increased number of agents in the therapeutic armamentarium, the introduction of a new class of agents, and a novel class of agents under investigation, effective means to provide sustained interruption of transmission are urgently needed. Urban centers continue to reflect HIV transmission rates that rival resource-poor settings globally.

The reasons for this disproportionate impact, as well as the high rates of transmission, are complex and represent an interplay of social, economic, and historical factors. Social apathy, poverty, racism, homophobia, unequal access to health care resources, disproportionate impact of substance and alcohol abuse, marginalization of subpopulations within these communities (e.g., gay, bisexual, and transgendered persons), and the health impact of comorbid conditions that disproportionately affect this population (e.g., sexually transmitted infections [STIs] and hepatitis) underscore that a range of interventions will be necessary.

PRIORITY FOR FUTURE RESEARCH:

- **Expand prevention research in racial and ethnic minority communities to identify effective and innovative strategies to reduce HIV transmission.**

Prevention, defined in its broadest terms, continues to be an essential intervention in racial and ethnic minority communities. However, prevention interventions must be contextually and culturally appropriate, and address the risk behaviors associated with HIV transmission in ways that are accepted by the community. Replication of prevention interventions that succeed with one population group without modification for minority populations is destined to fail. In addition to current practice and state-of-the-science interventions, additional research is needed not only to expand the range of interventions but also to enhance their effectiveness.

The translation of prevention research findings into practice, especially in racial and ethnic minority communities, is long and arduous, particularly given the multiple factors listed above that affect these communities. The barriers to effective prevention in these communities include, but are not limited to: organizational infrastructure development, limited opportunities for routine exchanges between prevention researchers and front-line community providers, different definitions of effective prevention interventions between researchers and front-line community service providers, and prevention methods and tools that have little to no cultural relevance to the target population.

Organizational infrastructure development is an overarching need in racial and ethnic minority communities. Lack of organizational development, as well as the pervasive lack of significant and consistent infrastructure, limit the ability of racial and ethnic minority organizations to develop and maintain effective partnerships with academic and research entities through which prevention interventions (from behavioral to therapeutic) are delivered. Moreover, without this infrastructure, there is no institutional memory for development and expansion of preliminary efforts to continue work that was initiated in these communities. This continued need to start from the beginning presents challenges and frustrations to both the academic and research communities, as well as the community organizations. Sustained and consistent long-term investment in the organizational infrastructure of minority community organizations is a key component of the continued development and application of appropriate prevention interventions in this population.

PRIORITY FOR FUTURE RESEARCH:

- **Promote and expand capacity building and infrastructure development for HIV/AIDS research in racial and ethnic minority communities. An emphasis on community-academic-government partnerships, with concurrent development of minority institutions and investigators, is necessary for these communities to develop and sustain effective efforts to control HIV infection and its consequences.**

Minority community organizations include minority-predominant and minority-serving institutions. Expanded funding for allocated research infrastructure development at these institutions would help provide the skeleton upon which a program of minority investigator development could be built. This would include, but not be limited to, the development of basic science capacity at minority institutions, with bench-to-bedside applications as part of the capacity development. Majority and minority institution research partnerships with equitable and equal distribution of resources across all participating entities would also assist with not only capacity building, but also minority investigator development. These partnerships would not only contribute to the bidirectional exchange of information important to inform the research agenda in racial and ethnic minority communities but would also become part of the development of a self-sustaining, comprehensive HIV/AIDS research agenda at minority institutions. The involvement of minority communities is completed when minority institutions can develop academic-community partnerships in minority communities, addressing research questions that are of importance and interest to all participating entities.

Minority investigators are an essential component of this infrastructure. Despite the continued disproportionate impact of HIV infection upon racial and ethnic minorities, funded minority investigators remain a very small portion of the total funded HIV/AIDS investigator pool. Research for and by racial and ethnic minority investigators, including those located at minority-predominant and minority-serving institutions, can and do form the nidus of the infrastructure needed for the development of a more broadly based community response to HIV infection and transmission. Failure to identify, fund, and sustain strategies to support HIV/AIDS research and researcher development will continue to restrict the ability of these communities to develop investigators from within. Given the paucity of minority investigators in HIV/AIDS, strategies will be necessary to recruit trainees and mentors at all levels. Offering scholarships to enable junior minority investigators to attend scientific meetings and increasing the

number of minority investigators serving on study sections and special emphasis panels are two interventions that can be initiated with minimal delay. Strengthening of existing programs designed to increase minority investigator awareness of grant mechanisms for HIV/AIDS research and expansion of those that are found to be effective (upon systematic review) will also increase minority investigator development, albeit slowly.

Incentives at the institutional level for the recruitment, development, and retention of minority investigators will be a critical approach. Minority-predominant and minority-serving institutions will need to evolve from a mandate of primarily teaching (based upon their history and the reason for their existence) to research as well as teaching. A number of grant mechanisms exist to facilitate the development of minority institutions; however, these need to be reviewed and tracked by their outcomes to determine those that are the most (and the least) effective.

The development of minority investigators also provides an opportunity to develop additional opportunities for routine exchanges between community providers and the research community. Community constituency groups and community advisory boards are just one aspect of the bidirectional exchange needed between minority communities and those who come into the community to conduct research. These bidirectional exchanges are not optional; they are essential to the development of research questions of mutual interest to the investigator and the communities within which such research is conducted. When such questions are jointly identified and of mutual interest, the issue of recruitment and retention of adequate numbers of racial and ethnic minorities to explore specific findings unique to that subgroup will cease to be a problem. When minority communities can perceive that the findings from a research agenda have particular relevance to them, their interest and participation will increase. Maintaining representation of racial and ethnic minorities in clinical trials in numbers that reflect the local or regional epidemiology will become a mission possible.

PRIORITY FOR FUTURE RESEARCH:

- **Develop, test, and evaluate novel survey instruments and methodologies for racial and ethnic minority communities that are culturally and contextually appropriate.**

Incorporation of racial and ethnic minorities in increased numbers in prevention interventions will also require a new and creative mode of thinking. Despite two decades of prevention research and intervention, significant segments of the minority community are either missing

prevention messages, ignoring prevention messages, or failing to incorporate prevention messages into their lifestyles. Despite the success of specific research instruments and methodologies in other population groups affected by the HIV epidemic, given the ongoing and increasing impact of the epidemic in minority communities, there is a powerful argument for the development of novel survey instruments and methodologies that are culturally and contextually appropriate. In order to develop, test, and evaluate such novel approaches, a more broad-based approach to HIV prevention in minority communities will be necessary. These novel approaches will likely differ from the more traditional approaches to prevention and will need to be evaluated as such: novel approaches with potential for success or failure. However, without such novel approaches, the slow pace of confronting the ongoing challenges and barriers to HIV prevention that confront minority communities will continue.

PRIORITY FOR FUTURE RESEARCH:

- **Develop, implement, and evaluate an HIV/AIDS research agenda that links the science of HIV/AIDS to the challenges that confront these communities, translating the findings into utilizable practical strategies.**

These challenges include the many other health disparities in these communities. In addition to HIV infection, the impact of other co-morbid diseases such as tuberculosis, the viral hepatitises, diabetes, substance abuse, and STIs affect the HIV-related morbidity, mortality, and disease progression in these communities. Studies that identify strategies that reduce or eliminate health disparities at the individual, institutional, and community levels are needed. Health disparities are inextricably linked to health care access as well as service delivery. Further exploratory research into the role and impact of health care access and delivery upon these disparities is needed. Similarly, what factors promote or impede early access to health care? Are the effects of these factors reversible?

In addition to health disparities, economic and educational disparities affect racial and ethnic minorities. Continued research to explore the interactions between these disparities is needed for all racial and ethnic minorities, but especially for understudied populations, such as migrant workers, Native Americans (both urban and rural), and individuals of mixed race. The interactions between these disparities among those documented and undocumented immigrants living in U.S. border communities is also needed. Epidemiological data support brisk and ongoing HIV transmission in these areas. Additional research to identify a range of strategies to not only

decrease transmission, but also to determine what facilitates transmission, would provide the community and the providers that serve them with a more complete range of interventions for interrupting and/or controlling HIV transmission.

Health disparities are only a part of the puzzle of HIV infection among racial and ethnic minorities. The effects of race upon p-glycoproteins, proteomics, genomics, and HIV treatment and drug resistance have yet to be fully defined. The mediating influence of hormones in conjunction with race remains to be explored. These questions will be easier to address when clinical trials are designed with sufficient power to detect racial, ethnic, and gender differences.

However, for many within racial and ethnic minority communities the major challenge of the epidemic is neither prevention nor clinical trials. Access to treatment and adherence to therapy remain major challenges. With the increased cost of therapies and the diminishing resources to cover them, treatment adherence is driven by a complex interplay of factors, including access to treatment, cost, coverage, substance abuse, depression, and perceptions of treatment. As studies repeatedly show the marked difference in performance of therapeutic agents in clinical trial settings compared to urban clinics, further research on the individual, societal, and community factors that promote adherence are needed. The role of the provider-patient relationship cannot be underestimated, and studies of the aspects of that relationship that positively and negatively impact adherence are also needed. Little remains known about the impact of health beliefs upon the treatment acceptance and adherence in minority communities, as well as the effect of chronic and traumatic stress upon adherence and chronic nonadherence. Chronic ongoing violence and exposure to violence frequently and often from a young age are common in minority communities. The impact of this exposure upon disease perception, need for treatment, and ultimately fatalistic views of death and survival are vastly unexplored in this population. All of these areas may provide new insights into the challenge of treatment nonadherence in minority communities.

PRIORITY FOR FUTURE RESEARCH:

- **Expand methods for the rapid dissemination of scientific findings to minority communities. This is an essential component of developing community involvement and nurturing community infrastructure development necessary to control the ongoing epidemic.**

There is a need to expand information dissemination and technology transfer programs in regions with high rates of HIV transmission within racial and ethnic minority communities. A significant “digital divide” still remains between minority and mainstream community organizations. There are fewer computers, and many centers do not have computers available for clients to access information from the Internet. Despite these limitations, mechanisms for promptly sharing study results with the participants need to be developed, as they will foster continued study participation. Information dissemination and technology transfer programs need to be increased with the explicit goal of increasing their capacity to utilize HIV-related research in meeting their specific needs. Closer collaboration between Institutes and across agencies of the U.S. Department of Health and Human Services is essential for promoting a consistent and uniform message and agenda in those communities most affected by the epidemic, and often the most suspicious of any governmental intervention.

SCIENTIFIC OBJECTIVES AND STRATEGIES

OBJECTIVE - A:

Enhance and expand the capacity for multidisciplinary HIV/AIDS research in minority institutions and minority communities.

STRATEGIES:

- Expand funding allocated for research infrastructure development at minority institutions.
- Increase the capacity of minority institutions to support HIV/AIDS research through a specifically designated NIH-wide program.
- Develop and improve basic science capacity at minority-predominant and minority-serving institutions, including bench-to-bedside applications as part of the capacity development.
- Support and enhance linkages between minority researchers, minority institutions, and the communities they serve.
- Develop, pilot, and implement needs assessment-based infrastructure support to minority institutions.
- Support practical technical assistance for minority institutions and minority investigators such as visiting scholars, electronic telecommunications capacity, and grant procurement and management.
- Develop and pilot practical, relevant, and culturally appropriate training models for the support personnel necessary for the successful conduct of HIV/AIDS research at minority institutions.
- Fund planning and organizational grants that develop academic-community partnerships in minority communities with minority institutions.
- Develop minority and majority institution research partnerships in racial and ethnic minority communities through the equitable and equal distribution of resources across all participating entities.
- Support a self-sustaining, comprehensive HIV/AIDS research agenda at minority institutions through long-term support of planning and implementation activities.

- Strengthen mechanisms for informing minority institutions and communities of study results to facilitate bidirectional input into the research agenda for these communities.

OBJECTIVE - B:

Increase the number of NIH-funded minority investigators to increase their sustained and full participation in HIV research.

STRATEGIES:

- Provide incentives at the institutional level for the recruitment, development, and retention of minority investigators in intramural and extramural research.
- Develop and implement strategies to recruit trainees and mentors at all levels.
- Establish an ongoing scholarship fund to enable junior minority investigators to attend scientific meetings.
- Enhance the reporting and tracking of the outcomes of existing training workshops and training awards targeted to minority investigators.
- Conduct a review of the effectiveness of existing grant mechanisms to support the transition from trainee to independent investigator for minority scientists.
- Expand and strengthen existing programs designed to increase minority investigator awareness of grant mechanisms for HIV/AIDS research.
- Increase the number of minority reviewers on study sections as well as special emphasis panels.
- Provide cultural competency and cultural sensitivity training for study section and special emphasis panel members.

OBJECTIVE - C:

Increase research initiatives on the causes of health disparities in HIV/AIDS and on effective interventions to reduce these disparities.

STRATEGIES:

- Study the impact of other comorbid diseases including the hepatitises, tuberculosis, mental illness, diabetes, substance abuse, and STIs upon HIV-related morbidity, mortality, and disease progression in minority communities.
- Encourage basic research and its clinical application to elucidate the impact of race and gender upon the response of HIV infection to treatment.
 - ▶ Design clinical trials with sufficient power to detect racial, ethnic, and gender differences.
 - ▶ Explore proteomics and genomics to determine the effects of race, gender, and age upon immune responses to HIV infection.
- Design and conduct studies to identify strategies that reduce or eliminate health disparities at the individual, institutional, and community levels.
 - ▶ Determine the factors that promote and/or impede early access to care and treatment.
 - ▶ Examine the impact of traumatic stressors such as discrimination, racism, and homophobia upon health outcomes.
 - ▶ Explore the role and impact of health care access and delivery upon these disparities.
- Conduct research to explore the interactions between economic and education disparities among minorities and the observed health disparity in HIV infection.
 - ▶ Explore these interactions in understudied populations such as migrant workers, Native Americans (both urban and rural), and individuals of mixed race.
 - ▶ Explore the impact of these interactions in border communities among documented and undocumented immigrants.
- Support continued study of the biology of HIV infection among racial and ethnic minorities, including:

- ▶ The impact of race and gender upon HIV disease progression;
 - ▶ The effect of race upon immune dysfunction and the development of opportunistic infection;
 - ▶ The effect of race and gender upon p-glycoproteins and their relation to HIV treatment and drug resistance; and
 - ▶ The effect of pre-existing health conditions disproportionately present in minorities, such as diabetes, hypertension, and cardiovascular disease, upon HIV infection.
- Continue to study the multiple factors that disproportionately impact racial and ethnic minorities (such as racism, homophobia, poverty, homelessness, and substance abuse) and their role in creating the observed health disparities at the individual and community levels.
 - ▶ Study the impact of these factors upon community behavior.
 - ▶ Determine the significance of this impact upon HIV infection in racial and ethnic minority communities.
 - ▶ Develop, test, and validate new methods and measurements that are culturally specific and reflect the cultural norms of the target minority population.
 - Conduct research to examine the effects of HIV infection upon the physiologic, immunologic, hormonal, and neuropsychological development of racial and ethnic minority adolescents.

OBJECTIVE - D:

Prevention, therapeutic, and vaccine clinical trials must include racial and ethnic minorities in numbers that reflect the current epidemiological trends to address the research questions relevant to these communities.

STRATEGIES:

- Encourage the development of novel sampling methods to enhance the representation of racial and ethnic minorities in clinical trials.
- Conduct appropriately powered clinical trials to explore differential responses to treatment, metabolic toxicities, and immune responses to HIV infection in racial and ethnic minorities.
- Enhance collaboration across Institutes that jointly conduct clinical trials in racial and ethnic minorities to:
 - ▶ Promote consistent and timely sharing of trial data with these communities;
 - ▶ Expedite the production of reports, consensus conferences, or other materials emanating from these trials; and
 - ▶ Enhance opportunities for the translation of trial results to the actual needs of racial and ethnic minority communities.
- Develop, test, and support clinical research methodologies that examine prospectively the racial/ethnic/gender/sexual orientation differences in transmission, pathophysiology, and treatment outcomes.
- Promote and sustain interagency research to:
 - ▶ Identify the impact of criminal justice and economic and educational disparities in sustaining the disparities in health outcome of racial and ethnic minorities with HIV infection, and
 - ▶ Determine the role of health care disparities and public policy factors in sustaining the disparities in health outcomes of racial and ethnic minorities with HIV infection.
- Encourage academic-community partnerships to enhance clinical trial participation by racial and ethnic minorities.

- Support training of community-based organization (CBO) staff as well as community participants about clinical trials and the clinical trial process to enhance both participation and retention of racial and ethnic minorities.
- Continue to conduct clinical trials on the impact of drug use on the success of prevention interventions in racial and ethnic minorities, as well as disease progression and treatment.
- Promote awareness and understanding of the ethics of clinical research, as well as the protections required for research participants in racial and ethnic minority communities and the CBOs that serve them.
- Develop, test, and promote successful strategies linking community organizations with NIH research performance sites through the use of Internet resources, such as AIDSinfo.nih.gov.

OBJECTIVE - E:

Develop, pilot, evaluate, and transfer effective interventions to prevent and reduce HIV transmission and HIV co-infections.

STRATEGIES:

- Identify the critical factors that influence HIV transmission among racial and ethnic minorities.
- Continue to expand research to identify specific mechanisms of transmission in racial and ethnic minorities.
 - ▶ Enhance and expand research upon the potential impact of vaccines and microbicides upon HIV transmission among racial and ethnic minority communities.
 - ▶ Conduct research upon the impact of rapid testing for HIV infection upon transmission.
 - ▶ Promote research to explore the impact of access to treatment and services in HIV transmission.
- Conduct research on HIV infection among older individuals and its impact upon HIV transmission in minority communities.
- Support research that explores factors that promote or prevent HIV transmission, including:
 - ▶ The role of family and caregivers;
 - ▶ The role of traditional and nontraditional organizations;
 - ▶ The role of peer and social networks; and
 - ▶ The individual, as well as community interface with institutionalized care delivery systems.
- Develop, pilot, and evaluate innovative models of outcome research in racial and ethnic minority communities.
- Encourage and support unique community collaborations to enhance the transfer of effective interventions.
- Continue to conduct research on culturally acceptable barrier methods of HIV prevention in racial and ethnic minority communities.
- Continue to study the role of treatment in HIV prevention in racial and ethnic minority communities.

- Study the impact of alcohol and other substance abuse treatment as an approach to HIV prevention.
- Expand research into vaccine acceptability and vaccine preparedness in racial and ethnic minority communities.
- Develop, pilot, test, and evaluate new measures of HIV risk behavior that are culturally and contextually appropriate for racial and ethnic minorities.
- Develop new models of HIV behavioral interventions that incorporate common stresses for racial and ethnic minorities (racism, homophobia, and poverty).
- Maintain representation of racial and ethnic minorities in trials designed to prevent and reduce HIV transmission in numbers that reflect the local (or regional) epidemiology.

OBJECTIVE - F:

Study the impact of treatment and adherence upon the health outcomes of HIV infection in racial and ethnic minority communities.

STRATEGIES:

- Continue to study the short- and long-term effects of nonadherence in racial and ethnic minority communities.
- Determine the impact of short- and long-term nonadherence upon drug-resistant HIV infection, multidrug-resistant tuberculosis, and HIV disease progression.
- Conduct research into the role of racial, ethnic, sexual orientation, and gender differences upon adherence, as well as chronic nonadherence.
- Identify factors at the individual, societal, and community levels that promote adherence.
- Study the impact of chronic and traumatic stress upon adherence and chronic nonadherence.
- Determine the impact of alcohol dependence, substance abuse, and mental health co-morbidities upon adherence, as well as on treatment outcomes.
- Study the role of provider-patient interactions that negatively and positively affect adherence.
- Determine the impact of provider decision making upon patient adherence.
- Identify strategies from studies of racial and ethnic minority communities to promote adherence.
- Conduct research on community-based multilevel interventions to promote adherence.
- Continue to study the role of complementary therapies upon treatment for HIV infection and its complications.
- Define the role and impact of health beliefs upon treatment acceptance and adherence in racial and ethnic minority communities.
- Continue to explore novel therapeutic regimens for HIV infection and associated co-infections.

OBJECTIVE - G:

Increase the capacity of racial and ethnic minority communities, and their community organizations, to utilize and influence the HIV-related research agenda to meet their specific needs.

STRATEGIES:

- Support information and technology transfer of effective prevention interventions to racial and ethnic minority communities through:
 - ▶ CBOs,
 - ▶ Providers of HIV-related care and services, and
 - ▶ Minority-predominant and minority-serving institutions.
- Promote funding mechanisms that enhance and support community-academic partnerships in racial and ethnic minority communities.
- Increase support of culturally and contextually appropriate prevention programs through technology transfer to CBOs that reach at-risk groups within racial and ethnic minority communities.
- Conduct a review to assess the effectiveness of current information dissemination and technology transfer programs targeted to racial and ethnic minority communities.
- Establish mechanisms to include community consultation in NIH-supported extramural research from the developmental phase through to the dissemination of study results.
- Establish information dissemination mechanisms for promptly sharing study results with study participants.
- Establish mechanisms to provide infrastructure support in racial and ethnic minority communities that will ultimately enhance community-academic partnerships to sustain effective interventions to reduce HIV transmission.
- Expand information dissemination and technology transfer programs in regions with high rates of HIV transmission within racial and ethnic minority communities.

OBJECTIVE - H:

Develop innovative models, research methods, and measures of risk behavior in racial and ethnic minority communities.

STRATEGIES:

- Increase funding to develop these models and methods.
- Validate existing measures for translational, cultural, and linguistic equivalents.
- Encourage the study of intergenerational transmission of trauma and its impact upon HIV risk behavior in racial and ethnic minority communities.
- Support the development and testing of new sampling methodologies in racial and ethnic minority communities.
- Identify unique stresses in racial and ethnic minorities and their role in HIV risk behavior.
- Identify resiliency and protective factors in racial and ethnic minority communities, and test them for impact upon decreasing HIV transmission.
- Identify traumatic stresses and their impact upon specific outcomes in racial and ethnic minority communities (e.g., mental health comorbid conditions).
 - ▶ Determine the impact of these comorbid conditions upon HIV risk behavior.
 - ▶ Identify those factors that decrease or increase the impact of these comorbid conditions upon HIV risk behavior.
- Encourage and support the study in HIV risk behavior of underrepresented racial and ethnic minorities, such as Native Americans and Asian Pacific Islanders.
- Conduct a review of study section scoring of grants that propose novel methods, measures, and methodologies compared to those utilizing standard measures to determine if systemic bias exists.

APPENDIX A:

NIH Institutes and Centers

NIH INSTITUTES AND CENTERS

NCI	National Cancer Institute
NEI	National Eye Institute
NHLBI	National Heart, Lung, and Blood Institute
NHGRI	National Human Genome Research Institute
NIA	National Institute on Aging
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIAMD	National Institute of Allergy and Infectious Diseases
NIAMS	National Institute of Arthritis and Musculoskeletal and Skin Diseases
NIBIB	National Institute of Biomedical Imaging and Bioengineering
NICHD	National Institute of Child Health and Human Development
NIDCD	National Institute on Deafness and Other Communication Disorders
NIDCR	National Institute of Dental and Craniofacial Research
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NINDS	National Institute of Neurological Disorders and Stroke
NIDA	National Institute on Drug Abuse
NIHES	National Institute of Environmental Health Sciences
NIGMS	National Institute of General Medical Sciences
NIMH	National Institute of Mental Health
NINR	National Institute of Nursing Research
NLM	National Library of Medicine
CC	Warren Grant Magnuson Clinical Center
CIT	Center for Information Technology
NCCAM	National Center for Complementary and Alternative Medicine
NCRR	National Center for Research Resources
FIC	John E. Fogarty International Center
CSR	Center for Scientific Review
NCMHD	National Center on Minority Health and Health Disparities

APPENDIX B:

FY 2005 OAR

Planning Group for

Racial and Ethnic Minorities

FY 2005 RACIAL AND ETHNIC MINORITIES PLANNING GROUP

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APPENDIX C:

List of Acronyms

LIST OF ACRONYMS

ACSR	AIDS and Cancer Specimen Resource, NCI
ACTIS	AIDS Clinical Trials Information Service
AIDS	acquired immunodeficiency syndrome
AITRP	AIDS International Training and Research Program, FIC
ART	antiretroviral therapy
ARV	antiretroviral
ATI	analytic treatment interruption
ATIS	AIDS Treatment Information Service
AVEG	AIDS Vaccine Evaluation Group
BSL	biosafety level
B/START	Behavioral Science Track Award for Rapid Transition
CAB	community advisory board
CAPS	Center for AIDS Prevention Studies (University of California, San Francisco)
CBO	community-based organization
CDC	Centers for Disease Control and Prevention
CIPRA	Comprehensive International Programs for Research on AIDS
CMV	cytomegalovirus
CNS	central nervous system
CSF	cerebrospinal fluid
CTL	cytotoxic T lymphocyte
DC	dendritic cell
DHHS	Department of Health and Human Services
EBV	Epstein-Barr virus
FDA	Food and Drug Administration
GBV-C	GB virus (hepatitis G)
GCP	Good Clinical Practices
GCRC	General Clinical Research Center
GFATM	Global Fund for AIDS, Tuberculosis, and Malaria

GI	gastrointestinal
GLP/GMP	good laboratory practice/good manufacturing practice
GRIP	Global Health Research Initiative Program, FIC
HAART	highly active antiretroviral therapy
HBCU	Historically Black Colleges and Universities
HBV	hepatitis B virus
HCV	hepatitis C virus
HHV	human herpesvirus
HIV	human immunodeficiency virus
HPV	human papillomavirus
HSV	herpes simplex virus
HVTN	HIV Vaccine Trials Network
IC	Institute and Center
ICC	invasive cervical cancer
IDU	injecting drug user
IND	investigational new drug
IRB	institutional review board
IUD	intrauterine device
JCV	JC virus
KS	Kaposi's sarcoma
KSHV	Kaposi's sarcoma herpesvirus
LRP	Loan Repayment Program, NIH
MAb	monoclonal antibody
MAC	<i>Mycobacterium avium</i> complex
MDR-TB	multidrug-resistant tuberculosis
MHC	major histocompatibility complex
MSM	men who have sex with men
MTCT	mother-to-child transmission
NAFEO	National Association for Equal Opportunity in Higher Education
NGO	nongovernment organization

NHL	non-Hodgkin's lymphoma
NHP	nonhuman primate
NIH	National Institutes of Health
NK	natural killer (cell)
NMAC	National Minority AIDS Council
NNTC	National NeuroAIDS Tissue Consortium, NIMH/NIDA/NINDS
NRTIs	nucleoside reverse transcriptase inhibitors
OAR	Office of AIDS Research, NIH
OARAC	Office of AIDS Research Advisory Council
OD	Office of the Director, NIH
OI	opportunistic infection
PACTG	Pediatric AIDS Clinical Trials Group
PCP	<i>Pneumocystis carinii</i> pneumonia
PML	progressive multifocal leukoencephalopathy
RCT	randomized clinical trial, randomized controlled trial
RNA	ribonucleic acid
RPRC	Regional Primate Research Center
SCID	severe combined immunodeficiency
SHIV	chimeric simian/human immunodeficiency virus
SIT	scheduled intermittent therapy
SIV	simian immunodeficiency virus
SPF	specific pathogen-free
STD	sexually transmitted disease
STI	structured treatment interruption; sexually transmitted infection
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development
VRC	Vaccine Research Center
WHO	World Health Organization
WIHS	Women's Interagency HIV Study
WRAIR	Walter Reed Army Institute of Research

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