

The National Institute on Drug Abuse

NIH Health Disparities Strategic Plan

Fiscal Years 2009-2013

MISSION/VISION STATEMENT

The mission of the National Institute on Drug Abuse (NIDA) is to lead the nation in bringing the power of science to bear on drug abuse and addiction.

STRATEGY FOR ADDRESSING HEALTH DISPARITIES

Unlike other diseases, drug addiction poses many unique challenges to health researchers, providers, and public health officials in the search for effective prevention and treatment strategies and policies. These challenges emanate primarily from the fact that drug abuse and addiction are usually the result of illegal activity and drug users are often viewed as morally corrupt individuals who engage in voluntary self and socially destructive behavior and criminal activity. Despite the fact that we know unequivocally that addiction is a medical disease, it remains a stigmatized disease. And this stigma spills over to all aspects of drug abuse research, prevention, treatment, services and policy (e.g., safety and legal concerns).

Racial/Ethnic minority populations are perhaps most adversely affected by this stigma, leading to misperceptions about drug abuse and addiction in minority communities. For example, the common misperception is that minority groups, particularly Blacks and Hispanics, use drugs significantly more than whites even though epidemiologic data show little differences in overall use by race/ethnicity. According to the National Survey on Drug Use and Health, in 2008 approximately 10 percent of African Americans and American Indians/Alaska Natives, 8 percent of Caucasians, 7 percent of Pacific Islanders, and 6 percent of Hispanics aged 12 and older had used illicit drugs in the month prior to the survey. Despite relatively uniform rates of abuse, there are great differences in the consequences of drug use for racial/ethnic minorities, which creates a great need to better understand the unique prevention, treatment, and health services needs of these communities.

Research also suggests that drug abuse, addiction and its other related consequences are a serious and growing problem in rural areas. While we are actively working to expand our knowledge base on drug abuse and addiction in these communities, providing drug abuse prevention, treatment, and services, and conducting drug abuse research in rural areas are difficult due to issues such as confidentiality, access to services, logistical difficulties, and a limited cadre of researchers and health care providers in rural areas.

NIDA has made a concerted effort to better understand and address the drug abuse and addiction research needs of racial/ethnic minorities and rural and low-income populations, focusing on research areas where significant gaps in knowledge and/or clear disparities in prevention, treatment and services is present. In 1993, NIDA established a Special Populations Office, which has two overall goals: (1) to increase research on drug abuse in health disparity populations in NIDA programs, and (2) to increase diversity among drug abuse researchers.

Several institute-wide initiatives and policies have been implemented which have led to

progress in health disparities research and the inclusion of under-represented scholars in addiction research. Some of these initiatives include:

Enhancement of the Research Supplements to Promote Diversity in Health-Related Research Program (Diversity Supplement Program).

Since 1994, NIDA has more than doubled its support of Diversity Supplements in the amount of funds allocated yearly to the program and in the number of new awards made. NIDA Diversity Supplements support the development of scholars engaged in behavioral and clinical work from all ethnic, racial and minority groups that are underrepresented in drug abuse research, including Asian Americans and Pacific Islanders. Former Diversity Supplement recipients have become independent investigators involved in health disparities research, as well as mentors.

Historically Black Colleges and Universities (HBCU) Initiative. The HBCU Initiative was designed to encourage increased HBCU involvement in drug abuse research and to assist these institutions in developing competitive funding applications and increasing their capacity to conduct drug abuse research. Due to this program, several HBCUs, including Howard University and Morgan State University, have received several NIH grant awards and have been able to establish and/or maintain successful research programs focusing on significant health disparity issues such as drug abuse prevention, HIV/AIDS and criminal justice issues in special populations.

Summer Research with NIDA. To address concerns about the insufficient pipeline of researchers from diverse communities, NIDA established as part of its Diversity Supplement program, a summer program to provide research experiences with extramural investigators to high school and undergraduate students. Initially begun with NCMHD funds, currently, NIDA provides complete financial support for the program. In the first 3 years, approximately 25–35 students completed the program. Since 2003, however, approximately 360 students (60 students/year) have participated in the summer program. Both investigators and students have expressed positive experiences.

Recruitment and Training Program. This is an intramural summer research program for undergraduate, college, graduate and medical students and faculty from diverse populations. Approximately 25 students are placed each summer and participate in research projects with NIDA intramural scientists.

Racial/Ethnic Minority Work Groups. Several work groups, comprising a network of institute-wide experts in the areas of substance abuse and addiction and health disparities among racial/ethnic minority populations have been created. The primary mission of these work groups is to enhance the diverse NIDA health disparities grant portfolio and advise the NIDA Director on research and research development needs that will lead to effective prevention and treatment approaches for African-American, Hispanic, Asian American, Native Hawaiian/Pacific Islander, American Indian and Alaska Native communities.

With NIDA support, the Hispanic work group has evolved into the National Hispanic Science Network. The Network is designed to enhance communication, increase the dissemination of research knowledge to practitioners, clinicians, and the public, as well as mentor students and scientists interested in careers in drug abuse and addiction research in Hispanic populations. Activities include an annual conference and a summer research training institute for students and new investigators.

Ongoing Availability of Funding Opportunities. NIDA ensures that funding announcements that encourage research on health disparities and diversity in science are always available. The Diversity-promoting Drug Abuse Research Program (DIDARP) supports institutions that are not research intensive to develop capacity in addiction research. In addition, special announcements and administrative supplement programs to address health disparity topics are offered about every two years and have resulted in several successful grant awards. For example, a Health Disparities RFA was released in 2001 that resulted in 8 new awards and Health Disparities Supplement Programs, made available in 2002, 2005 and 2007, resulted in ~50 new research studies.

Research Development Technical Assistance Workshops. NIDA offers technical assistance to diverse scholars on developing research studies in drug abuse and addiction. Participants are provided information on conceptual and methodological concerns in drug abuse and addiction research in addition to information on the NIH grants application and review processes. As a testament to the success of this program, many program participants have become successful NIDA/NIH grantees, NIH peer reviewers, and grantees of other agencies and foundations.

Over the next 5 years, NIDA will strive to: (1) improve our understanding of the incidence and causes of drug abuse and addiction in health disparity populations; (2) strengthen research infrastructure for conducting research within health disparity populations; (3) develop improved prevention and treatment strategies for racial/ethnic groups at highest risk for addiction and its adverse medical and social consequences; and (4) widely disseminate information on drug abuse and the disease of addiction in health disparity populations, identifying best approaches for prevention and treatment.

In 2000, NIDA established a Health Disparities Committee, comprised of staff from all of NIDA's programs, including the budget office and intramural research program, to develop its Strategic Plan to Address Health Disparities, as part of the overall NIH Strategic Plan on Reducing Health Disparities. Although NIDA has a history of encouraging and supporting programs and activities to address drug abuse and addiction concerns in racial/ethnic minority populations, the requirement to develop a broader, long-term strategic plan with research, research capacity, and community outreach components provided an excellent opportunity for all program area staff to critically review drug abuse and research needs within health disparity populations and develop a diverse and comprehensive institute-wide plan. The NIDA Health Disparities Committee continues to oversee the implementation and evaluation of the strategic plan. As part of its work, the committee establishes institute-wide priorities, stimulates interest, and develops support for the goals and activities of the plan. This committee is chaired by staff of the Special Populations Office and reports to the Director of the Institute.

Progress in Health Disparities Research: Accomplishments and Lessons Learned

Significant Accomplishments:

We have made significant progress in addressing the drug abuse and addiction research needs of racial/ethnic minority and other health disparity groups. Selected major accomplishments in research, research capacity development, including NIDA infrastructure development, and community outreach and dissemination are summarized below.

Research. NIDA has stimulated and increased its support of health disparities research in the following ways:

- Released an RFA on Health Disparities in 2001 titled “Health Disparities: Drug Use and Its Adverse Behavioral, Social, Medical, and Mental Health Consequences” that supported eight projects. In addition, two additional health disparity-related RFAs were released.
- Developed a competitive Health Disparities Supplement program in 2002 that supported 28 projects. Research projects include, for example: the use of the brief negotiated interview to improve drug-related outcomes (e.g., decreased drug use and consequences), using geo-coding to examine neighborhood context and drug treatment outcomes, factors that impact service delivery, and examining the risk of stigma and drug overdose in African-American and Latino drug abusers.
- Ensured the inclusion of racial/ethnic minority populations in the Clinical Trials Network (CTN), which was established to assess the effectiveness of drug abuse treatments in community-based treatment settings. Protocols specific to racial/ethnic minority populations include a study of motivational enhancement treatment to improve treatment engagement for Spanish-speaking individuals (i.e., program provided materials in Spanish and has bilingual staff), a study among American Indians on Job Seekers Training for Patients with Drug Dependence, and other studies addressing issues surrounding treatment in minority populations.
- Increased research findings and publications in the field of drug abuse. A resource guide published by NIDA in 2009 lists several journal articles pertaining to NIDA-supported findings on racial/ethnic minority groups published since 2001.

Research Capacity Development. NIDA has supported the development of research capacity and infrastructure through a variety of programs for students, faculty, and institutions, including the following:

- Capacity development at diversity promoting institutions including Meharry College, Morehouse School of Medicine, Florida International University, and the University of Central de Caribe. NIDA also co-funds a number of research capacity programs such as the Clinical Research Education and Career Development (NCRR) and the Specialized

Neuroscience Research Programs (NINDS), as well as individual grants focused on minority issues.

- Intramural (Research and Recruitment Training Program) and extramural (Summer Research with NIDA) summer research programs for students (i.e., primarily high school and undergraduate students).
- The National Hispanic Science Network (NHSN), established to address addiction issues affecting Hispanic populations. Activities include training/mentoring for drug abuse research careers and scientific meetings. The NHSN also maintains an active website and collaborates with a number of NIH ICs and other agencies.

Outreach and Dissemination. NIDA has increased its dissemination efforts to health disparity populations about drug abuse and addiction. These include support for and participation in:

- Numerous meetings/conferences sponsored by racial/ethnic minority organizations and organizations focused on health disparities issues (e.g., Lonnie Mitchell HBCU Substance Abuse Conference, National Asian Pacific American Families Against Substance Abuse, Latino Behavioral Health, and the American Public Health Association.)
- National health disparity conferences in 2001 and 2005.
- Efforts to make information available to groups in appropriate language and context, e.g., more publications available in Spanish, including information brochures for adolescents and parents and several Research Reports.
- A report revised and released in 2003, “Drug Use Among Racial/Ethnic Minorities.”
- Scientific meetings on health disparities. The proceedings of a meeting, held in 2001, were published in a supplement to Public Health Reports, entitled “Drug Use, HIV/AIDS, and Health Outcomes Among Racial and Ethnic Populations.” The second meeting, entitled “Advancing Research To Reduce Drug Abuse and HIV/AIDS Health Disparities: Methodological Considerations,” was held in June 2004.

NIDA Infrastructure. NIDA has encouraged internal processes and procedures to maintain focus on health disparities.

- Regularly convenes expert work groups to advise the Director on research needs.
- Regularly convenes a cross-division Health Disparities Committee that plans the NIDA-wide Health Disparities Initiative.
- Established a Minority Interest Group as part of the Clinical Trials Network oversight committee to ensure the inclusion of racial/ethnic populations in clinical studies.

- Established an African-American Initiative to address the disproportionate impact of HIV/AIDS and criminal justice involvement on African-Americans.
- Established in 2009 an internal coordinating work group on American Indian/Alaska Native populations to address drug-related issues and needs of this population

The 2009 – 2013 Revised Plan

In an effort to determine how to improve our strategic plan and make it more responsive to the needs of our various constituent groups (e.g., academic institutions, professional associations), we reviewed public comments from the 2004-2009 plan. A number of concerns expressed in the comments have already been addressed in our original plan. For example, we address: the need to focus on diversity within racial/ethnic minority populations (e.g., ethnic/regional subgroups within the population and gender), attend to language and cultural differences, provide research capacity development support to researchers from diverse backgrounds and a variety of institutions, and communicate with representatives from health disparity populations to ensure their perspectives are heard.

A number of comments referred to the need for NIH to provide more guidance in conducting valid and appropriate health disparity research (e.g., NIH must define standards for cultural competence, more must be done to adjust research methodologies to the needs of racial/ethnic minority communities). In our current and previously revised plans, we emphasize our need to continue to provide this type of leadership in research capacity development.

NIDA maintains its priority rankings of endeavors to be pursued through the 2009-2013 plan. Research, capacity and infrastructure development, public information and outreach, and research integration are the four priority areas.

NIDA's health disparities objectives for FY 2009 – 2013 are:

1.0 AREAS OF EMPHASIS IN RESEARCH

1.1 Area of Emphasis 1. Epidemiology of Drug Abuse and its Health Consequences among Racial/Ethnic Minority Populations

1.1.1 Objective One: Improve the knowledge base on the origins and patterns of drug abuse and addiction in all racial/ethnic populations as well as examine both risk and protective factors for all minority populations.

1.1.2 Objective Two: Identify the short- and long-term effects of drug use, abuse, and addiction on the overall health (including physical, mental and emotional health) and related consequences (e.g., violence and crime) in racial/ethnic minority populations.

1.2 Research Area of Emphasis Two: Prevention of Drug Abuse and Addiction

1.2.1 Objective One: Support prevention research focused on racial/ethnic minorities.

1.2.2 Objective Two: Ensure that new directions for prevention research, such as research-to-practice initiatives and basic prevention research, include members of racial/ethnic minority, rural, low income and other underserved populations. Further ensure that new directions in prevention involve the study of health disparity-specific concepts (such as reduction of acculturation-stress, prevention through naturally occurring protective factors, the role of ethnic identity in the prevention of substance abuse and access to services in rural areas).

1.2.3 Objective Three: Develop effective, culturally specific drug abuse prevention strategies for health disparity populations who are at increased risk for drug abuse such as individuals in detention or juvenile correctional facilities and rural populations including persons on Indian reservations and migrants or seasonal farm workers.

1.3 Research Area of Emphasis 3: Addressing Disparities in Treatment and Health Services Research

1.3.1 Objective One: Increase the number of treatment research studies that focus on racial/ethnic minority and rural populations and improve dissemination of the study results.

1.3.2 Objective Two: Determine the factors that contribute to differences, if any, experienced by racial/ethnic minority and rural populations in access to services and outcomes of treatment in managed care and other service systems.

1.4 Research Area of Emphasis 4: Addressing Racial/Ethnic Disparities in Basic and Clinical Neurosciences

1.4.1 Objective One: Increase the number of neuroscience, epigenetic, clinical neuroscience, and basic behavioral science studies that focus on racial/ethnic minorities, low SES and social stressors.

2.0 AREAS OF EMPHASIS IN RESEARCH CAPACITY

2.1.1 Objective One: Increase and improve drug abuse and addiction research development and training experiences for students, especially students from groups under-represented in science, as a means of attracting and preparing competent, future researchers in addiction and health disparity research.

2.1.2 Objective Two: Establish new and strengthen existing programs to provide research development and support opportunities for faculty and investigators interested in health disparities research related to drug use and addiction.

2.1.3 Objective Three: Increase the capacity of academic institutions, especially diversity-serving colleges and universities, to conduct health disparity research in drug abuse and addiction

2.1.4 Objective Four: Involve the broader professional and lay community in addressing health disparities caused by drug abuse and addiction.

3.0 AREAS OF EMPHASIS IN COMMUNITY OUTREACH, INFORMATION DISSEMINATION, AND PUBLIC HEALTH EDUCATION

3.1.1 Objective One: Educate racial/ethnic minority populations about drug abuse and addiction prevention and treatment. Also, identify and improve mechanisms for dissemination of research findings within and across racial/ethnic minority groups.

3.1.2 Objective Two: Put research into practice in health disparity communities by providing science-based prevention and treatment information to service providers serving these populations.

3.1.3 Objective Three: Educate the research and practice community about the state-of-the-science in drug abuse and addiction research with health disparity populations.

4.0 AREAS OF EMPHASIS IN INTEGRATION OF RESEARCH, CAPACITY BUILDING AND OUTREACH GOALS

4.1.1 Objective One. Educate the field on strategies to reduce health disparities in addiction and related co-morbidities (e.g., HIV/AIDS), including greater risk for criminal justice involvement among minority populations, through coordinated, collaborative approaches.

1.0 AREAS OF EMPHASIS IN RESEARCH

1.1 Area of Emphasis 1. Epidemiology of Drug Abuse and its Health Consequences among Racial/Ethnic Minority Populations

Rationale and Priority

Racial/Ethnic minority populations experience more, and more severe, medical and social consequences from drug abuse and addiction compared to the majority population. Over the next 5 years, our objective is to increase our understanding of the incidence and causes of drug abuse and addiction and its consequences in all racial/ethnic minority groups, exploring the influence of gender, socioeconomic status, geographic residence, and other factors. Aggressively pursuing research in this area will strengthen the discovery of better and better tailored prevention, treatment, services, and policy approaches with racial/ethnic minority populations.

Improving the knowledge base on the incidence and patterns of drug use, abuse, and addiction is critical to assessing and shaping the content of prevention and treatment programs. Surveys such as the NIDA-supported Monitoring the Future Study (a national survey of 8th, 10th, and 12th graders) and the SAMHSA-supported National Survey on Drug Use and Health (a national survey of persons 12 and older residing in U.S. households) provide important information on national drug use patterns and trends. However, data from National surveys are not always comprehensive enough to capture an accurate picture of the drug abuse problem among racial and ethnic minorities. For example, data from Native American, Alaska Native, Asian, and Pacific Islander populations are often not sufficient to conduct within group analyses. Moreover, selection biases that disproportionately affect minorities may suppress their numbers in these general surveys. For example, populations with higher school drop-out rates are under-represented in school surveys and homeless persons are excluded from household surveys. Since dropout rates and homelessness correlate with higher risk for deviant behavior, we may potentially be missing information on particular subgroups that are at higher risk for drug abuse and addiction.

More work is needed to better understand the causes of drug use in racial/ethnic minority communities. Promising studies are underway on risk and protective factors especially on the role of culture, religiosity, ethnic identity, family, peer, and environmental/community level factors in drug initiation. For example, researchers studying a longitudinal cohort of African-American and White boys found that inattention, but not hyperactivity-impulsivity, significantly predicted adolescent tobacco use and young adult daily tobacco use. Peer substance use, parental substance use, and conduct disorder also predicted increases in tobacco use, while African-American ethnicity was strongly protective against later tobacco use. Another study showed that for young Black women using drugs, the timing of initiation for alcohol, cigarettes, and cannabis use was largely attributable to genetics, with shared environment influences being modest. This finding contrasts with reports from earlier studies based on primarily Caucasian samples, which have suggested a substantial role for shared environment on substance use initiation when measured as lifetime use. Differences in findings may reflect a distinct etiological pathway for substance use initiation in African-American women that could not be detected in previous

studies. These studies reinforce the need to examine factors that may uniquely impact minority populations.

Racial/Ethnic minority populations are also disproportionately affected by the consequences of drug use (e.g., HIV/AIDS and other infectious diseases, criminal justice involvement). For example, in 2007 the CDC reported that Blacks comprised 47% of all HIV/AIDS cases. Black women comprised 60% of all HIV/AIDS cases in women, and Black children (under the age of 13) comprised 59% of all childhood cases of HIV/AIDS. Understanding the factors that contribute to these disparities will be critical to their elimination.

To address these issues, NIDA sponsors a number of activities, such as releasing program announcements and requests for applications and convening conferences and meetings. For example, NIDA reissued its "Epidemiologic Research on Drug Abuse" funding opportunity announcement (FOA) which promotes research on a number of epidemiologic strategies including monitoring drug abuse trends over time and identifying and measuring health problems associated with drug abuse. Applications submitted in response to this FOA are expected to expand our knowledge about the patterns of use and its consequences within and across different populations to guide the development of interventions, define subpopulations, identify groups at risk for various health conditions such as HIV, TB, hepatitis, poor pregnancy outcomes, ADHD, mental disorders, and other conditions (predisposing and consequential to drug use/abuse), inform and influence local, state, and federal health agencies, and provide guidance for the development of public policy.

1.1.1 Objective One: Improve the knowledge base on the origins and patterns of drug abuse and addiction in all racial/ethnic populations as well as examine both risk and protective factors for all minority populations.

1.1.1.1 Action Plan

- Assess, within and across racial/ethnic groups, the magnitude, incidence and prevalence of drug abuse, analyzing by gender, socioeconomic status, and age.
- Identify and assess individual and community/environmental vulnerability, risk and protective factors for drug use and abuse and related consequences in various racial/ethnic populations, analyzing by gender, socioeconomic status, and age.
- Develop better sampling methods for hard-to-reach minority populations, more effective ways to reduce survey non-response and increase the validity of self-reported drug use and associated behaviors, as these may differentially affect racial/ethnic minority populations.
- Encourage and support the secondary analysis of data obtained under NIH-supported research pertinent to understanding the epidemiology and etiology of drug abuse and addiction in racial/ethnic minority populations, including analyses by gender, socioeconomic status, and age.

1.1.1.2 Performance Measures

Major Performance Measures

Target/Timeline

Develop research opportunities in this area through FOAs and administrative supplements

Ongoing announcements

Prepare the field for research in this area through technical assistance, resource materials, and meetings.

Annual activities

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified

Annual

1.1.1.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Promote studies with specific aims focused on the investigation of drug use, abuse and addiction patterns, incidence and prevalence in racial/ethnic minority and other health disparity populations

Annual increases

Increased number of articles in the scientific literature

Annual increases

Increased number of scientific presentations

Annual increases

Better culturally appropriate measures and procedures developed (grantees)

Annual progress

Increased understanding of drug use patterns within and across racial/ethnic minority, rural and low income populations (e.g., by gender, age, and urban/rural settings)

Annual progress

1.1.1.4 Projected Budget

FY09 - \$10,939,167

FY10 - \$11,234,525

FY11 - \$11,594,029

1.1.2. Objective Two Identify the short- and long-term effects of drug use, abuse, and addiction on overall health (including physical, mental and emotional health) and related consequences (e.g., violence and crime) in racial/ethnic minority populations.

1.1.2.1 Action Plan

- Increase scientific knowledge of health consequences of drug abuse among women and men in racial/ethnic minority groups including: assessing the magnitude, incidence and prevalence of HIV/AIDS and other STDs, among other health conditions, and their impact on racial/minority populations; identifying the associated risks and protective factors; and identifying subgroups within racial/minority groups (e.g.,homeless, homosexuals, prison inmates) at greatest risk
- Develop appropriate intervention strategies for reducing risk factors among women and men in these groups
- Identify new, simplified, and innovative strategies/approaches and mechanisms to complement and improve traditional approaches for individuals in this population
- Identify and assess issues of co-morbid substance abuse and mental illness across the age span among health disparity populations across and within groups, including analyses by gender.
- Evaluate the role of stress (e.g., cultural adaptation) in initiating and escalating drug abuse and its impact on various male and female health disparity populations. Sensitivity and responsiveness to the needs of the target audience must be considered in all instrument development, administration, analysis, and evaluation of the data.
- Explore the contextual relationships between drug use, violence, employability, school performance, family structure, and economic well being of the community.
- Support research focused on better understanding the disproportionate criminal justice involvement related to drug use in health disparity populations, especially African-Americans.

1.1.2.2 Performance Measures

Major Performance Measures

Target/Timeline

Develop research opportunities in this area through FOAs and Administrative Supplements

Ongoing Announcements

Prepare the field for research in this area through technical assistance, resource materials, and meetings

Annual activities

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified

Annual

Coordinate with other I/Cs or agencies where appropriate and likely to advance the research

On-going

1.1.2.3 Outcome Measures

Major Outcome Measures	Target Date/Timeline
Increased number of studies on disparities related to co-morbidities, stress, and other contextual variables	Annual increases
Increased number of articles in the scientific literature	Annual increases
Increased number of scientific presentations	Annual increases
Advances in research methods and assessment tools related to this line of research	Annual Progress
Increased knowledge of consequences of drug use and addiction specific to racial/ethnic minority women and children	Annual increases
Increased number of studies that focus on the investigation of HIV/AIDS and other medical consequences of drug involvement for racial/ethnic minority populations	Annual increases
Developed more accessible and culturally appropriate adherence approaches	Annual progress
Increased understanding of the risk and protective factors associated with drug use and HIV among racial/ethnic minority, rural and low-income drug abuser populations, particularly as determined by gender, age, environment	Annual Progress

1.1.2.4 Projected Budget

FY09 – \$26,470,571

FY10 – \$27,185,276

FY11 – \$28,055,205

1.2 Research Area of Emphasis Two: Prevention of Drug Abuse and Addiction

Rationale and Priority

In the last few years, NIDA has made significant strides in its Health Disparity prevention research program. In particular, we have supported two long-term minority prevention research centers that focus on African-American, Hispanic, and Native American populations as well as several other research projects that include other ethnic minorities. Results from these and other research studies suggest that racial/ethnic populations may have special prevention needs and prevention strategies may have to be specific to their culture in order to be successful. For example, including culturally-specific components in generic prevention programs enhances effectiveness with African-Americans.

Epidemiologic data show that racial/ethnic groups differ in patterns of drug use, preferences, accessibility and risks. Thus prevention programs that attend to these needs are essential. For example, African-Americans have late onset (or delayed onset) drug use suggesting that this population may be in particular need of prevention programs *after* the high school years (i.e., late adolescent/early adult years). In contrast, prevention programs for Native Americans on reservations are more effective if administered at an early age.

Moreover, the heterogeneity or diversity within racial/ethnic groups (e.g., gender, SES, education, cultural styles, rural, urban) must be acknowledged in prevention efforts and the specific risk factors for these subgroups need to be better understood to inform prevention efforts. In addition, prevention programs are needed to reach health disparity populations in high-risk settings and neglected, hard-to-reach areas or communities. This includes, for example, persons in correctional facilities (more likely to be African-American and Hispanic), persons in rural areas, migrant workers/seasonal farm workers (often Hispanic and Haitian), and children in drug abusing families.

1.2.1 Objective One: Support prevention research focused on racial/ethnic minorities.

1.2.1.1 Action Plan

- Determine the drug abuse and HIV/AIDS prevention needs of racial/ethnic minority populations across the life span with specific attention to very early and late onset initiation of use and diversity in vulnerability to use across the life cycle
- Develop culturally appropriate prevention interventions and guidance on how to adapt "generic" prevention models for specific minority and health disparity populations
- Examine the effectiveness of mass media prevention/education messages that target specific racial/ethnic minority populations
- Explore how cultural norms and protective and risk factors affect gender differences in responsiveness to prevention strategies
- Encourage studies that focus on environmental (structural) prevention strategies that specifically target the role of stress, poverty, racism and oppression on drug use

- Encourage studies that focus on co-morbidities
- Encourage studies on the role of the Internet in high risk sexual partnering and as a potential vehicle for delivering drug abuse and sexually transmitted infection (STI) risk reduction and educational information, prevention interventions, and resources for referral and clinical care

1.2.1.2 Performance Measures

Major Performance Measures

Target/Timeline

Develop research opportunities in this area through FOAs and Administrative Supplements

Ongoing announcements

Prepare the field for research in this area through technical assistance, resource materials, and presentations at professional meetings

Annual activities

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified

Annually

1.2.1.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Increased number of studies focusing on specific prevention needs of each ethnic minority populations

Ongoing

Increased number of articles in the scientific literature

Annual increases

Increased number of scientific presentations

Annual increases

Increased number and/or refinement of prevention strategies/models

Annual progress

1.2.1.4 Projected Budget

FY09 – \$12,982,059

FY10 – \$13,332,565

FY11 – \$13,759,207

1.2.2 Objective 2: Ensure that new directions for prevention research, such as research-to-practice initiatives and basic prevention research, include members of racial/ethnic minority, rural, low income and other underserved populations.

1.2.2.1 Action Plan

NIDA staff will review plans for studies to make certain that concerns of racial/ethnic minority, rural and low income populations are adequately addressed.

1.2.2.2 Performance Measures

Major Performance Measures	Target/Timeline
Encourage research applications in this initiative	Ongoing
Require the inclusion of health disparity issues in research supported through relevant NIH initiatives	Ongoing
Monitor inclusion of minority populations and rural populations in the studies	Ongoing

1.2.2.3 Outcome Measures

Major Outcome Measures	Target/Timeline
Adequate inclusion of ethnic minority, low income and rural populations and population issues in prevention effectiveness research trials	Ongoing
Increased publications in the scientific literature on prevention effectiveness within ethnic minority, low income and rural populations	Annual increases
Increased number of scientific presentations	Annual increases
Better understanding of process and factors necessary to develop effective prevention programs for racial/ethnic minority, low income, and rural populations	Annual increases

1.2.2.4. Projected Budget

FY09 – \$6,930,894

FY10 – \$7,118,028

FY11 – \$7,345,805

1.2.3 Objective Three: Develop effective, culturally-specific drug abuse prevention strategies for health disparity populations who are at increased risk for drug abuse such as individuals in detention or juvenile correctional facilities and rural populations including persons on Indian reservations and migrants or seasonal farm workers.

1.2.3.1 Action Plan

Expand research opportunities in this area.

1.2.3.2 Performance Measures

Major Performance Measures	Target/Timeline
Encourage research applications in this area	Ongoing
Require the inclusion of health disparity populations	Ongoing
Monitor inclusion of racial/ethnic minority, rural and low income populations in studies	Ongoing

1.2.3.3 Outcome Measures

Major Outcome Measures	Target/Timeline
Increased number of studies that focus on prevention with racial/ethnic minority, low income and rural populations at higher risk for drug abuse and addiction and its consequences	Ongoing
Increased number of articles in the scientific literature	Annual increases
Increased number of scientific presentations	Annual increases
Development/Refinement of prevention strategies specifically for higher risk individuals	Annual progress

1.2.3.4 Projected Budget

FY09 – \$3,535,405

FY10 – \$3,630,861

FY11 – \$3,747,048

1.3 Research Area of Emphasis 3: Addressing Disparities in Treatment and Health Services Research

Rationale and Priority

Considering the severe consequences of drug abuse and addiction on racial/ethnic populations, NIDA realizes that minority populations need to be fully included in treatment research and clinical trials. NIDA currently supports several activities that focus on racial/ethnic groups and cultural factors in addiction treatment. A few examples of NIDA supported research in this area include studies:

- Evaluating family-based treatment approaches in drug using minority youth (based on research findings suggesting that family variables are more influential in substance use in certain minority youth). Some of these studies suggest that treatment engagement procedures may be different for Mexican American and Cuban youth.
- Evaluating the efficacy of adding a culturally-relevant, community reinforcement enhancement to an existing residential treatment program for homeless, African-American mothers who abuse crack cocaine. This study is using the Black church as a vehicle for implementing the intervention.
- Testing the efficacy of smoking cessation programs in treating Chinese American smokers.

In addition to testing and adapting drug abuse treatments for various racial/ethnic minorities, NIDA supports studies of the myriad medical, social, and cultural factors that may influence adherence to treatment and treatment outcomes. Finally, NIDA recognizes that there are often difficulties in enrolling and retaining adequate numbers of minorities in order to conduct meaningful data analyses and is committed to improving representation of minorities in clinical research studies.

NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN) exemplifies NIDA's efforts to promote health disparity research. The CTN provides a national research and dissemination infrastructure to more rapidly and systematically bring new science-based addiction treatments into real-life treatment settings. The CTN has established steps to ensure that health disparity populations are included in its clinical trials.

The CTN maintains a Minority Interest Group that has worked to ensure that racial/ethnic minority concerns are addressed and populations are included in its studies. As of 2009, CTN studies included 11,500 participants of whom 22% were African-American, 17% were Hispanic, 2% were American Indian, 6% were other and 7% were multi-race. Special efforts were made to include and engage American Indian populations in the CTN and other NIDA studies because of the high rates of drug-related morbidity and low rates of participation in research within the population. Steps taken to remedy full participation have included supplementing five of the

CTN nodes to develop research collaborative partnerships with American Indian/Alaska Native communities, supporting projects specific to American Indians (e.g., methamphetamine in Native communities; the effectiveness of Job Seekers' Workshop in a Navajo residential drug treatment program; acceptability of an interactive web-based version of the Community Reinforcement Approach), conducting focus groups (talking circles) with community leaders, visiting tribal leaders and holding seminars and workshops on research findings and practices (e.g., historical trauma and healing approaches in Native American communities). Other health disparity topics addressed by the CTN included supplements to gain knowledge about substance use and treatment barriers in Asian American/Pacific Islander communities, access to HIV and hepatitis screening and care among racial/ethnic minority drug abusers in and out of drug treatment, the efficacy of motivational enhancement therapy for African-Americans, and HIV testing and barriers to testing in African-Americans receiving substance abuse treatment.

The development and testing of addiction treatment interventions are only valuable if they are used. That is why NIDA supports health services research—to ensure that treatments get to the patients who need them. Implementation science is the study of principles and methods to promote the systematic adoption and implementation of scientific advances into real-world practice. These studies examine both individual behaviors and organizational systems of care and aim to reduce haphazard uptake of research findings across healthcare practice (Perl, 2006). Unfortunately, racial/ethnic minorities may experience more difficulties in obtaining the most appropriate health care services. Research suggests that they may be more vulnerable to gaps and lack of coordination in systems of care, that they may encounter bias in treatment assignments, and their need for services may differ by race/ethnicity. Moreover, rural populations appear to have fewer drug abuse services available to them and service provision may be further complicated by transportation problems and issues of anonymity and confidentiality, significant issues for drug abuse treatment and services.

1.3.1 Objective One: Maximize the opportunity for treatment research on racial/ethnic minority and rural populations and improve dissemination of the study results.

1.3.1.1 Action Plan

- Ensure that all racial/ethnic minority and rural populations are fully included in NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN) as patients, advisors, and research staff. Ensure that a sufficiently large sample is recruited in each study to allow for analyses by specific racial/ethnic groups
- Develop strategies to obtain more input from racial/ethnic minority and rural populations
- Encourage research to develop and test behavioral treatments that are culturally and gender sensitive and relevant for racial/ethnic minorities
- Encourage research to develop validated, reliable clinical screening and assessment instruments in languages other than English for use in clinical research with non-English speaking subjects

1.3.1.2 Performance Measures

Major Performance Measures	Target/Timeline
Institute procedures for the adequate inclusion of racial/ethnic minority and rural issues and populations in the CTN	Ongoing
Develop research opportunities through FOAs and administrative supplements	Ongoing
Implement strategies to solicit input from the field	Ongoing
Implement procedures to improve assessment tools	Annual
Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified	Annually

1.3.1.3 Outcome Measures

Major Outcome Measures	Target/Timeline
Maximize the inclusion of racial/ethnic minority individuals and rural populations in clinical trials	Ongoing
Increased availability of clinical tools in languages other than English	As developed
Expanded research agenda that reflects needs of the field	Annual review
Increased number of scientific presentations	Annual increases
Increased number of articles in the scientific literature	Annual increases

1.3.1.4 Projected Budget

FY09 – \$30,120,294

FY10 – \$30,933,542

FY11 – \$31,923,415

1.3.2 Objective Two: Determine factors that contribute to differences, if any, experienced by racial/ethnic minority, low income and rural populations in access to services and outcomes of treatment in managed care and other service systems.

1.3.2.1 Action Plan

- Focus more of the treatment and prevention services research portfolio so that we can better understand the organization, management, financing and delivery of services
- Assess the impact of program adaptation and cultural sensitivity on substance abuse services provided to racial/ethnic minorities especially minority women.
- Develop research to understand the role and impact of the criminal justice system, including drug courts, on drug abuse treatment in health disparity populations.

1.3.2.2 Performance Measures

Major Performance Measures

Target/Timeline

Provide research opportunities through FOAs and administrative supplements

Ongoing announcements

Increase number of studies supported

Annual

Encourage and prepare the field for research in this area

Annual

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities should be modified

Annual

Provide forum/opportunities for the field to contribute to the research agenda

Ongoing

1.3.2.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Focus services research studies to address health disparities

Biannual increases

Increased number of professional presentations

Annual increases

Expanded research agenda

Annual review

Better understanding of factors that contribute to disparities in drug treatment and services for each health disparity population

Annual progress

1.3.2.4 Projected Budget

FY09 – \$14,889,167

FY10 – \$15,291,175

FY11 – \$15,780,492

1.4 Research Area of Emphasis 4: Addressing Racial/Ethnic Disparities in Basic and Clinical Neurosciences

Rationale and Priority

Research has shown that there are both biological and environmental influences on vulnerability and/or resilience to drug abuse and addiction. For example, pharmacokinetic studies have revealed distinct differences in some ethnic populations in the ability to metabolize different drugs, indicating a clear biological basis in drug response. There may also be some specific biologically based differences across racial/ethnic groups that might influence drug liking/initiation, addiction vulnerability, neurotoxicity, and neurobiological/neurobehavioral processes underlying tolerance, dependence, and relapse. Studies focusing on the interaction between racial/ethnic differences and the effects of drugs on underlying neural and behavioral processes will provide the basis for more targeted treatment and prevention approaches in different populations.

1.4.1 Objective One: Increase, when relevant, research on genetics and epigenetic, neuroscience, that focuses on racial/ethnic differences.

1.4.1.1 Action Plan

- Encourage over sampling of under-represented groups so that meaningful analyses and comparisons can be made across race and ethnicity
- Encourage diversity supplements and other training opportunities for individuals from diverse groups, including racial/ethnic minority populations in basic and clinical neuroscience
- Provide information on strategies for recruiting under-represented groups into human subject research and clinical trials.
- Expand research that directly recruits health disparity populations for participation in the basic and clinical neurosciences and behavioral sciences studies, with the intent of addressing health disparities

1.4.1.2 Performance Measures

Major Performance Measures	Target/Timeline
Provide research opportunities in this area through FOAs and administrative supplements	Ongoing announcements
Increase number of studies supported.	Annual
Prepare the field for research in this area through technical assistance, resource materials, and meetings	Ongoing
Routinely monitor and discuss implementation progress, concerns and needs to determine if activities should be modified	Annually

1.4.1.3 Outcome Measures

Major Outcome Measures	Target/Timeline
Increased number of studies when there are scientific opportunities	Ongoing
Better understanding of genetic and neurobiological factors associated with addiction	Annual progress
Increased number of articles in the scientific literature	Annual increases
Increased number of scientific presentations	Annual increases
Better informed researchers and practitioners	Annual progress

1.4.1.4 Projected Budget

FY09 – \$24,985,773

FY10 – \$25,660,389

FY11 – \$26,481,521

2.0 AREA OF EMPHASIS IN RESEARCH CAPACITY

Rationale and Priority

NIDA recognizes that conducting scientifically valid health disparities research requires a research infrastructure that includes well-informed and trained scientists, knowledgeable and cooperative communities (e.g., community-based organizations, professional associations, faith

community, tribal councils), and academic institutions with competency and interest in health disparities research. NIDA has made concerted efforts to build this critical infrastructure for health disparities research by increasing the number of diverse scholars involved in drug abuse research and increasing our support of drug abuse research in health disparity communities. A number of initiatives, programs and activities have been implemented to increase diversity. For example, the establishment of expert work groups on drug abuse disparities in racial/ethnic populations, the strengthening of the Diversity Supplement Program, the development of an HBCU Initiative, the provision of technical assistance in grants development, and the development of funding opportunity announcements to build drug abuse research infrastructure. NIDA plans to build upon these already successful programs to increase training and career development opportunities. In addition, NIDA plans to increase the numbers of researchers and research studies that focus on abuse and addiction in health disparity communities and to, in general, stimulate interest and enhance competency in conducting research for eliminating disparities related to drug abuse and addiction.

2.1.1 Objective One: Increase and improve drug abuse and addiction research development and training experiences for students, especially those students from groups that are traditionally under-represented in science, as a means of attracting and preparing competent, future researchers in addiction and health disparity research.

2.1.1.1 Action Plan

- Continue to support the Recruitment and Training Program sponsored by the intramural research program and the Diversity Supplement program, which includes the Summer Research with NIDA program for high school and undergraduate students.
- Explore the feasibility of establishing short-term diversity training grants (e.g., T35) for drug abuse and addiction programs particularly those involved in the National Drug Abuse Treatment Clinical Trials Network (CTN) to offer summer research training experiences for promising undergraduate and graduate students.

2.1.1.2 Performance Measures

Major Performance Measures	Target/Timeline
Continued support of the Diversity Supplement Program and summer programs	Annual
Increase budget to support these initiatives	Annual increases
Assess the feasibility of short-term training grants for this purpose	By 2011

2.1.1.3 Outcome Measures

Major Outcome Measures	Target/Timeline
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Increased number of students pursuing careers in drug abuse research

Annual increases

Availability of research development opportunities to support diverse students and faculty

Annual

2.1.1.4 Projected Budget

FY09 – \$600,000

FY10 – \$616,200

FY11 – \$635,918

2.1.2 Objective Two: Establish new and strengthen existing programs to provide research development and support opportunities for faculty and investigators interested in health disparities research related to drug use and addiction.

2.1.2.1 Action Plan

- Continue to support the Diversity Supplement Program and the Research Development Technical Assistance program
- Explore the possibility of developing a Visiting Scholar Program to recruit and train drug abuse researchers with a special outreach emphasis on scholars from diverse programs and institutions such as HBCUs, HSIs, and tribal colleges to spend time in selected research programs learning state-of-the-art methodology. The small grant mechanism (RO3) may be used to support a period of training in laboratories using state-of-the-art technologies to examine a variety of aspects of drug abuse and addiction.
- Examine the potential for developing a Career Development Award (KO1) for diverse faculty interested in all areas of drug abuse and addiction research. This program would be aimed at faculty seeking a period of protected time to devote to developing drug abuse research projects at their institutions. Special efforts will be undertaken to increase the number of researchers in prevention and clinical research.
- Explore the feasibility of establishing a Research Scholars Diversity Program in the NIDA Intramural Research Program.
- Establish a Clinical Research Scholars Diversity Fellowship as part of NIDA's CTN program

2.1.2.2 Performance Measures

Major Performance Measures

Target/Timeline

Provide research development opportunities through FOAs and Administrative Supplements	Annual
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Collaborate with other I/Cs and agencies on programs/activities of mutual interest	Ongoing
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Routinely monitor and discuss implementation progress, concerns and needs to determine if activities should be modified	Annual
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2.1.2.3 Outcome Measures

Major Outcome Measures	Target/Timeline
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Increase number of investigators from diverse populations	Annual increases
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Availability of opportunities to support diverse students and faculty	Annual
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2.1.2.4 Projected Budget

FY09 – \$2,996,643

FY10 – \$3,077,552

FY11 – \$3,176,034

2.1.3 Objective Three: Increase the capacity of academic institutions, especially diversity-serving colleges and universities, to conduct health disparity research in drug abuse and addiction.

2.1.3.1 Action Plan

- Continue to support the Diversity-promoting Institutions Drug Abuse Research Program (DIDARP) and HBCU outreach.
- Develop partnerships between institutions with well-established drug abuse research programs and other institutions that are interested in developing capacity in this area
- Encourage and engage promising undergraduate students to pursue careers in drug abuse and addiction research.

NATIONAL INSTITUTE ON DRUG ABUSE

- Support or examine the possibility of establishing Training Centers (T32s) in the basic neurosciences and behavioral sciences, and clinical neurosciences at HBCUs and other diversity serving colleges and universities. Encourage the participation of diverse students at already existing centers.

2.1.3.2 Performance Measures

Major Performance Measures

Target/Timeline

Provide research development opportunities through FOAs and/or Administrative Supplements

Annual

Collaborate with other ICs and agencies on programs/activities of mutual interest

Ongoing

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities should be modified

Annual

2.1.3.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Maintain involvement of diversity-serving institutions such as HBCUs in drug abuse research on health disparities, e.g., more grants, collaboration with grantees

Ongoing

Increased number of diverse investigators

Annual increases

Increased number of students pursuing careers in drug abuse research

Annual increases

Increased availability of new programs to support diverse students and faculty

Annual review

2.1.3.4 Projected Budget

FY09 – \$1,982,309

FY10 – \$2,035,831

FY11 – \$2,100,978

2.1.4 Objective Four: Involve the broader professional and lay community in addressing health disparities caused by drug abuse and addiction.

2.1.4.1 Action Plan

- Encourage professional organizations to create and administer diversity clinical research development programs through the K12 mechanism.
- Host writing workshops to facilitate publications on health disparities in peer-reviewed journals
- Develop opportunities (e.g., forums at professional meetings) with key stakeholder groups to discuss drug abuse research needs, plans, and opportunities which include practitioners and consumers
- Support workshops or programs to train investigators on conducting responsible drug abuse research in racial/ethnic minority and other health disparity communities. Consider creating resources to ensure that such research is appropriate and sensitive.

2.1.4.2 Performance Measures

Major Performance Measures

Target/Timeline

Provide research development opportunities through FOAs, Diversity Supplement Program, and Administrative Supplements

Annual

Collaborate with other I/Cs and agencies on programs/activities of mutual interest

Ongoing

Prepare the field to pursue drug abuse research in health disparities areas

Ongoing

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities should be modified

Annual

2.1.4.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Maintain involvement of diverse institutions such as HBCUs and others in drug abuse research on health disparities

Annual review

Increased number of investigators from diverse populations

Annual increases

Increased number of students and scientists pursuing careers in drug abuse research

Annual increases

Availability of programs to support students and faculty from diverse populations

Annual

Increased participation in meetings and forums (to disseminate information on research development needs and opportunities)

Ongoing

2.1.4.4 Projected Budget

FY09 – \$1,025,000

FY10 – \$1,052,675

FY11 – \$1,086,361

3.0 AREAS OF EMPHASIS IN COMMUNITY OUTREACH, INFORMATION DISSEMINATION, AND PUBLIC HEALTH EDUCATION

Rationale and Priority

NIDA is committed to broadly disseminating NIDA supported research findings to diverse audiences. Our efforts to reach racial/ethnic minority populations have included:

- Developing a Spanish-language webpage
- Developing Spanish translations for many of our most popular publications
- Creating a radio Public Service Announcement campaign on marijuana abuse for African American males aged 13-25;
- Producing Spanish-translated publications on treatment and prevention of drug use
- Marketing the "InfoFacts" series as well as the NIDA website via a Spanish art card distributed to appropriate outlets nationally
- Publishing in 2009 "NIDA-Supported Research on Drug Abuse and Addiction in Racial/Ethnic Minority Populations: A Resource Guide"

In addition to these efforts, NIDA routinely distributes press releases to media outlets designed to reach special populations, where appropriate. Finally, to improve our outreach to various ethnic and minority groups, NIDA has organized and convened advisory panels for Latinos, Asian Americans/Pacific Islanders (AAPIs), and African-Americans.

3.1.1 Objective One: Educate racial/ethnic minority populations about drug abuse and addiction prevention and treatment. Also, identify and improve mechanisms for dissemination of research findings within and across racial/ethnic minority and other health disparity groups.

3.1.1.1 Action Plan

- Ensure that all radio PSAs and educational videos are culturally appropriate for all targeted population groups

- Create television drug abuse PSAs and videos in Spanish which will be distributed to appropriate Hispanic outlets. The PSAs and videos will follow the theme of NIDA's national campaign, "Addiction is a Brain Disease," in an effort to educate the Hispanic community about the disease of addiction
- Collaborate with the trans-NIH committee on American Indian/Alaska Native health communication effort to address the information needs of Native Americans
- Explore options to provide targeted training to Hispanic substance abuse treatment providers on effective treatment methods
- Enhance NIDA collaboration with professional organizations through NIDA national meetings and workshops

3.1.1.2 Performance Measures

Major Performance Measures

Target/Timeline

Develop materials specific to the audience

Ongoing

Consult with experts on communication and health disparity population issues

Ongoing

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities should be modified

Annual

3.1.1.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Produced educational materials in Spanish

Ongoing

Established ongoing relationships with various health disparity constituent groups

Ongoing

Disseminated plans for Hispanic and Native American populations

By FY 2011

3.1.1.4 Projected Budget

FY09 – \$75,000

FY10 – \$77,025

FY11 – \$79,490

3.1.2 Objective Two: Put research into practice in health disparity communities by providing science-based prevention and treatment information to service providers serving these populations.

3.1.2.1 Action Plan

- Translate materials into Spanish and distribute them to parents, care givers, and service providers who work with Hispanic populations, and the general public.
- Reach out to community leaders of specific health disparity populations groups to engage and enable them to help families understand drug abuse problems within their communities and give those families the culturally appropriate tools for prevention and treatment.

3.1.2.2 Performance Measures

Major Performance Measures

Target/Timeline

Develop the materials as outlined in the plan

Ongoing

Distribute the materials to service providers and community leaders working with racial/ethnic minority and other health disparity populations

Ongoing

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities should be modified

Annual

3.1.2.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Increase availability of culturally appropriate outreach programs

Annual

3.1.2.4 Projected Budget

FY09 – \$125,000

FY10 – \$128,375

FY11 – \$132,483

3.1.3 Objective Three: Educate the research and practice community about the state-of-the-science in drug abuse and addiction research with health disparity populations.

3.1.3.1 Action Plan

- Develop a guide and web site containing information on availability of research with racial/ethnic and other health disparity populations. Information such as current research, research findings, and valid measures would be available.
- Identify and improve mechanisms for dissemination of research findings within and across groups serving health disparity populations.

3.1.3.2 Performance Measures

Major Performance Measures

Target/Timeline

Develop information sources as outlined

Annual progress

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified

Annual

3.1.3.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Increase number of researchers/clinicians/health professionals
Informed about drug abuse research in health disparity
populations

Ongoing

Increase availability of easily accessible information on
drug abuse research in racial/ethnic minority and rural
communities (e.g., web-based information)

Ongoing

Increased interaction of NIDA staff with students,
researchers, and practitioners interested in drug
abuse research

Ongoing

Better trained/prepared researchers pursuing or
conducting drug abuse research in racial/ethnic
minority and other health disparity communities.

Ongoing

Increased use of NIDA as a resource

Ongoing

3.1.3.4 Projected Budget

FY09 – \$128,240

FY10 – \$131,702

FY11 – \$135,917

4.0 AREA OF EMPHASIS IN INTEGRATION OF RESEARCH, CAPACITY BUILDING AND OUTREACH GOALS

Addiction is a disease that results from a complex interaction of genetic/neurobiological and multifaceted cultural and environmental factors. NIDA supports research that spans “cells to society” research that seeks to understand the role of individual or group vulnerability to addiction as a function of neurobiological processes; individual characteristics; peer, family and community influences; cultural, societal and policy factors; and the particular characteristics and mechanisms of action of each substance itself (e.g., tobacco, marijuana). This breadth of variables has required exploration of a wide range of methods and conceptual models including frameworks that encompass social determinants of health, a model that is very useful in understanding the dynamics of factors contributing to health disparities. Successfully translating sound scientific findings on addiction into effective interventions and services requires educating health care providers, policy makers, and the public about the science of addiction and providing them with strategies and approaches that can be implemented in real world settings for persons from racial/ethnic, rural, and low income populations. NIDA believes that supporting the implementation of scientific research will significantly advance its health disparities goals. This implementation may best be achieved by providing initiatives and opportunities to integrate the best of our research, capacity building and outreach goals.

4.1.1 Objective One. Educate the field on strategies to reduce health disparities in addiction and related co-morbidities (e.g., HIV/AIDS), including greater risk for criminal justice involvement among minority populations, through coordinated, collaborative approaches.

4.1.1.1 Action Plan

- Explore hosting virtual state-of-the-field town meetings with researchers, providers, and policy makers on selected health disparity topics (e.g., providing treatment services in rural communities; seek, test and treat HIV initiatives; criminal justice re-entry programs).
- Collaborate with other ICs and agencies on meetings and activities that address reducing health disparities.
- Provide technical assistance to NIDA grantees involved in health disparities research on effective approaches to integrating research, capacity development and outreach

- Explore encouraging use of the Science Education Drug Abuse Partnership Award Program (R25) as a mechanism to support innovative, partnering approaches to improving drug abuse education in health disparity populations.

4.1.1.2 Performance Measures

Target/Timeline

Major Performance Measures

Discuss the feasibility, effectiveness, potential topics, and requirements of hosting virtual town hall meetings

FY 2010

Convene a virtual (or other) town hall meeting on health disparities, if found feasible

Annual, starting FY 2011

Identify resources and materials for grantees and others

Annual

4.1.1.3. Outcome Measures

Target/Timeline

Major Outcome Measures

Increased activities informing field about the need for integration of research, capacity, and outreach

Annual

Availability of easily accessible information on integrated education, prevention, treatment and services strategies

Annual

Increased interaction of NIDA staff with other agencies, grantees, and the public on ways to strengthen efforts to reduce disparities through integrated approaches

Annual

Better trained researchers, practitioners and policy makers on the complexities of addiction and the need for convening a meeting that integrates research, capacity development, and community outreach

Annual

4.1.1.4. Projected Budget

FY09 – \$150,000

FY10 – \$154,050

FY11 – \$158,980