Founding Proposal

a. Purpose of the unit.

The purpose of the proposed Center for Health Equity Research (CHER) is to institutionalize the progress made by the CSULB Research Infrastructure in Minority Institutions (RIMI) grant from the National Institute on Minority Health and Health Disparities (NIMHD), and to establish a lasting hub of health equity, health disparities, and minority health research to serve the CSULB community and provide a resource for the region. Health inequity has been defined as "a difference or disparity in health outcomes that is systematic, avoidable, and unjust" (http://www.cdc.gov/socialdeterminants/Definitions.html). For more than two decades the reduction or elimination of health inequity and health disparities has been a part of the national goals established through the HealthyPeople initiative (http://www.cdc.gov/nchs/data/hp2ooo/hp2ko't.pdf). Healthy People 2020 defines health equity as the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities" (http://healthypeople.gov/2020/ about/ disparitiesAbout.aspx#five).

The goals of the CHER are reflected in the tagline: *Promoting Health Equity through Community, Collaboration, and Science* which will be used along with the CHER logo. The CHER will be engaged in supporting and conducting research about health equity, health disparities, and minority health. It is expected that most of this research will be community-located and community-based. The CHER will be affiliated with currently existing academic centers including the Center for Behavioral Res arch and Services (CBRS) and the NCLR/CSULB Center for Latino Community Health, Evaluation and Leadership Training (the "NCLR Center").In addition to research conducted by unit members, health equity research by affiliated faculty members will be supported, and opportunities for health equity research, especially collaborative community and interdisciplinary research, will be promoted. Mentoring for junior and mid-level faculty who are interested in conducting health equity research will also take place, as will training of students in health equity research topics and skills, especially students from minority populations. In addition, the CHER will provide resources to CSULB researchers interested in health equity research topics. Please see Section C for more details.

b. Need for the unit.

Disparities in health outcomes are persistent and widely documented.[1] In particular, racial/ethnic minorities are disadvantaged in a variety of ways relevant to health including: (1) general health status, characterized by higher rates of chronic/disabling illness; (2) lower likelihood of having health insurance; (3) linguistic barriers between the provider and patient; (4) racial attitudes and discrimination; (5) historical experiences, such as migration and segregation; and (6) the settings where minorities receive health care are less likely to provide a "usual" provider or source of care,2 and specifically, Latinos and Blacks both report lower rates of having a usual source of care and higher rates of delaying necessary care than Whites.[1] According to the *National Healthcare Disparities Report* (NHDR), disparities in health care quality and access are not decreasing. In fact, across all core measures, and for all priority groups, the number of measures that documented disparities in quality and access grew larger between 2000-2001 and 2004-2005. Finally, racial/ethnic discrimination and segregation not only limit access to health care and create economic deprivation, but also produce inequitable exposures to occupational and environmental hazards 3 - all of which have deleterious effects on health. Because the prevalence of some infectious diseases is higher in some health disparities populations, the risk of exposure to these infectious diseases is also higher. For

example, although tuberculosis rates are decreasing overall, in 2008, tuberculosis rates were nearly eight times higher for Blacks and Hispanics than for Whites.4

The need for equity in health outcomes has been recognized as an important national priority. The science-based, 10-year national health objectives outlined in Healthy People 2010 were constructed within the framework of two overarching goals: *1) To increase quality and years of healthy life; and* ***2) To eliminate health disparities.*** This goal refers to relative disparities by race and ethnicity, gender, education, income, geographic location, disability status, or sexual orientation-- irrespective of whether improvements within groups are noted.s The priority health areas within which these goals are measured include: Physical Activity; Overweight and Obesity; Tobacco Use; Substance Abuse; Responsible Sexual Behavior; Mental Health; Injury and Violence; Environmental Quality; Immunization; and Access to Health Care. However, according to the midcourse evaluation of Healthy People 2010 objectives, there was no change in disparities among racial and ethnic populations for 157 objectives and subobjectives (81 percent of the overall 195 objectives and subobjectives). The average percent difference from the best group rate decreased for 24 objectives and subobjectives and increased for 14 objectives and subobjectives.[6]

Thus, although some progress has been made, there is much work to be done to reduce health disparities. Reflective of this need, the framework for Healthy People 2020 identifies the following four over-arching goals: 1) Eliminate preventable disease, disability, injury, and premature death; ***2) Achieve health equity, eliminate disparities, and improve the health of all groups;*** 3) Create social and physical environments that promote good health for all; 4) Promote healthy development and healthy behaviors across every stage of life.

The causal pathways between racial/ethnic identity and health status are complicated and not clearly understood. Many theories have been developed to explain racial/ethnic disparities in health outcomes. For example, the biologic theory indicates that there are biological differences between Whites and other racial and ethnic groups that make racial/ethnic minorities more susceptible to disease. This theory has been largely refuted7 leading to other theories that focus on experiences unique to certain groups such as migration, segregation, racial attitudes and discrimination. These experiences have both psychological and physiological impacts that have been shown to worsen health status.[8] Other theories purport that access to and equality of medical care are important determinants. In these models, cultural beliefs, practices, linguistic barriers, and a lack of inclusion of cultural values and norms in Western medical models, influence individual health and care-seeking behaviors, which, in turn, have direct influences on health.

By far, the role of socioeconomic position (SEP) as a determinant of racial/ethnic disparities in health has garnered the greatest attention when compared to other determinants and most would agree that SEP is an important determinant of health. Nevertheless, there is no consensus on the role that SEP plays in determining these inequities.9 Although it is difficult to tease out SEP effects separate from those ofrace/ethnicity, empirical evidence suggests that SEP as traditionally measured is not the only determinant ofracial/ethnic health inequalities. In fact, in many studies racial/ethnic disparities persisted after controlling for confounders such as income, education, access to care, and comorbidities.[2] Taken together, the data are suggestive of determinants of racial/ethnic health inequities that are not accounted for by SEP, health risk behaviors, or health care access factors. Instead, a portion of these unexplained inequities is likely the result of racial/ethnic discrimination, which has been shown to undermine the health of individuals and whole populations.[10] Experiences of racism, and more specifically, individual perceptions of these experiences, has been shown to result in personal negative emotional and stress responses, which, in turn, are associated with hypertension, cardiovascular disease, mental health, and other negative states of health.[8,11,12] Additional health impacts of racism are limited access to health care, economic deprivation, and inequitable exposures to occupational and environmental hazards.3 Although the majority of research on discrimination has been

conducted among African Americans,3 there is evidence suggesting that bias has differentially impacted the social position of every racial/ethnic group in the United States.

Efforts to improve our understanding of the complex pathways leading to racial/ethnic disparities in health and how to help reduce these disparities are important steps in moving toward equity and social justice in the U.S. and will be one of the primary focuses of our proposed Center.

Recognition that health equity is an important national priority can also be found in the fact that the RIMI funding agency was recently elevated from the National Center on Minority Health and Health Disparities to the National Institute on Minority Health and Health Disparities (NIMHD). This allows NIMHD to fund investigator-initiated research projects in addition to the infrastructure projects of which our RIMI is a part. When the RIMI proposal was being prepared, discussions took place with the Provost and AVP for Research about the importance of establishing, what at the time was called, a health disparities research center on our campus. This became one of the expected outcomes of the nearly $5-million RIMI grant, and achievement of this objective will create a valuable campus resource that will help to ensure continued extramural support of health equity research at CSULB through NIMHD and other sources.

How the Proposed Center Benefits the University

Recent steps have been taken that enhance the University's ability to prepare our diverse student body for leadership in many fields, and placing the University on the path to becoming a more research intensive university. The Center for Health Equity Research complements that larger effort and we hope that it can be a model for the campus. A number of resources and initiatives already exist, and several prior research projects have been undertaken, that provide evidence that there is the potential to develop a strong and sustained health equity and minority health research program at CSULB. We believe that the proposed Center can become a center of excellence generating significant research findings, and providing faculty and students (paiticularly those from health disparities populations) with the skills, training, and enthusiasm to lead health equity and minority health research for years to come. The CHER will better position CSULB to successfully compete for additional extramural funding, including continued RIMI funding, through the coordination and focus the proposed Center will develop and through the skills and collaboration that will be generated in CSULB faculty. In addition, as noted above, it benefits the University by fulfilling our objective to establish a health disparities center included in our RIMI application.

Multiple resources exist within the University that will help position the CHER as a productive research center. For example, the Ofhce bf Research and Sponsored Programs (ORSP) has recently initiated efforts to be even more "customer friendly" than before. This will help in the submission of high quality research proposals. In addition, ORSP has also encouraged interdisciplinary research eff01ts, which will support our efforts to develop interdisciplinary teams involved in health equity research. Faculty research efforts are also supported by the Faculty Center for Professional Development which works in collaboration with ORSP to sponsor activities such as the Scholarly Writing Institute.

Although CSULB has many of the requisite attributes to become a well-respected research institution in the area of minority health and health equity, there are also several factors that create barriers to reaching that goal. We discuss those barriers m the next few paragraphs. Also in those paragraphs and secf10n c, we discuss how the CHER, initially with RIMI Project funding, will attempt to address and overcome these barriers and promote health equity research at CSULB.

Perhaps the most pressing barrier faced by most CSULB faculty who wish to develop a robust research portfolio is the heavy teaching load and the fact that, in the past, tenure and promotion reviews weighted excellence in teaching much more heavil than research excellence, with the result that many senior faculty do not have well-developed research skills or interests.

This has hindered the development of a "research culture" even as recent efforts requiring additional research (or other scholarly and creative activity) have become more prominent. One option available for reducing this teaching load is "course buyout" or release time through extramural or intramural support. Intramural support is more easily achieved than extramural support, but is limited in both time and amount of support provided. Thus, it will not support an on-going research effort, and is usually insufficient to even allow for the development of high-quality proposals for extramural funding. This leads to a difficult-to-break cycle for faculty at CSULB; extramural support is much more difficult to obtain and is usually dependent on preliminary studies or a research record and the preparation of a high-quality proposal that is difficult to achieve because of the teaching load. Therefore, the majority of CSULB faculty who generate significant and ongoing extramural research support joined the faculty with an existing track record of extramural funding, and often with current funding at the time of their appointment.

Although CSULB faculty and students have engaged in research activities related to minority health and health equity, there is no organized effort to encourage research collaboration in this area, and the collaboration that does occur is mostly of an ad hoc nature. Thus, faculty and students are often unaware of relevant work being conducted by other investigators on campus. This leads to a sense of intellectual isolation and may reduce motivation to engage in health equity related research. It also reduces the likelihood that interdisciplinary or transdisciplinary health equity research efforts will be developed. Contact between CSULB faculty members and senior investigators at other institutions who share an interest in minority health and health disparities research tend to be informal and based on individual faculty efforts. As with the factors noted immediately above, this may also contribute to a sense of intellectual isolation. CSULB faculty could benefit from more frequent and formal contact that may lead to cross-institution collaborative research or at least help to stimulate new thinking and improved research skills.

It has become increasingly clear that effective mentoring is an important facilitator (and inadequate mentoring among the most important barriers) to successful competition for NIH funding and career development.[13,14] The relatively small number of CSULB senior faculty with developed research skills and interest in minority health and health equity research combined with the lack of a formal mentoring program that recognizes and rewards the considerable amount of time needed for effective mentoring means that the potential benefits of effective mentoring are rarely achieved at our institution. Intellectual isolation for both potential mentors and mentees may also be a result of the lack of a formal mentoring program. As noted below in section c, one of our priorities will be providing release time and mentoring for junior faculty, and we will approach reduction of intellectual isolation by attempting to serve as the recognized hubof health equity related research so that faculty with interests in health equity research topics from multiple disciplines can work together.

Several CSULB faculty members interested in minority health and health equity research have developed relationships with area community-based organizations. That is also true of health disparities researchers at other institutions from which we have drawn Advisory Committee members and mentors. In addition, we have made development of a community advisory board (CAB) (see section d3 below) that will collaborate with CSULB researchers on health equity issues an important RIMI objective, and we will continue to build and nurture this collaborative CAB as an important Center activity. Because trust is such an important issue in community-based research, it is likely that these relationships will benefit collaborative research efforts by expanding the range and geographic location of CBOs with whom the proposed Center, or at least one of the involved researchers, has built an on-going trusting relationship, thus allowing greater access to communities of interest in minority health and health disparities research.

The Faculty Center for Professional Development provides a wide range of important services to CSULB faculty, but it has multiple responsibilities with only a small proportion of effort going to research-related activities and none specifically related to health, much less minority health and health equity. The ORSP also has a broad mandate that includes research compliance and has somewhat limited resources to assist faculty in the preparation of proposals. The CSULB Research Foundation (through ORSP) provides support for faculty in the area of post-award administration, but again provides little assistance for preparation of requests for funding. Therefore, faculty memoers attemptmg to prepare research proposals often have to develop budgeting skills, work without clerical support or provide their own, maintain their own reference libraries, and design their analysis plan without the assistance of a statistician etc. In addition, no centrally available resource exists at CSULB to support data collection, data entry and data management. Each faculty member is left to develop his or her own system for this crucial, and often highly technical, research activity. Part of the mission of the CHER will be to provide resources to assist researchers with these tasks as noted in section c below.

As a California Framework for Higher Education designated master's level university, CSULB has a very limited number of doctoral students. In addition, most students pursuing health related master's degrees plan to become practitioners rather than researchers and only a small number plan to pursue doctoral study after they receive their master's degree. Therefore, research methods and statistics courses are limited in number and not highly sought out by most of our students. This tends to limit the level of assistance that graduate students can provide to faculty who are engaged in health equity research. However, a number of our students are very capable of higher level skill development if they have training opportunities, and are also able to successfully apply for and complete doctoral programs if they are provided some encouragement and assistance. Training, mentoring, and employment for a small group of graduate students will be part of the activities performed by the CHER, again as noted in section c.

c. Nature and scope of activities to be performed.

The support provided by the RIMI funding will allow the CHER to at least partially address all of the gaps and challenges noted above. It is expected that this will allow CSULB faculty and students to become more successful health equity researchers and will allow the CHER to be sustained through additional NIH funding. The emphasis of the infrastructure development efforts and faculty research subprojects will be on public health and health behavior and will have a community-based focus.

The heavy teaching load challenge faced by faculty at CSULB is addressed through the provision of release time for Faculty Fellows; these are faculty members who have not yet received substantial independent research funding, and who will receive release time, mentoring and other support. The RIMI project currently is supporting release time for several Faculty Fellows per year. In past years, four Faculty Fellows have received support to conduct pilot research for projects that the Faculty Fellow had already proposed. One of these subprojects led to a successful R21 proposal to the National Institute on Drug Abuse by Dr. Alex Washington, entitled, Exploring an HIV Testing Intervention Model (TIM Project) among Black Men Who Have Sex with Men. Additional Faculty Fellows are provided release time and mentoring to assist in the project proposal development or manuscript preparation process. This year we supported five junior faculty members with additional release time and the possibility of partial summer support and more intensive interaction with senior researchers. Selected faculty members were offered the opportunity to work on existing community-based projects within participating RIMI research centers, while receiving guidance to establish new research projects that fit within the mission of the CSULB RIMI Project. Training opportunities will include developing skills in how to establish and sustain mutually beneficial relationships within the

community, data collection, management and analysis, manuscript preparation, and proposal development.

The CHER will provide for better coordination of health equity research through regular meetings of those interested in this type of research. A Center website will provide on-line access to resources and information. Contact with senior investigators at other institutions will be increased in several ways by the CHER with its associated RIMI support. Scientific Advisory Committee members will not only assist in providing strategic direction to the CHER and the RIMI project, but will also be encouraged to develop collaborative research efforts with CSULB faculty. Mentors (and potential collaborators) from Los Angeles area research intensive institutions will also be recruited.

The CHER staff will assist with preparation of health disparities and minority health proposals and manuscripts and conduct of research projects through the provision of clerical and budget preparation support, a centralized, computerized citation library, data collection design and entry software support and training, data management support, and statistical and qualitative analysis consulting support. Improved mentoring for both faculty and graduate students will also be supported. Graduate students involved with the CHER and the RIMI project will receive mentoring from the CHER/RIMI leadership, and from the Faculty Fellows with whom they work.

Finally, with initial support from RIMI funding, the CHER will identify students with an interest in health equity research and provide training and employment for these Research Scholars, in addition to the mentoring noted above. The Research Scholars will provide an additional source of skilled graduate assistants for faculty who are engaged in health equity research projects.

d. Personnel resources: Provide the source, status, and qualifications for:

1. Unit Director:

Dr. C. Kevin Malotte will serve as the Center Director. Dr. Malotte is currently the Archstone Foundation Endowed Chair and Director of the Center for Health Care Innovation. He was previously Professor of Health Science and Director of the Community Health and Social Epidemiology (CHASE) Programs at CSULB. He joined the CSULB tenure-track faculty in 1999, was granted tenure and promoted to full professor in 2002, and assumed the Endowed Chair position in 2005. Prior to his tenure-track appointment, he had a research and adjunct faculty appointment at CSULB where he served as the Associate Director of the Center for Behavioral Research and Services. He also served as an adjunct faculty member at the UCLA School of Public Health from 1989 to2009. Dr. Malotte holds a BA in psychology from Chapman College, an MA in social psychology from Claremont Graduate School, and an MPH and DrPH from the UCLA School of Public Health. Much of his career has been devoted to the development, implementation, and rigorous evaluation of themy-based behavioral interventions in a number of health-related areas that disproportionately impact minority populations in the United States. These areas include substance abuse prevention, adherence with medical treatments, particularly treatment for tuberculosis, provision and uptake of screening for sexually transmitted infections (STis), and a number of risk-reduction interventions for HIV and other STis. Dr. Malotte has over 30 years of experience designing and evaluating health behavior change interventions in clinical, community, and school settings, and has co-authored over 70 peer-reviewed publications that have appeared in journals such as the *New England Journal of Medicine, Journal of the American Medical Association, American Journal of Public Health, Journal of Preventive Medicine, and Sexually Transmitted Diseases.* He has been or is currently an investigator on several studies funded by the Centers for Disease Control (CDC) and the National Institutes of Health.

One of the studies on which Dr. Malotte was an investigator was the CDC-funded Project RESPECT, which tested different HIV prevention counseling interventions in a sexually transmitted disease (STD) clinic setting. He was also the Long Beach principal investigator for RESPECT-2, a follow-up study of counseling in association with rapid HIV testing, and was principal investigator for the Long Beach site of the Gonorrhea Community Action Project (GCAP), a study designed to reduce gonorrhea transmission in high prevalence communities. He has also been an investigator on HIV prevention studies and tuberculosis adherence studies funded by the National Institute on Drug Abuse. These studies were conducted with out-of-treatment drug users primarily recruited via street outreach. In addition, he conducted a study at the Long Beach Department of Health and Human Services, funded by the National Heart, Lung, and Blood Institute, that tested interventions designed to increase adherence to tuberculosis treatment among adolescents. He also was the principal investigator on two additional CDC-funded studies, one an STD prevention study, and one working with volunteer community health leaders designed to examine factors that keep these volunteers productive and satisfied with their roles. Several of the studies on which he has worked have won awards from or been designated as effective interventions by the CDC. Dr. Malotte worked closely with Dr. Alex Washington and is a co-investigator on his R21 study, and has been a volunteer mentor with the American Psychological Association program, Developing HIV Research in Communities of Color. As noted in this proposal, one role of this Center is to assist junior faculty in becoming successful independent researchers.

2. Unit Members:

Dr. Laura Hoyt D'Anna will serve as a member of the Center leadership team as the Associate Director. Dr. D'Anna has twenty years experience in the development, administration and evaluation of public and community health agencies and programs. She holds a doctorate in public health from the University of California Los Angeles, a Master of Public Administration degree from CSULB, and a Bachelor of Arts degree from Whittier College. Her primary research interests are racial and ethnic health disparities and specifically, how experiences of discrimination affect health and health disparities. As such, her dissertation was entitled, "Racial and Ethnic Disparities in Health Status Among California Adults: The Roles of Socioeconomic Position and Discrimination."She has recently published two manuscripts that were derived from this work, and has a third one under review. Dr. D'Anna recently submitted an R21 application to the NIH that proposes to develop and validate a measure of discrimination specific to health care. In her current role as research fellow for CSULB, Dr. D'Anna assists in the development of research and evaluation design, protocols and activities, including development of measurement tools, analyses of quantitative data, and preparation of findings in report, grant proposal and presentation formats. Dr. D'Anna also serves as the Assistant Project Coordinator for the RIMI project. In addition, Dr. D'Anna assists not-for-profit organizations with strategic planning, business and program development, research design and evaluation. She provides guidance and services in the following areas: application of theory to community-based programming, development of tools to measure health outcomes and change unique to populations and health issues of interest, assistance in the construction of databases, provision of data analyses, and preparation of program evaluation findings in report and grant solicitation formats. She is the principal investigator for The Cambodian Family project noted below under fiscal resources. Previously, Dr. D'Anna served as Vice President of Community Affairs for Planned Parenthood of Orange and San Bernardino Counties in California; the executive director for a non-profit, community-based clinic in south Orange County; and manager of Preventive Health Clinical Services for the Long Beach Department of Health and Human Services (LBDHHS). During her tenure with the LBDHHS, she was the project manager for the CDC-funded Project RESPECT (described above), and was involved with the project design and evaluation from inception to completion. She recently completed a two-year term as Chair of the

Board of Trustees for the Pulmonary Hypertension Association, a not-for-profit organization with a $10 million budget devoted to supporting research to find a cure for this deadly disease.

Dr. Olga Korosteleva, Associate Professor of Mathematics and Statistics, serves as a statistical consultant for the RIMI Project and will continue in that role with the CHER. She will assist the CHER faculty and staff and other RIMI/CHER supported faculty in the design and analysis of research projects, and will consult with faculty regarding statistical issues they face in preparing manuscripts and proposals. Dr. Korosteleva is an Associate Professor in the department of Mathematics and Statistics. She received a Ph.D. in Statistics in 2002 from Purdue University, West Lafayette, IN, and since then has been working at CSULB. Her primary research interest lies in various aspects of statistical analysis of clinical trial data. She is the author of the book *Clinical Statistics: Introducing Clinical Trials, Survival Analysis, and Longitudinal Data Analysis,* Jones and Bartlett Publishers, Inc., 2009. In addition to teaching Master level courses in Applied Statistics at CSULB, Dr. Korosteleva is actively involved in statistical consulting for health care innovation studies, and biomedical and medical device trials. Dr. Korosteleva has received support from the RIMI project since January 2011.

Ms. Suzanne Padilla serves as the evaluation manager for the Building Healthy Communities, Long Beach (BHCLB) project. BHCLB is funded by the California Endowment, and Central Long Beach is one of 14 communities throughout the state participating in this 10-year initiative to help community members and local organizations improve their physical, social, and economic environments, and thereby promote the health of children and families there. Ms. Padilla is responsible for conducting evaluation and learning activities including instrument development, qualitative and quantitative data collection and analysis, and providing feedback to BHCLB about evaluation and learning findings, as well as providing evaluation training and technical assistance to BCHLB participants. Ms. Padilla earned her BA and MA degrees in anthropology from CSULB. She has a 13 year history of working on research studies and community-based projects through her employment at CSULB Center for Behavioral Research & Services, CSULB Community Health & Epidemiology Programs, and most recently at the Center for Health Care Innovation. She has worked on a number of projects including the CDC-funded Long Beach AIDS Community Demonstration Project, RESPECT-2, and a study evaluating Retention and Productivity of Community Health Leaders. Suzanne has primarily served as a project manager, coordinating daily research and program activities. She has helped to develop preventive health training curricula and has conducted trainings locally and statewide. She has contributed to the development of data collection tools and preparation of reports, publications and presentations. She also has experience working with diverse populations in the field while coordinating community outreach efforts and through qualitative and quantitative data collection activities.

Ms. Carol Canjura serves as a project coordinator and as the administrative/budget coordinator for the RIMI Project and will assist with the administrative oversight and coordination of the CHER. She will also be responsible for assisting and advising all Senior Fellows, Faculty Fellows and Health Scholars in the development of fiscal-related components and proposal submission forms of all health disparities research proposals, and other office related duties. Ms. Canjura has been a member of our research team for over twelve years and has experience in a broad range of research activities. She has worked for our research team in multiple projects in various positions including interviewer, HIV counselor, data manager, and program coordinator. Thus she has experience in proposal preparation, conducting data collection, entry, and management, program management and staff supervision. She also has extensive experience in working with the Latino community and Latino targeted health interventions. She is also Latina and bicultural, and fluent in the Spanish language. She earned a bachelor's degree in psychology from CSULB.

Mr. Jefferson Wood is responsible for the selection and installation of computer hardware and software to be used in the CHER and assists with the utilization of these

resources. As the Data/IT Manager, he will review current and anticipated research projects to ensure that the Center's technology is complementary to the research priorities. He will also work with researchers to ensure that data collection tools are appropriate for obtaining desired research measures and outcomes, and proper data management. Mr. Wood has managed data, technical resources and service delive1y for HIV and STD prevention research programs for active drug users since 1991. He holds a B.A. degree in Sociology from Chapman University. He is currently a graduate student in the master's program in applied sociology at CSULB.

In addition to these staff members, there is also support for a part-time clerical assistant, who will be a CSULB undergraduate student. This position is currently filled by Ms. Dulce Lopez. RIMI Health Scholars, who are graduate assistants supported by the RIMI Project, and other graduate assistants working with affiliated faculty will also work at the CHER, as will occasional volunteers and interns.

Finally, a number of faculty members will be CHER affiliates. Dr. Dennis Fisher, who is Director of the Center for Behavioral Research and Services (CBRS) and Director of the RIMI Research Faculty Development Core, and Dr. Britt Rios-Ellis, who is Director of the NCLR/CSULB Center for Latino Community Health, Evaluation and Leadership Training (the "NCLR Center") and Director of the RIMI Academic Enrichment Programs for Students Core are part of the RIMI leadership team. Otl1er faculty affiliates will include faculty who receive release time or sub-project support from the RIMI and/or are included in new CHER-developed proposals for funding. These faculty members are from several CSULB colleges. The table below names faculty members who have been or are currently supported by the RIMI project (with their academic rank at the time of award of support).

Subproject Principal Investigators	
Jeffrey Davis	Assistant Professor, Sociology
Alex Washington	Associate Professor, Social Work
Bita Ghafoori	Associate Professor, Advanced Studies in Education & Counseling
Grace Reynolds*	Assistant Professor, Health Care Administration
Release Time Fellows	
Lina Najib Kawar	Assistant Professor, Nursing
Guido Urizar	Assistant Professor, Psychology
Javier Lopez-Zetina	Associate Professor, Health Science
Leakhena Nou	Assistant Professor, Sociology
Clarissa Rojas	Assistant Professor, Chicano and Latino Studies
Janaki Santhiveeran	Associate Professor, Social Work
Jo Brocato	Assistant Professor, Social Work
Amy Cabrera Rasmussen	Assistant Professor, Political Science
Connie Ireland	Assistant Professor, Criminal Justice
Jacqueline Lee	Associate Professor, Family & Consumer Sciences
Jacqueline Mills	Assistant Professor, Geography
Bianca Wilson	Assistant Professor, Psychology
Arturo Zavala	Assistant Professor, Psychology

*Received release time prior to selection as a subproject principal investigator.

3. Advisory Board:

The CHER will have two advisory groups which *were* developed as part of the RIMI Project. One is a Scientific Advisory Committee. As much of the research conducted by the CHER faculty and staff is community based and advice from community leaders is necessary to conduct this research, the other advisory group is the Community Advisory Board (CAB). The membership and credentials of the Scientific Advisory Committee are below, followed by the roster for the CAB.

The CHER Scientific Advisory Committee will consist of seven members, three internal members from CSULB and four external members from collaborating institutions, one from the University of Texas, Houston (El Paso Regional Campus), one from the University of Texas, El

Naine	**Affiliation**	**Position(s)**
Dr. Hector Balcazar	The University of Texas School of Public Health at Houston (UTSPH)	Professor of Division of Health Promotion and Behavioral Sciences and Regional Dean, El Paso Regional Campus Co-Director, Hispanic Health Disparities Research Center, NIH National Center on Minority Health and Health Disparities
Dr. Roshan Bastani	University of California, Los Angeles	Professor, Department of Health Services, UCLA School of Public Health Co-Director, UCLA Center to Eliminate Health Disparities Associate Dean of Research, UCLA School of Public Health Associate Director, Division of Cancer Prevention and Control Research, UCLA Jonsson Comprehensive Cancer Center
Dr. Felipe Castro	University of Texas, El Paso	Professor of Psychology Director of the Health Psychology Program Senior Advisor to the Provost for Engaged Health Disparities Scholarship
Dr. Gail Farmer	California State University, Long Beach	Acting Chair, Health Science Department, College of Health and Human Services
Dr. Marjorie Kagawa-Singer	University of California, Los Angeles	Professor, UCLA School of Public Health and Department of Asian American Studies Faculty Associate, UCLA Center for Health Research Policy Principal Investigator, UCLA Minority Training Program for Cancer Control Research Associate Director, UCLA Lance Armstrong Center of Excellence for Cancer Survivorship
Dr. Andrew Z. Mason	California State University, Long Beach	Acting Associate Vice President for Research and External Support
TEN	California State University, Long Beach	

Paso, and two from the UCLA School of Public Health. The external members all have extensive track records in minority health and health disparities research. Two serve as Co-Directors of health disparities research centers. The internal members are well positioned and respected research leaders at CSULB who understand the opportunities and challenges associated with research at CSULB and are knowledgeable about the research initiatives at our institution. Each member of the committee will provide invaluable perspective in helping to provide direction to the RIMI project. Information on each of the Scientific Advisory Committee members follows.

Roshan Bastani, Ph.D. is Professor and Associate Dean for Research at the UCLA School of Public Health and Co-Director of its Center to Eliminate Health Disparities. She is also Associate Director of the Division of Cancer Prevention and Control Research, and Associate Director for Cancer Disparities Research in the Jonsson Comprehensive Cancer Center, UCLA. Dr. Bastani, a social/health psychologist, is a nationally recognized cancer control scientist, whose main research interests are in the study of access to health care among low-income, ethnic minority and other underserved groups, with a focus on testing the efficacy of patient and health care system directed interventions to improve access. Dr. Bastani has conducted a large number of community-based cancer prevention and control intervention studies targeting low income and minority populations, has numerous peer reviewed publications on the subject, and has had continuous research funding, as principal investigator, from the NIH since 1988. She has established strong ties with a large number of community-based organizations which serve as laboratories for her collaborative community focused research. Examples of her current work include a randomized trial to increase informed decision making regarding prostate cancer screening among Latino men (NCI Rm), a church based randomized trial to increase Hepatitis B screening among Koreans (NCI Poi component project) and an NCI/CDC funded Cancer Prevention and Control Research Network focused on intervention research to reduce ethnic and socioeconomic disparities related to tobacco use, obesity, and cancer screening. She is co-director of a CDC funded REACH US initiative for a Center of Excellence in the Elimination of Disparities focused on reducing the burden of chronic disease among disadvantaged groups. She is also involved in ongoing tobacco control and obesity control research. Her work to date has addressed the health needs of diverse populations such as low income seniors, elderly veterans, patients of a large managed care health plan in California, homeless persons, older Latinos, African Americans, Filipinos, Koreans, Samoans, and South Asians. In addition to conducting her own research, Dr. Bastani has devoted considerable effort to mentoring junior investigators, particularly minority individuals and those interested in research with underserved populations. She leads an NCI R25T post-doctoral career development program which has a heavy focus on cancer disparities training.

Marjorie Kagawa-Singer, Ph.D., MA, MN RN, Professor, UCLA School of Public Health and Department of Asian American Studies. Professor Kagawa Singer has a master's degree in Nursing and a master's and doctorate in Anthropology, all from UCLA. Her clinical work and research has been in oncology and on the etiology and elimination of disparities in physical and mental health care outcomes for communities of color: primarily with the Asian American and Pacific Islander communities. She serves on multiple local, state, and national committees addressing the impact of culture and ethnicity on health care and health outcomes, and has published and lectured extensively on cross-cultural issues in health, cancer, pain, grief and bereavement, survivorship, end oflife decision-making, and quality oflife. She also focuses on the impact of culture and cultural competency through her research on health outcomes, and the cross-cultural validity of health behavior theories and measures in communities of color. Dr. Kagawa-Singer is Regional principal investigator in Los Angeles for the NCI funded national Asian American Network on Cancer Awareness, Research and Training (AANCART), and the UCLA NCI funded Minority Training Program for Cancer Control Research. She is also Associate Director and Community Director of UCLA LIVESTRONG Jonsson Comprehensive Cancer Center Survivorship Program, a member of the National American Cancer Society Board,

the UCLA School of Public Health Center for Health Policy Research, the Jonsson Comprehensive Cancer Center, and the UC-Wide Multi-Campus Research Program: AAPI Policy Initiative. In addition, she maintains an active empirical research portfolio, and is Chief Editor of the journal, AAPI NEXUS: Asian American and Pacific Islanders Policy, Practice and Community.

Felipe Castro, Ph.D., is professor of psychology and director of the health psychology program in the Department of Psychology, University of Texas, El Paso. He is a Latino health psychologist, who completed his clinical internship training in behavioral medicine at the Neuropsychiatric Institute at the University of California, Los Angeles. He received his doctoral degree in clinical psychology from the University of Washington, Seattle Washington. Dr. Castro's research areas include the study of cultural factors in the design and evaluation of health promotion programs for Hispanic/Latino(a) and other racial/ethnic minority populations. He uses integrated mixed methods (qualitative-quantitative) approaches within multivariate models to study the effects of cultural factors on health-related outcomes. Such cultural factors include acculturation, family traditions, and ethnic pride. Dr. Castro has also conducted research on resilience, and how it may protect individuals from disease and disorder as examined within various groups including: leaders, community residents, and drug users. This research examines cognitive, behavioral, and lifestyle behavioral factors in the prevention and treatment of substance abuse and other lifestyle disorders including obesity and diabetes. Dr. Castro was awarded the 2005 Community, Culture and Prevention Science Award from the Society for Prevention Research. He also serves as an associate editor for the journals: *Prevention Science* and the *American Journal of Public Health.*

Hector Balcazar, Ph.D., is the Regional Dean of Public Health at the University of Texas (UT) Health Science Center at Houston, School of Public Health, El Paso Regional Campus. He is also a professor of health promotion and behavioral sciences. Prior to joining UT, he was a professor and Chair of the Department of Social and Behavioral Sciences, School of Public Health at University of North Texas Health Science Center at Fort Worth, TX. He holds a Ph.D. and M.S. degree in International Nutrition from Cornell University, Ithaca, NY, and a B.S. degree in Nutrition and Food Science from Iberoamericana University, Mexico City. Dr. Balcazar serves as the Co-Director of the Hispanic Health Disparities Research Center, a National Institutes of Health (NIH) funded initiative in collaboration with the College of Health Sciences of the University of Texas at El Paso. Dr. Balcazar specializes in the study of public health problems of Latinos/Mexican Americans. Dr. Balcazar is a bilingual, bicultural family and public health scientist who has conducted numerous studies of Latino birth outcomes, acculturation and health related behaviors, cardiovascular disease prevention programs in Latinos, and border health issues. His most recent funded work includes: an NIH initiative to explore health disparity domains in the U.S.-Mexico border area of El Paso Texas; an NIH initiative to test the effects of promotoras de salud in changing clinical outcomes for chronic diseases in El Paso, Texas; a Centers for Disease Control/ Association of Schools of Public Health project on promotoras de salud and hype1tension control; a National Heart, Lung, and Blood Institute/NIH project on the North Texas Salud Para Su Corazon (Health For Your Heart) Community Health Initiative. As a Latino health specialist Dr. Balcazar provides consultation and leadership to local and national health organizations. Dr. Balcazar has over 140 publications including peer-reviewed journal articles, book chapters, monographs, and abstracts. Dr. Balcazar currently serves as Chair of the Editorial Board of APHA (American Public Health Association) and as a member of the Executive Committee of Out of Many, One. He is also a board member of the NCLR Center.

Dr. Gail C. Farmer is currently the Acting Chair, Health Science Department at CSULB. She was the Associate Dean of Research in the College of Health and Human Services (CHHS) from 2003-2012. In that position, she had the following core responsibilities: Build CHHS faculty research collaborations among the CSULB colleges, Veterans Affairs Medical Center

(Long Beach, CA), and ethnic communities of Los Angeles and Orange counties; Mentor faculty in the research process, i.e., research design methodology, sampling strategies, sample size determination, data collection methods, data analyses, and protection of human subjects; Assist faculty in scholarly writing (i.e., feedback on manuscript(s), identify potential journals and book publishers as well as interpret and respond to reviewer comments; Assist faculty in securing external funding (government and foundation) for research, i.e., formulate goals/objectives, identify appropriate methodology, ascertain specific sources of funding, provide feed-back on proposal writing, construct a budget and justification as well as interpret and respond to reviewer comments; Approve all grants and contracts for CHHS. Dr. Farmer has participated in approximately fifteen extramurally funded research projects in the capacity as principal investigator, director of program evaluation, or epidemiologist. All her research has involved underserved populations, i.e., African Americans, American Indians, Cambodians, Chinese, Filipinos, Hispanics, Koreans, the disabled, the homeless, and older adult immigrants. Her personal philosophy involves community-participatory research which promotes the empowerment of members from underserved communities to participate in the development of health programs, assist in the evaluation of health-related interventions, and advocate for the sustainability of programs that support the needs of their community. Since 1985, Dr. Farmer has held a joint professorship with the Departments of Health Science and Sociology. She received a bachelor degree and master's degree in Sociology from CSULB. In 1981, she earned a Doctorate in Public Health from the University of California at Los Angeles, specializing in social epidemiology and program evaluation methodology. In 1996, she founded the Center for Disabilities Studies at CSULB. As the Director of the Center, she assists faculty to incorporate disability-related issues into course curriculum, mentors faculty and students in community research regarding program development and evaluation concerning persons with disabilities. In addition, she has been a consultant for the Office of Disability and Health (California Department of Health Services) and the California Health Interview Survey concerning the valid and reliable assessment of persons with disabilities.

Dr. Andrew Z. Mason received his Ph.D. from the University of Wales in 1983 and subsequently completed a Natural Environmental Research Council Post Doctorate at the University of Reading, U.K. followed by a Medical Research Council Post Doctorate at the University of Sussex, UK. Dr Mason joined CSULB in 1989 after a brief appointment at Department of Bioengineering at the Royal National Orthopaedic Hospital at the University of London. Dr. Mason is currently the Interim Associate Vice President for Research and Sponsored Programs. Until his appointment to that position in 2012, hewas a professor in the Department of Biological Sciences and in Environmental Science and Policy and was also the Associate Dean for Research in the College of Natural Sciences and Mathematics. As Associate Dean, Dr. Mason's duties and responsibilities were similar to those of Dr. Farmer but concentrated primarily on serving the institutional needs of researchers in the STEM (science, technology, engineering, and math) disciplines. Dr. Mason's personal research in applied toxicology and metal metabolism has been funded continuously over the last 20 years by NIH and NSF as well as a number of other funding sources and he has published over 60 peer reviewed articles in scientific journals. He is a recognized leader in the field of atomic plasma spectroscopy and analytical electron microscopy and has published a number of invited book chapters on metal metabolism and the development of new mass spectroscopy based technologies for studying the role of essential and non-essential metal atoms in gene activation and metalloprotein functionality. He serves on the editorial panel of *Marine Environmental Research* and is a reviewer from a number of grant awarding agencies including NIH, NSF and DOE. He serves on the advisory boards of the NIH SCORE, RISE, MARC and BRIDGES programs at CSULB which aim to provide research support to students and faculty that are typically considered to be underrepresented in the STEM disciplines. He also served on the external advisory committee for a RIMI award at California State University Los Angeles and

has *been* advisory to the development of the proteomics *center* developed through the RIMI program at California State University Fresno. As such he is cognizant of the mission and aims of the RIMI program. Dr. Mason is the Founding Director of the Institute for Integrated Research in Materials, Environments and Society (IIRMES) that was established at CSULB in 2004 to specifically foster interdisciplinary scientific research and promote intellectual exchange amongst faculty having different fields of expertise. IIRMES maintains a sophisticated array of NSF-funded capital equipment that permits multi-mode spatial, elemental and isotopic micro-chemical analyses. The centralization of the instrumentation within the Institute enhances their effective utilization, scheduling and maintenance in a focused environment that actively encourages shared usage to promote peer exchange, technology transfer and collaborative ventures in cross disciplinary research, training and teaching.

One additional Scientific Advisory Committee member from CSULB will *be* named.

The Community Advisory Board (CAB) consists ofleaders in community-based organizations and local health departments. Current *members* are listed below.

Name	**Affiliation**	**Position(s)**
Lillian Lew, RD, M.Ed	Families in Good Health St. Mary's Medical Center	Director
Peter Kerndt, MD, MPH	Los Angeles County STD Program	Director
Elisa Nicholas, MD, MSPH, FAAP	The Children's Clinic	CEO
Jessica Quintana	Centro C.H.A., Inc	Executive Director
Cheryl Barrit, MPA	Long Beach Department of Health and Human Services	Bureau Manager Preventive Health
Gloria Inzunza-Franco	CSULB HSI Project	Project Director
Thomas Siegmeth, MPH, CHES	AltaMed Health Services	*Center* Director, Director, *Wellness* & Cultural *Competency* Programs
Patricia Cantero, PhD	Latino Health *Access*	Director of Evaluation
Vattana Peong	The Cambodian Family	Project Coordinator
Ana Carricchi, MPP		Consultant

e. Fiscal resources:

1. Source

Fiscal resources *come* from several sources. The largest is RIMI Project funding from the National Institute on Minority Health and Health Disparities. Current year funding for that project is approximately $900,000, with nearly two additional years of funding at over $900,000 peryear committed. In addition, both the CHER Director and the CHER have small research stimulation accounts that at this time are supported by indirect cost return funds. Dr. D'Anna is also the principal investigator of an evaluation subcontract with a local community-based organization, The Cambodian Family, and Dr. Malotte has a subcontract through the Center for Community Engagement from The California Endowment for the BHCLB evaluation activities. Dr. Malotte also receives limited support from the NIDA project awarded to Dr. *Alex* Washington. Finally, the CHER staff will continue to submit proposals for additional extramural funding. At the time this proposal is being written, two proposals to the NIH are in preparation.

2. Duration

RIMI funding is expected to be available at least through the summer of the 2014-15 academic year. The research stimulation accounts have no expiration date at this time. BHCLB funding is for one year, but the BHCLB initiative has an additional seven years of expected support. We have requested initial approval of the CHER for a period of 2.5 years, but expect to request continuation at the end of this period.

3. Budget: annual with three-year projection

Income listed here includes funds for direct costs allocated to the RIMI Project Administrative and Shared Resources Cores which Dr. Malotte directs. RIMI funding for the Student and Faculty Cores is not included as other faculty serve as Core Directors for these Cores. Funds allocated for indirect costs are not included in any of the numbers below. All numbers are estimates, based on current information.

Income Year 1	
RIMI Project	$352,000
BHCLB evaluation	$133,000
Cambodian Family evaluation	$ 10,000
Dr. Washington R21 sub	$ 52,000
Research stimulation accounts	$ 25,000
Total	$572,000

Expenses Year 1	
Personnel	$490,000
Travel (consultants, speakers, conf)	$ 20,000
Supplies (office, computer refresh)	$ 6,000
Other operating expenses	$ 19,000
Reserve	$ 37,000
Total	$463,000

For years 2 and 3, income is expected to remain fairly constant for the RIMI Project, the evaluation subcontract, and the research stimulation accounts, allowing a base of stability. In addition, it is expected that additional extramural funding will be procured by the CHER staff. New proposals submitted to the NIH during the first half of 2013 will total a minimum of $550,000 in direct costs within a two year project period, or approximately $275,000 per year. These submissions were still being prepared at the time this proposal was prepared, but give some sense of the size of funding that we expect to request. It should be noted that funding from the NIH is extremely competitive, so we are not projecting this income at this time. However, we can project income of approximately $500,ooo·for each of years 2 and 3. Adjustments will be made to the expense column as necessary and appropriate based on funds available.

f. Other resources:

1. Space requirements

We currently have approximately 1000 square feet of space just in Fo5, which includes faculty and staff offices and shared workspace. A conference room shared with the Office of Research and Sponsored Programs is also available. We moved into these offices in June 2012 and they are adequate at this time.

2. Equipment requirements

Needed equipment will either be purchased directly from funds generated from external sources, or from the CHER operating account or research stimulation accounts. It is not anticipated that additional equipment will be requested from campus entities.

g. Long Range Commitments: (if any)

NA

h. Review Plan:

1. Indicators of success

Indicators of success are primarily related to increased research in health equity topics by unit members and affiliated faculty. These include number of extramural proposals submitted, number of extramural proposals funded, and the successful completion of health equity-related research projects. Related indicators of success include the number of publications and presentations completed by unit members and affiliated faculty. It is expected that unit members will average submission of six publications per year, with affiliated faculty submitting additional manuscripts. It is also expected that unit members will present at important national and international conferences concerned with health equity/health disparity issues and health conditions. Other indicators of success include mentoring of junior faculty and mentoring of students and success **in** sending them on to doctoral programs. It is expected that unit members will work with a minimum of *four* junior faculty over multiple years and four graduate students per year. It is expected that at least two of the mentored junior faculty will apply for extramural research funding, and at least two of the graduate students will apply for doctoral programs.

In addition, it is expected that unit members will work with other research units and departments to sponsor lectures/colloquia/conferences on health equity/health disparity related issues, with a minimum of four of these events held per year. Additional indicators of success will include the number of interdepartmental partnership research projects proposed and completed, the number of linkages to community-based organizations developed and maintained, the number of invitations to work with community-based organizations, continued funding from NIMHD, and the cross-listing of one or health equity research-focused courses to serve, at a minimum, as an elective course in more than one department.

i. Disclosures: NA

j. Period of Authorization:

March 1, 2013 to August 31, 2015

References

1. National Healthcare Disparities Repo1i (NHDR). 2007. (Accessed March 7, 2009, at http://www.ahrq.gov/quaI/nhdr07/Key.htm.)

2. Smedley B, Stith A, Nelson AL. Unequal Treatment: Confronting Racial and Ethinic Disparities in Health Care. Washington, DC: Committee on Understanding and Eliminating Racial Disparities in Health Care, Institute of Medicine, National Academies Press; 2003.

3. Cain VS, Kington RS. Investigating the role of racial/ethnic bias in health outcomes. Am J Public Health 2003;93:191-2.

4. Centers for Disease Control and Prevention. Trends in Tuberculosis--United States, 2008. MMWR 2009;58:249-53.
5. U.S. Department of Health and Human Services. Healthy People: 2010: Understanding and Improving Health. 2nd Ed. Washington, DC: U.S. Government Printing Office; 2000.
6. Healthy People 2010: Midcourse Review. 2007. (Accessed March 7, 2009, at http://www.healthypeople.gov/data/midcourse/html/execsummary/introduction.htm.)
7. Wade P. Race and Ethnicity in Latin America (RELA). Chicago: Pluto Press; 1997.
8. Eisenberger N, Lieberman M, Williams K. Does rejection hurt? An FMRI study of social exclusion. Science 2003;302:290-2.
9. Nazroo JY. The structuring of ethnic inequalities in health: Economic position, racial discrimination, and racism. Am J Public Health 2003;93:277-84.
10. James SA. Confronting the moral economy of the US racial/ethnic health disparities. Am J Public Health 2003;93:189.
11. Karlsen S, Nazroo JY. Relation between racial discrimination, social class, and health among ethnic minority groups. Am J Public Health 2002;92:624-31.
12. Williams DR. Race, socioeconomic status, and health: The added effects of racism and discrimination. Annals of the New York Academy of Sciences 1999;896:173-88.
13. Kahn JS, Greenblatt RM. Mentoring early-career scientists for HIV research careers. Am J Public Health 2009;99 Suppl 1:S37-42.
14. Stoff DM, Forsyth A, Marquez ED, McClure S. Introduction: The case for diversity in research on mental health and HIV/AIDS. Am J Public Health 2009;99 Suppl 1:S8-15.