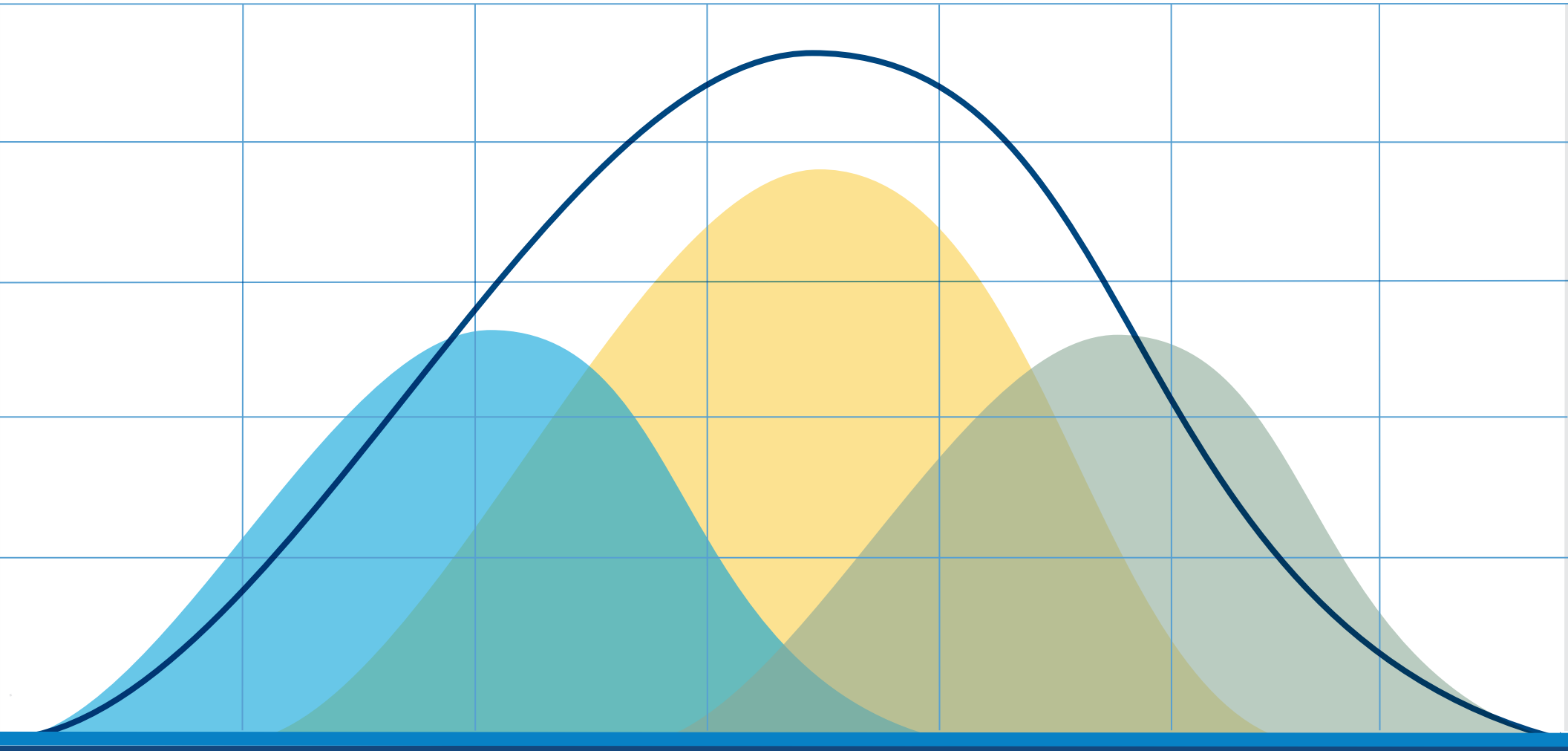
Henry Ford Health System



HEALTH DISPARITIES RESEARCH COLLABORATIVE

Research Report

Issued February 2012

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HEALTH DISPARITIES RESEARCH COLLABORATIVE GOALS AND MEMBERSHIP

The Health Disparities Research Collaborative (HDRC) provides a platform for the support and collaboration of Henry Ford Health System investigators working to understand racial and ethnic health disparities. Since 2008, HDRC membership has grown almost 20%. Membership in the HDRC is open. All Henry Ford Health System staff members interested in health disparities research are encouraged to become members.

GOALS OF THE HEALTH DISPARITIES RESEARCH COLLABORATIVE

Goal 1: HDRC will support research aimed at identifying and understanding the underlying causes and contributing factors to observed racial and ethnic disparities in health care and disease

Goal 2: HDRC will support intervention studies aimed at eliminating racial disparities in health care and disease

Goal 3: HDRC will consult with Henry Ford Health System providers and leaders in the translation of research findings into clinical practice and in the implementation of strategies to address and eliminate disparities

Goal 4: HDRC will act as a clearinghouse for research on racial and ethnic health disparities being conducted at Henry Ford Health System

BENEFITS OF HEALTH DISPARITIES RESEARCH COLLABORATIVE MEMBERSHIP

- Assistance with grant submissions, including grant development consultation, project start up support, and assistance in the execution of funded projects
- The opportunity to apply for pilot and supplemental funding
- Updates regarding national and local health disparities-related funding opportunities, seminars, conferences, and workshops
- Waived registration fees for HDRC sponsored events

DIRECTOR'S STATEMENT

Studies continue to show significant differences in chronic disease health outcomes by race and ethnicity. We know that causes of chronic diseases such as cancer, diabetes, and asthma are complex and multifaceted and can be influenced by all aspects of our lives. A focus of Health Disparities Research Collaborative (HDRC) this year has been the encouragement of multidisciplinary or transdisciplinary research. We wish to encourage our clinical, population and bench researchers at Henry Ford Health System (HFHS) to form new alliances to identify the underlying reasons for racial and ethnic health disparities in disease outcomes. Why is this important? It is clear that no one discipline alone will be able to completely understand the complex pathways of chronic diseases. New public health approaches to examining interactions between heredity, social factors, environment and behavior may help to answer questions about racial disparities observed in the prevalence and outcomes of those diseases that disproportionately affect communities of color. In this report, we present many of the funded research projects underway at HFHS. We encourage our research community to use this resource to identify opportunities to collaborate or assemble teams that can explore research questions using a multilevel approach. Let us know how HDRC can do more to support HFHS scientists, and their partners, in the conduct of research with the ultimate goal of better health for all.

Christine LM Joseph, PhD
Director, HDRC

The HDRC embraces the Henry Ford Health System vision of transforming lives and communities through health and wellness. The HDRC promotes transdisciplinary research, reflecting the understanding that the goal of eliminating health disparities cannot be addressed in a vacuum. Eliminating disparities is not about assigning blame—it's about working together to find solutions. Developing partnerships amongst researchers, patients and their families, clinicians, and other health care professionals across multiple disciplines throughout the system is an integral part of any solution. The HDRC is uniquely situated to take advantage of the system's strong collaborations.

Nancy M. Schlichting
President and CEO
Henry Ford Health System

Henry Lim, MD, Vice President and Chair of Dermatology and a lead physician researcher in the Multicultural Dermatology Center, along with Margot LaPointe, PhD, Vice President and Director of Research, provided the impetus and support for establishing the Health Disparities Research Collaborative (HDRC) in 2007.

According to Dr. LaPointe, the Health Disparities Research Collaborative falls within the Henry Ford Health System research vision, which is "To improve human health and well-being through outstanding biomedical research and its application. With our large patient population and its diversity, along with our electronic medical records, HAP pharmacy records and other research resources, HFHS is well positioned to expand its research activities in racial disparities and provide meaningful solutions to care for its diverse patient population." Dr. Henry Lim adds, "HFHS has always been a pioneer in the development of new and better strategies for providing the highest quality care to diverse patient populations. The establishment of the HDRC was in recognition of the important role of research in the overall mission of HFHS, and the fact that we have a group of highly dedicated scientists and staff who can make significant contributions to the elimination of health disparities."

TRANSDISCIPLINARY RESEARCH

According to Gehlert, Murray, Sohmer, McClintock, Conzen & Olopade (2010):

> Transdisciplinary research combines the expertise of a number of disciplines that span the levels of influence on health disparities from the beginning of the research process, at which time the group formulates a set of shared questions and develops a shared conceptual framework, to the interpretation and dissemination of results (p. 412).
>
> The advantage of using a transdisciplinary model of research in the area of health disparities is that it draws together scientists from many different disciplines in a way that allows them to capture the complex causes and consequences of health disparities. Although researchers are informed by their own disciplinary knowledge, the approach allows them to transcend and operate outside the boundaries and cultures of those disciplines to capture new realities, mutually inform one another's work, and address the multilevel determinants of health disparities and all their interactions (p. 412).
>
> Multidisciplinary research involves scientists from a variety of disciplines working together at some point in the research process, but with each approaching the issue at hand through that scientist's own disciplinary lens. Scientists might work on the same broad project, but they formulate and address separate research questions, usually coming to separate conclusions that are disseminated through their own individual disciplinary journals (Friedman & Friedman, 1985; Rosenfield, 1992). Although this approach arguably would provide more information than a monodisciplinary effort, viewing the issue at hand through a series of narrow disciplinary lenses obscures a complete view of the multiple levels of influence on health disparities (p. 410-411).
>
> Interdisciplinary approaches have the goal of transferring knowledge from one discipline to another (Nicolescu, 1997) and may, in fact, result in the creation of an entire new discipline, such as biopsychology or health economics. Although interdisciplinary work has shed light on aspects of health disparities, the complex interactions among biological, behavioral, social, and environmental factors that contribute to these disparities are difficult to capture using the approach (p.411).

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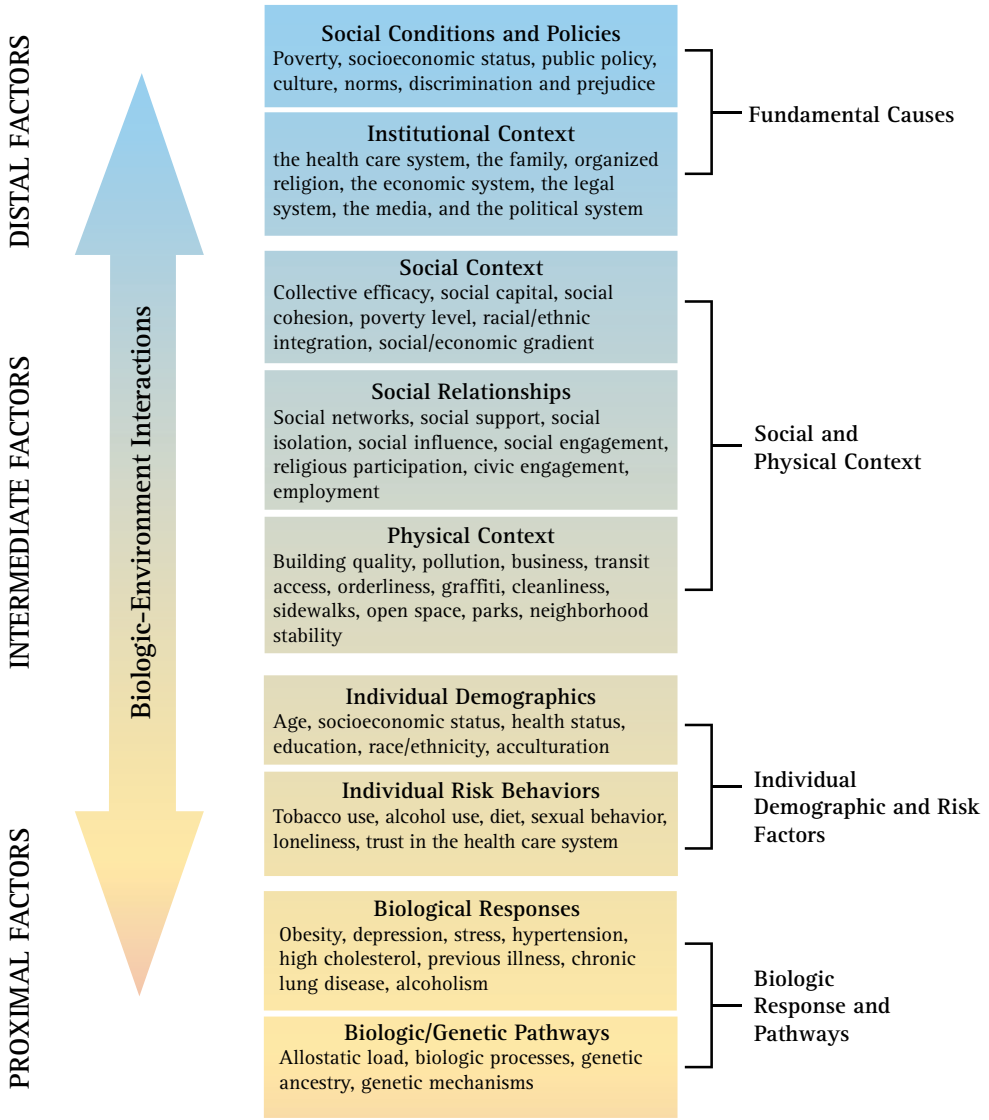

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HEALTH DISPARITIES RESEARCH COLLABORATIVE SPONSORED EVENTS, 2009-Present

HDRC ANNUAL RECEPTIONS

2nd Annual Reception - January 2009

David R. Williams, PhD, the Florence and Laura Norman Professor of Public Health at the Harvard School of Public Health and Professor of African and African-American Studies and of Sociology at Harvard University, was the guest speaker for the HDRC's 2nd Annual Reception. Dr. Williams spoke on the topic of "Social Disparities in Health and How to Effectively Address Them". He is an internationally recognized authority on social influences on health. His research has focused on trends and determinants of socioeconomic and racial disparities in health, the effects of racism on health and the ways in which religious involvement can affect health.

3rd Annual Reception – February 2010

The 3rd Annual Reception occurred February 26, 2010. Anne Beal, MD, MPH, the President of the Aetna Foundation - the independent charitable and philanthropic arm of Aetna Inc., and formerly the Assistant Vice President for the Program on Health Care Disparities at the Commonwealth Fund, was the invited guest speaker. The topic for her talk was "The Future of Racial & Ethnic Health Disparities Research". Dr. Beal holds a BA from Brown University, an MD from Cornell University Medical College, and an MPH from Columbia University. She completed her internship, residency, and NRSA fellowship at Albert Einstein College of Medicine/Montefiore Medical Center in the Bronx. She has been a reviewer for the Health Systems Research study section of the Agency for Healthcare Research and Quality (AHRQ), and a co-chair of the Healthcare Disparities Technical Advisory Panel for the National Quality Forum (NQF) Ambulatory Care Measures' Project. Her research interests include social influences on preventive health behaviors for minorities, racial disparities in health care, collection of race/ethnicity data, and quality of care.

HDRC SPEAKER SERIES

Measuring Socioeconomic Position for Research on Health Inequities: Why and How.

Presented on March 5, 2009 by Nancy Krieger, PhD, Professor of Society, Human Development, and Health at the Harvard School of Public Health (HSPH) and Co-Director of the HSPH Interdisciplinary Concentration on Women, Gender, and Health. She is an internationally recognized social epidemiologist, with a background in biochemistry, philosophy of science, and the history of public health.

Can Addressing Health Literacy Improve Health Outcomes? Lessons from Asthma.

Presented on July 29, 2011 by Andrea J. Apter, MD, MA, MSc. Dr. Apter is an Associate Professor of Medicine, in the Section of Pulmonary, Allergy, and Critical Care Medicine at the University of Pennsylvania. Her research concentrates on eliminating health disparities focusing on asthma and barriers to adherence, as well as the patient-provider relationship, and the impact of the health system and the social environment on patient health.

HDRC WORKSHOP SERIES

Genetic Admixture Workshop - December 2009

Genetic admixture is an estimate of the proportion of an individual's ancestry attributable to ancestral populations (e.g. West African, European, and Asian), which can be determined by genetic markers. The influence of an individual's genetic ancestry on disease risk is an important and expanding area of biomedical research. Over 60 researchers, clinicians, and students attended the HDRC Genetic Admixture workshop. This workshop, for which CME credits were provided, featured talks on uses of genetic admixture in population-based research and methodological and clinical perspectives of genetic admixture. Presenters included: Rick Kittles, PhD, Associate Professor of Medicine, Section of Genetic Medicine, University of Chicago; Albert Levin, PhD, Assistant Scientist, Department of Biostatistics and Research Epidemiology, HFHS; Noah Rosenberg, PhD, Associate Professor, Department of Biostatistics, Associate Professor, Department of Human Genetics, University of Michigan; Benjamin Rybicki, PhD, Senior Scientist, Department of Biostatistics and Research Epidemiology, HFHS; Ann Schwartz, PhD, Interim President and CEO, Karmanos Cancer Institute, Professor, Internal Medicine, Wayne State University School of Medicine; L. Keoki Williams, MPH, MD, Senior Research Scientist, Center for Health Services Research, Department of Internal Medicine, HFHS.

National Database Workshop - October 2010

The HDRC sponsored a full-day workshop on the access and use of databases developed by the federal government for some of the larger national health surveys such as the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Survey (NHANES), the Drug Abuse Resistance Education Survey (DARES), and the Behavior Risk Factor Survey (BRFS), to name a few. Cheryl Fryar, a health statistician, and Diane Makuc, PhD, the Associate Director for Science in the Office of Analysis and Epidemiology from the National Center for Health Statistics, provided information including an overview of the national surveys with an emphasis on data on disparities, along with a presentation on software for analysis, using an NHANES tutorial as an example. Among the many federal agencies that use and report results from these surveys are the CDC, the National Center for Health Statistics, and the National Institutes of Health. This event was well attended by 60 researchers, clinicians, and students from across various institutions within Michigan.

HIGHLIGHTED RESEARCH AND SELECTED PUBLICATIONS

HDRC Investigator: Evelyn R. Barrack, PhD

MicroRNA Predictors of Prostate Cancer Outcome in African American Men

Funding source: Health Disparity Research Grant from the Department of Defense Prostate Cancer Research Program

Prostate cancer remains the second leading cause of cancer deaths in the US. African-American men are disproportionately affected by prostate cancer, and have the highest incidence and mortality rates of any racial or ethnic group, yet who are rarely represented in studies to identify markers of disease; our study focuses on this group. Prostate specific antigen (PSA) screening has facilitated the diagnosis of early stage prostate cancer, and has led to an increase in the proportion of patients who undergo radical prostatectomy (RP), expecting to be cured. However, RP is not curative if patients have clinically undetected metastatic prostate cancer, which will recur after RP. About 35% of men with clinically localized prostate cancer develop a biochemical recurrence (serum PSA rise) after RP. However, PSA recurrence may be due to local residual disease or to metastatic disease. The real challenge, and our goal, is to identify markers of metastatic disease. Based on long-term follow-up after surgery, we can identify patients who, at the time of surgery, had organ-confined disease or metastatic disease. Comparison of the primary tumors of these two groups provides an opportunity to identify markers of early metastatic disease when it is not clinically detectable. Our plan is to identify microRNA expression changes that distinguish between these outcome groups. Patients predicted to develop disease recurrence could be followed closely and offered aggressive treatment. Also, if these microRNAs are detectable in blood, they may be useful for early detection of aggressive prostate cancer.

HDRC Investigator: Indira Brar, MD

Medical Monitoring Project

Funding source: Centers for Disease Control and Prevention

The study of HIV infection is a study of health disparities in the USA. In a recent Centers for Disease Control and Prevention (CDC) report, based on data from 23 USA cities, including Detroit, poverty was an important risk factor for HIV acquisition and may account for some of the racial and ethnic disparities seen in the epidemic. An inverse relationship was observed between HIV prevalence and all socioeconomic metrics studied. The prevalence of infection was 2.1% in urban poverty areas, similar to prevalence in Burundi, Ethiopia, Angola, and Haiti. African-Americans are particularly afflicted by the HIV epidemic, accounting for 45% of all incident cases of HIV/AIDS in 2006. The rate of newly acquired HIV infection was six fold higher among black men and over seven fold higher among black women compared to their white counterparts. Rates for Hispanics/Latinos were almost double the rates among whites. Moreover, a recent study found that the risk of death within three years after the diagnosis of AIDS as well as risk of progression from "HIV" to AIDS has been observed to be greater among blacks compared to whites. The CDC-funded Medical Monitoring Project (MMP) is an ongoing population-based surveillance system to assess clinical outcomes and behaviors of HIV-infected persons receiving care in the U.S. Data collected include behavior, clinical outcome, and the type and quality of care received. The goal of this study is to identify both met and unmet needs vis-à-vis HIV care and prevention services.

HDRC Investigator: Andrea Cassidy-Bushrow, PhD

Phthalate Burden as a Determinant of Racial Disparities in the Metabolic Syndrome

Funding source: Wayne State University/Henry Ford Health System Institute for Population Studies, Health Assessment, Administration, Services and Economics (INPHAASE)

Phthalates are chemicals used in the manufacturing of plastics and are increasingly being recognized as potentially harmful to health. According to experts in phthalate research, "there is currently only limited or inadequate human data on the relationship between exposure to phthalates and human health effects." To our knowledge, no studies have examined the relationship of phthalates with the metabolic syndrome, its other specific components, or with subclinical atherosclerosis. Thus, this study will address key gaps in the literature by examining these associations in a population of racially-diverse male and female adults. Furthermore, we will begin to explore potential and novel modifiable exposures that could be responsible for some of the racial differences cardiomatebolic risk factors. If phthalates help explain racial differences in cardiometabolic risk factors, these exposures could become targets for reducing the considerable health disparity in cardiovascular disease.

HDRC Investigator: Robert Chapman, MD in collaboration with Terrance Albrecht, PhD from Karmanos Cancer Institute and Wayne State University School of Medicine

Southeast Michigan Partners Against Cancer (SEMPAC)

According to the Surveillance, Epidemiology and End Results (SEER) Program of the National Cancer Institute, older African-Americans in southeast Michigan have disproportionately higher rates of cancer and have significantly higher mortality rates compared to

Caucasians in this region, as well as African-Americans nationally. The Josephine Ford Cancer Center, the Barbara Ann Karmanos Cancer Institute, and Wayne State University School of Medicine (SOM) are collaborating to develop a comprehensive and sustainable program to reduce disparities in breast, prostate, lung, and colorectal cancers that adversely affect older, underserved, African American adults in southeast Michigan.

Using a community based participatory research (CBPR) approach, The Southeast Michigan Partners Against Cancer (SEMPAC) addresses three aims for reducing disparities: To increase knowledge, access and use of beneficial biomedical and behavioral procedures to reduce disparities related to breast, prostate, colorectal and lung cancer, among older, underserved African American adults in southeast Michigan; To develop and implement evidence-based intervention research to increase use of beneficial biomedical and behavioral procedures for cancer prevention, detection and treatment of older African Americans; and;To recruit and train a critical mass of promising and successful new researchers in CBPR to reduce cancer health disparities. SEMPAC is made possible by a more than $4 million, five-year grant from the National Cancer Institute (NCI) and is the only NCI-supported project that is dedicated to addressing cancer health disparities among older, underserved African-Americans from urban areas.

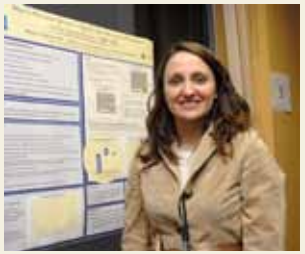
Co-principal investigators for SEPAC are Robert Chapman, MD, director, Josephine Ford Cancer Center, Henry Ford Health System, and Terrance Albrecht, PhD, associate center director and professor, Population Sciences, Karmanos Cancer Institute and Wayne State University SOM.

HDRC Investigator: Melody Eide, MD

Association of Sociodemographic Factors & Healthcare Use with Melanoma Survival in a Diverse Cohort

Funding source: Dermatology Foundation

Melanoma survival in the US is well over 90%, significantly higher than most other malignancies, however survival disparities exist among sociodemographic groups. The explanation for differential survival, despite same stage of disease at diagnosis, is unclear. The paucity of melanoma data, especially for nonwhite populations, makes investigation difficult. One potential explanation for disparities is confounding by socioeconomic position or healthcare access. This study proposes to study melanoma detection, treatment and survival in a large cohort of working age population with health coverage and hence presumable equal opportunity for detection and treatment. In order to determine the relationship between melanoma prognosis and diagnosis and treatment, a retrospective cohort will be assembled of individuals diagnosed with histopathologically-confirmed malignant melanoma of the skin and assigned to physicians in a medical group belonging to a health system in Southeast Michigan. Data would be linked to US Census information to obtain socioeconomic estimates. Incidence, stage at diagnosis, and 5-year survival will be determined within sociodemographic groups. Health care utilization, including primary care visits, specialty physician visits and recommended health screening utilization will be assessed to see if there is a relationship with disease outcome. Limitations include that socioeconomic status will be estimated only as actual values are unavailable.



HDRC Investigators: Christine Cole Johnson, PhD; Christine LM Joseph, PhD; Charles Barone, MD

Michigan Alliance for the National Children's Health Study (MANCS)

Funding source: National Institute of Diabetes and Digestive and Kidney Diseases/National Institutes of Health/Department of Health and Human Services

Funded by the National Institutes of Health, the overall goal of the National Children's Study is to better understand the link between the environments in which children are raised and their physical and mental health and development. To this end, NCS will examine the effects of environmental influences on the health and development of 100,000 ethnically diverse families from 105 communities across the U.S., following them from before birth until age 21. The Study will be conducted in five counties in Michigan under the direction of a unique coalition of researchers and public health professionals, known as the Michigan Alliance for the National Children's Study (MANCS). MANCS partners include Henry Ford Health System, the Michigan Department of Community Health, Michigan State University, the University of Michigan and Wayne State University. MANCS recruitment for NCS began with Wayne County in January 2011. Women aged 18 – 49 who are pregnant or considering becoming pregnant and who live in statistically selected areas (segments) are being recruited to participate. Recruitment is through provider clinics and offices. A major challenge is that women live in segments spread out over the entire 614 square mile county and thus obtain their prenatal care at any provider office and deliver at any hospital in or outside the county. Despite these difficulties, MANCS has been able to recruit successfully in Wayne County by actively engaging 57 clinics (of an estimated 150) which cover about two-thirds of all births in Wayne

County. Data from the Study may inform research into many conditions for which we observe grave racial disparities in disease-related morbidity and mortality, including birth defects and pregnancy-related problems, injuries, asthma, obesity, and diabetes, as well as behavior, learning, and mental health disorders. Findings from the Study will benefit all Americans by providing researchers, health care providers, and public health officials with information, and will form the basis of child health guidance, interventions, and policy for generations to come.

HDRC Investigator: Christine LM Joseph, PhD

Racial Variation in Food Allergy: Mechanisms and Risk

Funding source: National Institutes of Health/ Department of Health and Human Services

Very recent research has suggested that African-American and Latino children have higher rates of allergic disease, including food allergies. According to the "allergic march", food allergy is often the first manifestation of atopy, and can indicate a heightened risk of developing asthma in childhood. It is important to increase our knowledge of food allergy etiology and progression, and to identify risk factors for transient versus persistent IgE-mediated food allergy. This information can ultimately be used to develop interventions to prevent what amounts to an onset of the allergic march. The overall goal of this project is to use an existing birth cohort to explore potential risk factors for milk, egg, or peanut allergy, by age 24 months. Central to this proposal is the risk of food allergy associated with infant feeding practices, including age at introduction of solid or complementary foods and factors related to breastfeeding and duration of breastfeeding. This study will use data from the Wayne County Health, Environment & Atopy Longitudinal Study, or WHEALS birth cohort, established with NIAID funding in 2002. This racially diverse cohort will help HFHS researchers explore how infant feeding practices can influence development of IgE-mediated food allergy to egg, milk, or peanut.

Promoting Asthma Wellness in Rural Communities

Funding source: National Heart, Lung, and Blood Institute/National Institutes of Health/ Department of Health and Human Services

Asthma disproportionately affects African-Americans with both greater morbidity and mortality. Asthma mortality rates for African-American males are six times greater than for white male youth of the same age. Among triggers for asthma, tobacco use and passive smoke exposure are considered among the most adverse. The higher level of morbidity and mortality among African-American youth, at times related to tobacco exposure, emphasize the need for new methods for reaching these youth. With NIH funding, a culturally sensitive, web-based intervention, termed "Puff City," was developed based on Motivational Theory and tailoring of information. When this program was evaluated among predominately African-American youth attending Detroit high schools, promising results included fewer days with asthma symptoms, fewer school days missed, and fewer asthma-related hospitalizations. An important question is whether this intervention will be effective among African-American youth living in the rural south: a different cultural, social, and climatic environment. This study evaluates the effectiveness of Puff City in southern, rural high school youth, and will allow for cross-study comparative analyses between the rural South and urban Midwestern youth populations. Consistent with the mission of the NHLBI, this application targets the advancement of socio-cultural behavioral treatments for preventing further asthma and tobacco-related morbidity and mortality and the elimination of health disparities observed for African-American youth. If effective, implementation of this culturally tailored and cost effective approach via school systems as the primary point of entry is highly probable.

HDRC Investigator: Lois Lamerato, PhD

Racial Disparities in the Initiation and Intensity of Adjuvant Therapy for Breast Cancer

Funding source: Department of Defense

The purpose of this Department of Defense-funded Breast Cancer Center of Excellence Study is to address a key issue in the quality of cancer care – the use of optimal systemic therapy and implications of its non-use for disparities in outcome between black women and women of other races. A population of newly diagnosed breast cancer patients recruited from three health systems has been recruited for this prospective observational descriptive study. The specific aims are: 1) to identify barriers to receipt of optimal treatment (chemotherapy/ hormonal therapy), focusing on both clinical and psychosocial factors; 2) to identify racial differences in the distribution of these barriers; and 3) to model the effects of these barriers on racial disparities in survival by estimating the benefits and costs of mortality reductions that could be achieved if all women received the most intensive treatment regimens.

The current status of this project is that nearly 1,200 women have been recruited, providing survey data and biological specimens (saliva for genotyping for polymorphisms), and administrative data from clinical care. We are currently conducting data analysis, as well as long-term follow-up.

HDRC Investigator: David Lanfear, MD

Impact of Race and Genetic Factors on Beta-blocker Effectiveness in Heart Failure

Funding source: National Heart, Blood, and Lung Institute

Heart failure (HF) is an enormous public health problem with over 500,000 cases annually, and African-American individuals share a disproportionate amount of this burden including a higher prevalence and mortality when compared with white individuals. Beta adrenergic antagonists (beta-blockers, BB) are the foundation of modern HF care, but their effectiveness

in African-Americans is not clear. Pivotal clinical trials of BB in HF were woefully underpowered to assess African-American patients, and many experts have suggested a differential BB benefit in African-American patients when compared with white patients. This issue requires additional data and clarity because improved understanding and elimination of such disparities is a national research priority (Healthy People 2010). Multiple factors may contribute to a racial disparity in BB effect such as genetic factors, medication adherence, and comorbid illnesses. All of these factors must be characterized in detail in order to evaluate which factor(s) contribute to this. Existing pharmacogenetic studies have suggested that specific variants may explain racial differences in BB effectiveness, but these studies have not quantified drug exposure or adherence and have not included a sufficient number of African-Americans. To answer these questions, we propose a racially diverse, prospective, pharmacogenomic registry of 1000 HF patients. Our center has important advantages to achieve this including the fact that roughly half of our HF patients are African-American, and we have experience and infrastructure in quantifying adherence and drug exposure using pharmacy claims data. Using this cohort we will assess the influence of race and genetic factors on BB effectiveness, measured by clinical events (time to hospitalization or death) and health status. Ultimately, these data will clarify the benefit of BB in African-Americans, and contribute to improve targeting of BB therapy to those with highest likelihood of favorable response while avoiding those likely to respond unfavorably.

HDRC Investigators: David Lanfear, MD and Aaron Kugelmass, MD

Translational Research Investigating Underlying disparities in recovery from acute Myocardial Infarction: Patients' Health Status (TRIUMPH)

Funding source: National Heart, Lung, and Blood Institute/National Institutes of Health

The TRIUMPH project is an observational, multi¬center prospective registry that will address significant gaps in current knowledge about racial disparities in the context of acute myocardial infarction (heart attacks) by: (1) focusing on health status outcomes; (2) examining which patient characteristics are most associated with outcome, appreciating that race is a complex social construct (including skin color, socioeconomic factors, and genetics); (3) identifying differences in inpatient and outpatient care that may be modified to eliminate racial disparities; (4) exploring the metabolic consequences of co-morbidities, such as diabetes; and (5) examining genetic mechanisms for a higher rate of poor outcomes in African-American patients compared to that of other race/ ethnic groups.

HDRC Investigators: Norman Markowitz, MD; Dwayne Baxa, PhD; Indira Brar, MD

AIDS Clinical Trials Group

Funding: National Institute of Allergy and Infectious Disease

Support for HIV work involves clinical care, laboratory and epidemiology research, and education. Since 1987, over 2200 HIV-seropositive individuals have been enrolled in clinical research trials at Henry Ford Hospital. The Division has had NIH funding since 1988 and is currently affiliated with two NIH Leadership Groups: the AIDS Clinical Trials Group (ACTG) and the International Network for Strategic Initiatives in Global HIV Trials (INSIGHT). Currently approximately 8 NIH-supported research studies are underway at HFH. These trials examine clinical management strategies for HIV and co-infections, as well as basic science.

ACTG

This group performs numerous studies from small scientifically directed studies larger clinical trials. The core structure consists of four transformative science groups responsible for the rapid development of relevant studies in response to rapidly changing scientific and clinical landscapes. The Infectious Diseases Division participates in studies advanced by all the core groups.

HIV Reservoirs and Viral Eradication Group was recently created this year (2011) to address the formidable challenge of making progress toward a cure of HIV-1 through elimination of HIV-1 reservoirs (i.e., virus eradication) or suppression of reservoirs in the absence of antiretroviral therapy (i.e., functional cure).

The Women's Health Inter-Network Scientific Committee's primary mission is to develop optimal strategies for the prevention and treatment of HIV disease and related complications among women, especially women of color, and to determine the pathogenesis of manifestations that are unique to women.

The Hepatitis Transformative Science Group provides effective therapy to all HIV patients coinfected with viral hepatitis and to provide a platform for conduct of novel Direct Acting Antiviral trials in patients with the hepatitis C virus.

The Tuberculosis Transformative Science Group is responsible for development, implementation, and oversight of the ACTG research agenda related to the treatment and prevention of tuberculosis with and without HIV co-infection.

The End-Organ Disease and Inflammation Transformative Science Group fosters collaborative efforts among virologists, immunologists, pharmacologists, and both clinical and laboratory researchers in the design of clinical trials of novel interventions targeting HIV-associated immune activation and inflammation, and/or end-organ diseases commonly associated with the aging process.

INSIGHT

The lead study for this entity is called START (Strategies for Management of Antiretroviral Therapy). The purpose of this randomized study is to determine whether the early initiation of antiretroviral therapy (ART) at high levels of immune function is superior to deferral of ART until immune function falls to recommended levels in terms of morbidity and mortality.

Recent data indicate that the risk of progression of HIV infection to AIDS is graded and persists even at high

levels of immune function. In addition, rates of serious non-AIDs disease - cardiovascular, renal, and hepatic disease, and non-AIDS malignancies may be reduced by ART. However, current available data are insufficient and do not inform whether the benefits of initiating early ART outweigh the risks. This is an international study with an estimated sample size of 4000 individuals. Sub-studies are also included designed to examine neurological, hepatic, pulmonary, bone and mineral, and cardiovascular (including endothelial function) complications.

HDRC Investigator: Christine Neslund-Dudas, PhD

Effect of Lead Exposure on Delta-aminolevulinic Acid Dehydratase and the 26S Proteasome: A New Pathway for Resolving Race Disparities in Prostate Cancer?

Funding source: Wayne State University

Prostate cancer accounts for 34% of all new cancers diagnosed in African-American men and 25% of all new cancers diagnosed among all U.S. men. Unfortunately, race, age, family history and living in a westernized nation remain the only consistently reported risk factors for the disease. Lead (Pb) is recognized as a carcinogen in animals and probable carcinogen in humans. Adult African-Americans, who overwhelmingly reside in urban areas, have been shown to have higher blood Pb levels compared to whites. Lead is known to replace zinc in an enzyme, delta aminolevulinic acid dehydratase (ALAD) that inhibits the 26S protoeasome. The proteasome is one of the body's master systems for degrading proteins and has been implicated in cancer and other diseases. In this pilot study, we hypothesize that higher Pb levels observed in African-American men lead to suppression of ALAD resulting in increased levels of proteasome activity, and changes in levels of important proteins. The goal of this pilot study is to evaluate the proposed biological mechanism using blood samples from African-American and White prostate cancer cases and healthy controls. If supported by our pilot findings, the mechanism could be applicable to disparities in health beyond prostate cancer.

HDRC Investigator: Benjamin Rybicki, PhD

Admixture Mapping of Sarcoidosis Genes in African-Americans

Funding source: National Institutes of Health/ Department of Health and Human Services

Sarcoidosis is a granulomatous multi-organ disease that disproportionately affects African-Americans in the United States. While mortality directly attributable to sarcoidosis is low, morbidity is significant with chronic suffers of this disease often having debilitating respiratory symptoms, visual impairments and permanent damage to other affected organs. Genetic predisposition to sarcoidosis has long been posited, and independent genome scans in German and African-American affected sib pair samples suggest that multiple genes are involved. Recent characterization of ancestry informative markers across the genome now makes it feasible to scan the genome for disease genes linked to ancestry in African-American populations. Using DNA samples for 1,302 African-American sarcoidosis cases, we are conducting a mapping by admixture linkage disequilibrium (MALD) study to identify sarcoidosis genes linked to African ancestry. Once we have narrowed the associated genomic areas to specific genes or areas within specific genes, we will sequence the areas that have the highest probability of harboring causal variant(s). In addition, to better understand how putative candidate genes we identify act in sarcoidosis causal pathways involving environmental inciting agents, we will utilize environmental data collected on cases to test for gene-environment interaction. By identifying genes that increase risk of sarcoidosis in African-American populations, we can potentially devise targeted preventive and therapeutic measures that can help reduce the racial disparity in sarcoidosis morbidity. Identification of novel sarcoidosis genes may also indirectly benefit efforts to combat other granulomatous disorders such as Crohn's disease, tuberculosis, berylliosis and leprosy.

HDRC Investigator: Abraham Thomas, MD, MPH

Aspirin in Reducing Events in the Elderly (ASPREE)

Funding source: National Institute on Aging/National Institutes of Health

The ASPREE Research Study is designed to assess whether daily active treatment of low-dose aspirin will extend the duration of disability-free life in healthy participants aged 70 years and above. This study will examine whether the potential benefits of low dose aspirin will outweigh the risks in this age group.

Low-dose enteric aspirin is potentially one of the most effective preventive agents for use in older people. Despite its potential benefits, there is limited data available about the effectiveness of aspirin in older persons free of clinically overt vascular disease.

In addition to addressing the limited data surrounding the use of aspirin in the older population, ASPREE US recruitment will focus on impacting the under representation of minorities in clinical research. Increasing the representation of minority groups in research trials has become a national priority. The adequate representation of ethnic and racial minorities in research is critical to the development of appropriate strategies to promote health and treat disease among these populations.

Henry Ford Macomb/Warren Diabetes Care and Support Program

Funding source: Center for Disease Control and Prevention

The Diabetes Care and Support Program was designed to provide coordinated diabetes care management services, with a focus on assisting high-risk, uninsured patients. Patients were offered a diabetes care management plan with case management services, to include telephone and email contact. The goal of the project was to support the patients and encourage self-care and nutrition that will stabilize glucose levels and bring them within normal ranges. To evaluate the role of the program in providing tools for diabetes care, patient hospital re-admissions for issues relating to diabetes will be monitored. The project utilized the Henry Ford Health System's electronic medical record and patient website capabilities to identify patients with diabetes who were most appropriate for the planned interventions.

HDRC Investigator: Ganesa Wegienka, PhD

Study of Environment, Lifestyle, and Fibroids

Funding source: National Institutes of Health/ Department of Health and Human Services

The Study of Environment, Lifestyle & Fibroids, or SELF, is a longitudinal study sponsored by the National Institutes of Health (NIH). The purpose of SELF is to learn how fibroids develop, who tends to develop them, and how to help prevent health problems caused by fibroids. SELF will have approximately 1,600 African-American women participating in the study. The main hypotheses are related to vitamin D, reproductive tract infections and ancestry informative markers. Henry Ford Health System is the only clinical site conducting this study on behalf of NIH.

HDRC Investigator: Keoki Williams, MD

The Clinical Effectiveness of Pharmacy Adherence Information for Diabetes Control

Funding source: National Institute of Diabetes and Digestive and Kidney Diseases/National Institutes of Health/ Department of Health and Human Services

African-American and Hispanic American patients with diabetes are less likely than Caucasian patients to achieve long-term control of their blood sugar. This is a clinical trial to test the effectiveness of providing primary care physicians with both adherence measurements and an adherence clinic to improve adherence to diabetic and lipid-lowering drugs. This adherence clinic will consist of a pharmacist and nurse trained in techniques to improve adherence to medications. The study uses qualitative methods to guide intervention design and implementation and will include both process evaluation and treatment fidelity measures. The intervention is tailored to patients' adherence and goal levels. The study also will evaluate the cost effectiveness of the intervention.

The EVE Asthma Genetics Consortium: Building Upon GWAS Gene Discovery

Funding source: National Heart, Lung, and Blood Institute/National Institutes of Health/ Department of Health and Human Services

EVE is a consortium comprised of all U.S. investigators who have conducted genome-wide association studies (GWAS) of asthma and whose main objective is to combine results of individual studies to increase the overall power to identify asthma-susceptibility loci. The consortium includes investigators at 10 U.S. institutions with GWAS results for >30,000 individuals representing European American, African-American, U.S. Hispanic, and Mexican populations. The purpose of this project is to replicate the most significant GWAS results in >15,000 asthma cases and controls of European American, African-American, and U.S. Hispanic ethnicities, resequence 5-10 genes associated with asthma in European Americans but not in African-Americans or Hispanic cases and controls, to study additional asthma-associated phenotypes and examine interactions, and develop methods to facilitate gene discovery. Discovery of risk alleles for asthma and its associated phenotypes could significantly affect public health and health care delivery, especially amongst the African-American and Hispanic populations, both of which are significantly impacted by asthma.

Pharmacogenomics of Inhaled Corticosteriod Responsiveness in Patients with Asthma

Funding source: National Institutes of Health/ Department of Health and Human Services

Inhaled corticosteroids (ICS) are considered first-line treatment for persistent asthma, yet little is known about the genetic factors that influence response to this therapy. Previous studies have suggested racial and ethnic differences in response to these asthma medications. This has particular importance to African-American patients who suffer disproportionately from asthma complications and who may be less likely to respond to treatment. This project will draw upon our experience and our diverse patient population to assemble a cohort of African-American patients with asthma to quantify response to ICS therapy in African-American and white patients, as well as use cutting-edge genetic techniques to look for markers that predict treatment response. Knowledge gained from this study may help clinicians select asthma treatments most likely to work for their patients, as well as provide insight for future asthma therapeutics.

HDRC Investigator: Maria Worsham, MD

Strategic Global Mining of Methylated Promoter Sites in a Diverse ER-Negative Primary Care Breast Cancer

Funding source: Susan G Komen For the Cure Investigator-Initiated Research Grant

Estrogen receptor-negative (ER-) tumors (basal-like and HER2 positive) make up approximately 30% of breast cancer cases. The basal subtypes are proliferative, high-grade, hormone receptor-negative tumors and are associated with a poor prognosis. An internationally accepted definition for basal-like breast cancers (BLBC) is still lacking. The majority of BLBC lack ER, progesterone receptor (PR), and HER2 expression, and several groups have adopted a triplenegative (TNBC: ER- PR- HER2-) definition for BLBC. Both BLBC and TNBC preferentially affect young and African-American (AA) women, have high rates of recurrence, a tendency toward visceral (versus bone) metastasis, and a significantly shorter disease free and overall survival times than women with other tumors. Although BLBC and TNBC are characterized by distinctive morphologic, genetic, immunophenotypic, and clinical features, there is no consensus on clinical identification or systematic classification of this aggressive subtype of breast cancer. This study will examine the contribution of epigenetic markers (e.g., DNA methylation) to the pathogenesis of ER- breast cancer and determine their utility in refining classification of ER- subtypes of basal-like and HER2neu (HER2) positive, in differentiating ER- breast cancer in African-American and Caucasian American women, and as new prognostic and therapeutic targets for better management of ER- breast cancer. We will use a large primary care cohort of 2160 ER- breast cancer patients accrued from 1993-2009 and followed from 5-21 years. This cohort will allow further stratification of breast cancer types at the epigenetic level in African-American and Caucasian women providing much needed insight into the current racial disparities observed in clinical outcomes.

Molecular Modeling of Diagnosis and Prognosis in Head and Neck Cancer

Funding source: National Institute of Dental & Craniofacial Research

Head and neck squamous cell carcinoma carries a high mortality rate despite advances in chemotherapy and radiation therapies. This is due mainly to the highly heterogeneous nature of the disease, both morphologically and genetically. A current shortcoming in the diagnosis, prognosis, and treatment of HNSCC is a lack of methods that adequately address the complexity and diversity of the disease. A major objective of the proposed research is to develop a detailed molecular fingerprint of HNSCC tumor tissues that is linked to clinical information. Diagnostic and prognostic marker systems based on single parameters have generally proven inadequate. Thus, multiparametric methods, which rely on many pieces of information, are ideally suited to the grouping of tumor subtypes and the identification of specific patterns of disease progression and clinical outcomes. Our goal is to accomplish a multivariable comprehensive genome-wide molecular blueprint of HNSCC integrated with clinical risk factors in order to refine patient diagnosis and prognosis to aid in the clinical management of patients at the earliest disease stages. We will interrogate an evidence-based panel of gene loci implicated in Head and Neck cancer, many of which are distributed along critical pathways utilized by HNSCC Cells. The molecular targets to be investigated using a novel assay will be done in an epidemiologically well-characterized cohort of 1000 primary HNSCC derived from a large, multi-ethnic, primary care patient population diagnosed by surgical biopsies in the Henry Ford Health System from 1986-2003, and followed from 5-23 years. This approach should yield a validated multivariable genetic blueprint for diagnosis and prognosis analogous to or even more powerful than TNM-staging, permitting more accurate grouping of tumor subtypes, more accurate distinction of prognostic groups, and better prediction of effective treatment strategies.

HDRC Investigator: Edward Zoratti, MD

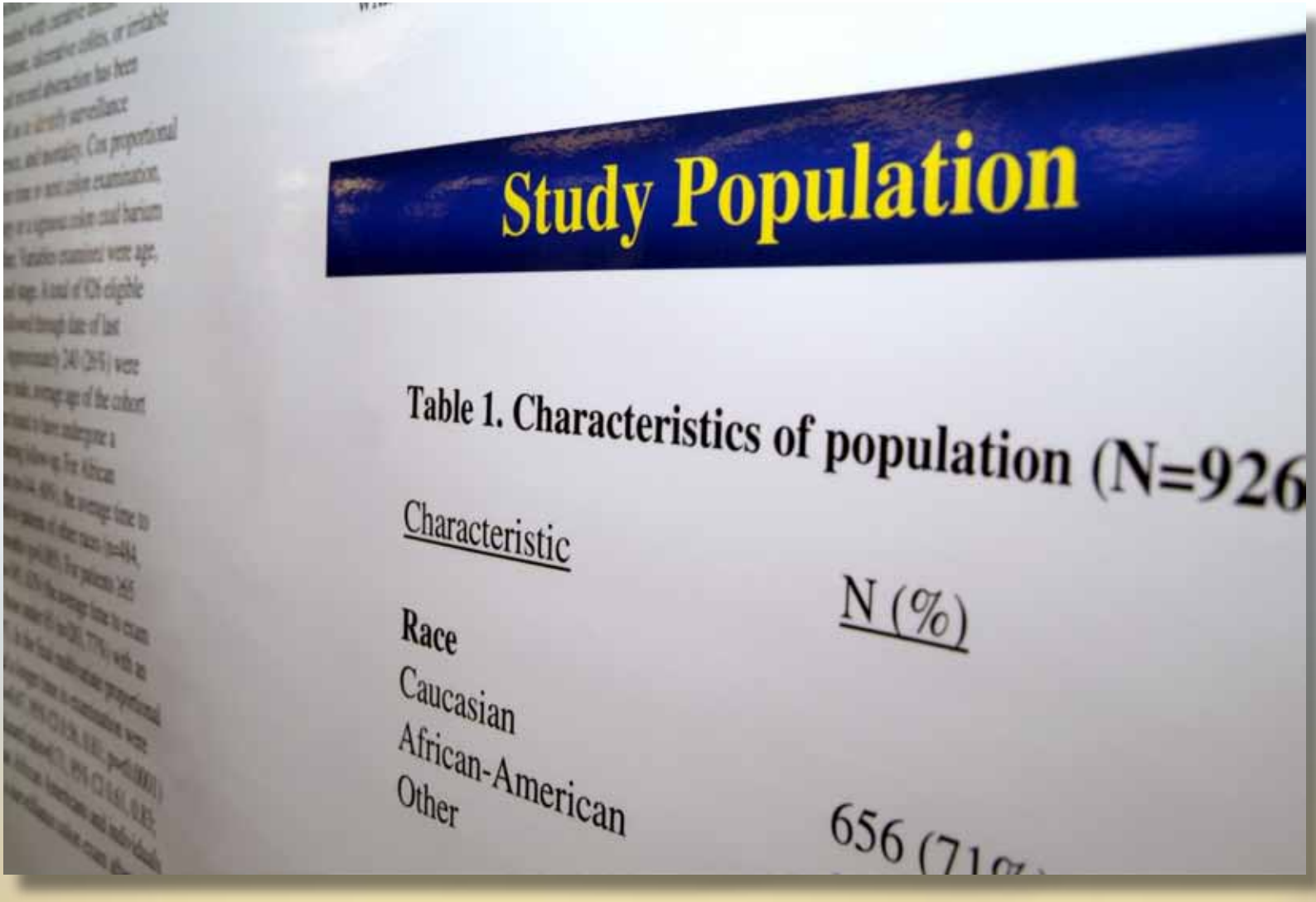
Inner City Asthma Consortium (ICAC)

Funding source: National Institute of Allergy and Infectious Diseases

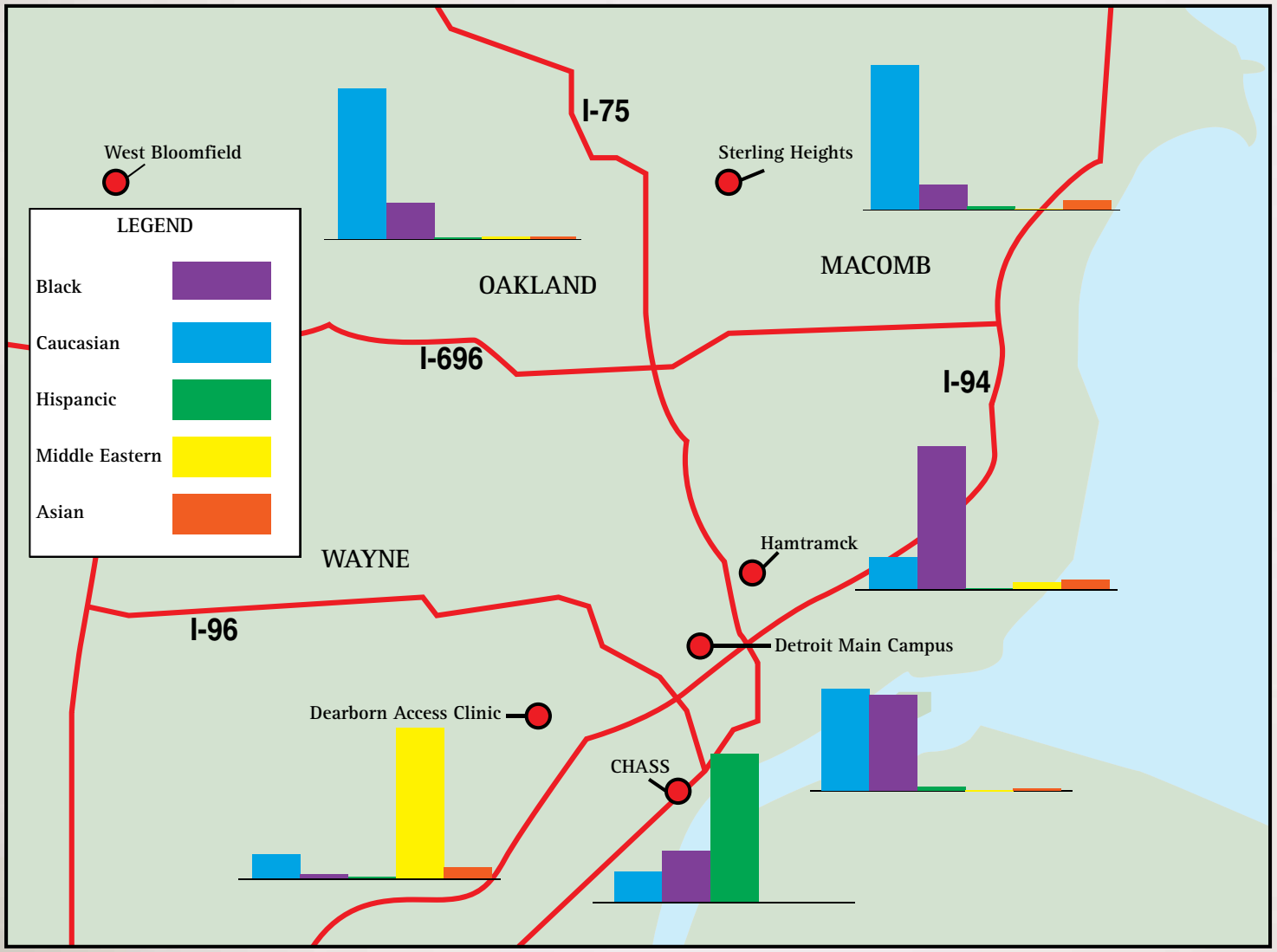
In 2009, Henry Ford Hospital Division of Allergy and Department of Public Health Sciences joined the Inner City Asthma Consortium (ICAC), an NIH

funded clinical research consortium to design and carry out clinical trials that focus on the immunopathogenesis of asthma in children living in U.S. inner cities The consortium is composed of an administrative center based at the University of Wisconsin Madison WI, a statistical and clinical coordination center at Rho Corp, in Chapel Hill NC, nine clinical research sites and two basic science sites. Detroit is a participating clinical center along with centers located in New York, Boston, Baltimore, Washington DC, Chicago, Cincinnati, San Francisco, Dallas and Denver. The overall objective of the Inner City Asthma Consortium is to design and conduct longitudinal cohort and mechanistic studies to provide novel information on the early immunopathogenesis of asthma, and understand how the pathogenesis differs in the urban and non-urban environment. Clinical studies using primarily immune system-targeting interventions will also be conducted to identify strategies to prevent development of asthma, improve asthma control, and improve asthma characterization using validated biomarkers among children residing in urban areas of the United States. The consortium has 5 clinical protocols active during 2011 in which the Henry Ford site is participant.

HEALTH DISPARITIES RESEARCH COLLABORATIVE



PATIENT DIVERSITY AT HENRY FORD HEALTH SYSTEM



HFHS continues to serve a diverse patient population. Clinic and hospital sites provide health care opportunities in four major southwestern Michigan Counties (Wayne, Oakland, Macomb and Washtenaw Counties). In addition to the Henry Ford Hospital, clinic sites located throughout Metro Detroit area provide primary and specialty care to our patient population. Our diverse patient population uniquely positions HFHS as a national leader in the study of racial and ethnic disparities in health and health care. Here we highlight the diversity of the Henry Ford Health System patient population by presenting patient characteristics from six of the many sites throughout Metro Detroit (Comprehensive Health and Social Services (CHASS) Clinic, Dearborn Arab Community Center for Economic and Social Services (ACCESS), Sterling Heights, Hamtramck, West Bloomfield, and Henry Ford Main Hospital) providing primary and specialty care.

TASK FORCE FOR THE COLLECTION OF PATIENT RACE, ETHNICITY, AND PRIMARY LANGUAGE (R/E/L)

Focus Groups at New Detroit, Inc.

This past year we have seen important legislation passed that may change how health care will be financed and delivered in this country. The Patient Protection and Affordable Care Act of 2010 (PPACA) includes provisions for universal coverage and enhanced access to providers – clearly important factors driving health disparities.

In addition to addressing access, the reforms set in place a path toward better data collection of patient demographics in order to better monitor our progress in eliminating health disparities. The American Recovery and Reinvestment Act (ARRA) of 2009 created financial incentives for physicians and health care providers who are "meaningful users" of certified electronic medical records. The first of three stages in the legislation requires that providers collect the patients' preferred language, gender, race and ethnicity. Race and ethnicity must be collected and recorded in accordance with the Office of Management and Budget standards (Office of Management and Budget, 1994).

In 2008, Henry Ford Health System (HFHS) established a Task Force for the Collection of Patient Race, Ethnicity, and Primary Language (R/E/L) of which the HDRC has a lead role. The goals of the Task Force are to assess and enhance the collection of this data at HFHS. Members of the Task Force include Christine LM Joseph, PhD, Director, HDRC; Nancy Sammons, RN, Director, Clinical Care Design, Office of Clinical Quality & Safety; Denise White-Perkins, MD, Director, Institute on Multicultural Health; and Kimberlydawn Wisdom, MD, Vice-President of Community, Health, Education and Wellness.

To gain community insight and input into developing the questions used to collect patient R/E/L, HDRC and the Task Force worked with New Detroit, Incorporated, a private, non-profit, tax exempt coalition of leaders from business, labor, foundations, civil rights and advocacy organizations, human services, health & community organizations, education, and the media. Through focus groups and community interviews, the following questions have been developed for use at HFHS:

- Are you of Hispanic or Latino origin?
- Are you of Arab or Chaldean descent?
- What is your race?
- Please provide one nationality or ethnic group that best describes your ancestry. (For example, Italian, Jamaican, African-American, Haitian, Korean, Lebanese, etc.)
- How would you rate your ability to speak English?
- What language do you feel most comfortable using when discussing your healthcare?

Overseeing the implementation of the collection of patient race, ethnicity and primary language at HFHS is a new R/E/L Workgroup, established this year, under the co-leadership of Christine LM Joseph, HDRC, and Stephen Hathaway,Vice President and Chief Revenue Office. Workgroup members include representatives from Corporate and Medical Administration (Chrystal Holmes, Director, Hospital Revenue Cycle; Janel Lyons, Manager, Business Operations), the HFHS Medical Group (John Saylor, Vice President, Detroit Campus Medical Ambulatory; Linda Harden, Chief Nursing Officer; Lorraine Purcell-Connole, Practice Manager, After Hours Urgent Care), Information Technology (Manish Chandra and Prasad Rao), and Planning and Marketing (Jennifer Flowers and Norine Howie). This Workgroup will develop strategies for Henry Ford Hospital and Health Network to begin collecting this information according to the recommendations in the Report released in August of 2009 by the Institute of Medicine Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality Improvement (Institute of Medicine, 2009).

Capturing data on R/E/L allows HFHS to be responsive to communities by documenting and reporting accomplishments in improving quality, and allows for improving the adequacy of interpreter services, patient information materials, and cultural competency training for staff. Adopting this standardized approach to collecting this information will help HFHS researchers more accurately compare health care experiences for our diverse patient population by race, ethnicity and language.

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Office of Management and Budget. (1994, June 9). Standards for the classification of federal data on race and ethnicity. Retrieved September 12, 2011 from http://www.whitehouse.gov/omb/fedreg_notice_15

Institute of Medicine. (2009). Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement. Retrieved September 12, 2011 from http://www.iom.edu/~/media/Files/Report%20Files/2009/RaceEthnicityData/Race%20Ethnicity%20report%20brief%20FINAL%20for%20web.pdf.

HENRY FORD HEALTH SYSTEM PROGRAMS, DEPARTMENTS, CENTERS AND INITIATIVES SUPPORTING RESEARCH ON RACIAL AND ETHNIC HEALTH DISPARITIES

PUBLIC HEALTH SCIENCES

The Department of Public Health Sciences faculty at Henry Ford Health System conducts and promotes population and clinical research studies to advance biomedical knowledge that will result in disease prevention and overall improved health status. In particular, Public Health Sciences specializes in applied and theoretical statistics and epidemiology, with special emphasis on cancer, genetics, respiratory and neurological diseases.

The HDRC is able to support members through the expertise of Public Health Sciences staff members who provide consultation on grant development, study design and statistical analysis.

CENTER FOR HEALTH POLICY AND HEALTH SERVICES RESEARCH

Much of the work within the Center for Health Policy and Health Services Research focuses on explorations related to the prevention, diagnosis, treatment, and management of chronic conditions, and cancer. The former includes cardiovascular diseases (such as hypertension and lipid disorders), neurological disorders (such as migraine and multiple sclerosis), as well as asthma and diabetes. These diseases often disproportionately affect underserved populations and/or communities of color. Center for Health Policy and Health Services Research racial disparities research includes projects on provider and patient adherence and quality improvement, including patient safety. Epidemiological studies, clinical trials, cost-effectiveness analyses, and demonstrations and evaluations are used to achieve research goals. The primary research laboratory consists of the many diverse populations and settings of the Henry Ford Health System.

COMMUNITY ORIENTED PRIMARY CARE

The three-year residency-training program in the Department of Family Medicine in the Henry Ford Health System is designed to prepare family physicians for successful careers in a rapidly changing health care environment. Henry Ford Health System is one of the largest and most progressive integrated health care delivery systems in the country, thus through Community Oriented Primary Care Henry Ford Health System residents learn the most up-to-date approaches to clinical practice, such as evidence-based medicine, disease state management, population health, managed care, use of computers in medicine, and quality improvement methods.

Community Oriented Primary Care has been uniquely strong in attracting faculty and residents with a special interest in urban practice. Community Oriented Primary Care requires residents to develop their own research study after conducting several home care visits of patients that they have previously cared for. These visits allow residents to witness their patients in a real life setting and also allow them to examine the environment, social barriers and their patient's access to resources. The practices, which have become the primary ambulatory training sites, are vital to the Detroit community for their roles in improving health status where morbidity and mortality rates often exceed national norms. Residents are primarily working in the Detroit's North West Side and Detroit's East side, where 90% of patients are African-American.

A wide spectrum of research studies by resident trainees have been conducted within the context of our Community-Oriented Primary Care curriculum. Areas of inquiry include barriers to cancer screening, risk factors for osteoporosis and the impact of food sources on diabetes control

JOSEPHINE FORD CANCER CENTER (JFCC)

The Josephine Ford Cancer Center (JFCC) is one of the largest cancer centers in Michigan and is consistently ranked by U.S. News and World Report as one of the top cancer centers in the nation. The JFCC treats more than 14,000 cancer patients each year, and more than 15 percent of all people in southeast Michigan diagnosed with cancer are treated at Henry Ford Health System. Each year, more than 3,000 newly diagnosed cancer patients visit the center for treatment.

The JFCC has a multidisciplinary research program including basic and population scientists and clinician researchers committed to studying the prevention, early detection, and treatment of cancer. Researchers of the JFCC have a strong focus on research that will address and eliminate observed racial disparities in cancer incidence, treatment and outcomes.

MULTICULTURAL DERMATOLOGY CENTER

The Multicultural Dermatology Center, established in 2007, is one of the few centers of its kind in the nation. Patients of color present differently with their skin problems, and their skin reacts differently to medical and surgical treatments. The purpose of the Center is to provide state-of-the-art care to these patients, to educate the next generation of dermatologists on their care, and to perform research on diseases affecting predominantly patients of color. The Center has been recognized with "Innovation in Diversity" Award of Crain's Business News, Detroit, Michigan (2009), "People Pillar Award" of Henry Ford Health System (2009), and top three finalist from North America in "Social Responsibility in Dermatology" competition (sponsored by L'Oreal, 2011). Dermatology Department Chair Dr. Henry Lim, along with Drs. Iltefat Hamzavi, Diane Jackson, and Raechele Cochran Gathers form the cornerstone of the Multicultural Dermatology Center.

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