



2013
Network of Minority Health Research
Investigators Membership Directory

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National Institute of
Diabetes and Digestive
and Kidney Diseases



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Mission Statement

The Office of Minority Health Research Coordination of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) has established a communication network of current and potential biomedical research investigators and technical personnel interested in minority health research, including individuals from traditionally underserved communities: African American, Hispanic American, American Indian, Alaska Native, Native Hawaiian, and other Pacific Islanders. The major objective of the network is to encourage and facilitate the participation of members of underrepresented population groups and others interested in minority health in the conduct of biomedical research in the fields of diabetes, endocrinology, metabolism, digestive diseases, nutrition, and kidney, urologic, and hematologic diseases. A second objective is to encourage and enhance the potential of the investigators in choosing a biomedical research career in these fields. An important component of this network is promotion of two-way communications between network members and the NIDDK.

Through the Network of Minority Health Research Investigators (NMRI), NIDDK will elicit recommendations for strategies to enhance the opportunities and implement mechanisms for support of underrepresented population groups and others in biomedical research. The NMRI will advance scientific knowledge and contribute to the reduction and eventual elimination of racial and ethnic health disparities.

NIDDK Executives



Griffin P. Rodgers, M.D., M.A.C.P.

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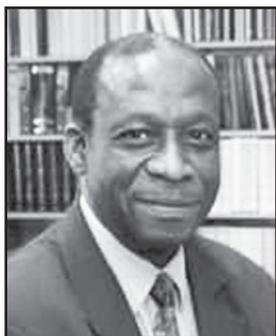
Dr. Griffin P. Rodgers was named Director of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)—one of the National Institutes of Health (NIH)—on April 1, 2007. He had served as NIDDK's Acting Director since March 2006 and had been the Institute's Deputy Director since January 2001. As the Director of NIDDK, Dr. Rodgers provides scientific leadership and manages a staff of more than 600 employees and a budget of \$2.0 billion.

Dr. Rodgers received his undergraduate, graduate, and medical degrees from Brown University in Providence, Rhode Island. He performed his residency and chief residency in internal medicine at Barnes Hospital and the Washington University School of Medicine in St. Louis. His fellowship training in hematology/oncology was in a joint program of the NIH with George Washington University and the Washington Veterans Administration Medical Center. In addition to his medical and research training, he earned a Master's degree in Business Administration, with a focus on the business of medicine/science, from Johns Hopkins University in 2005.

As a research investigator, Dr. Rodgers is widely recognized for his contributions to the development of the first effective—and now FDA-approved—therapy for sickle cell anemia. He was a principal investigator in clinical trials to develop therapy for patients with sickle cell disease and also performed basic research that focused on understanding the molecular basis of how certain drugs induce gamma-globin gene expression. He was honored for his research with numerous awards, including the 1998 Richard and Hinda Rosenthal Foundation Award, the 2000 Arthur S. Flemming Award, the Legacy of Leadership Award in 2002, and a Mastership from the American College of Physicians in 2005.

Dr. Rodgers has been an invited professor at medical schools and hospitals in France, Italy, China, Japan, and Korea. He has been honored with many named lectureships at American medical centers; has published more than 200 original research articles, reviews, and book chapters; has edited four books and monographs; and holds four patents.

Dr. Rodgers served as Governor to the American College of Physicians for the U.S. Department of Health and Human Services from 1994 to 1997. He is a member of the American Society of Hematology, the American Society of Clinical Investigation of the National Academy of Sciences, the Association of American Physicians, and the Institute of Medicine, among others. He served as chair of the Hematology Subspecialty Board and is a member of the American Board of Internal Medicine Board of Directors.



Lawrence Y.C. Agodoa, M.D., F.A.C.P.

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Dr. Lawrence Y.C. Agodoa graduated from the Cornell University Medical College, New York, in 1971. He completed internship and residency training in Internal Medicine at the University of Washington Hospitals in Seattle and 3-year training in clinical and basic research in Nephrology and Renal Pathology.

He was appointed Chief of the Nephrology Service at the Madigan Army Medical Center, Tacoma, Washington, 1976-1981. He subsequently completed 2 years of clinical and research training in Rheumatology and Immunology, 1981-1983. In 1983, he was assigned to the Walter Reed Army Medical Center as Assistant Chief of the Nephrology Service and the Nephrology Training Program, and also appointed to the faculty of Medicine at the Uniformed Services University of the Health Sciences (USUHS), Bethesda, Maryland. In 1985, he was appointed Director of the Military Medical Research Fellowship at the Walter Reed Army Institute of Research.

In 1987, he was appointed Director of the Clinical Affairs Program in the Division of Kidney, Urologic, and Hematologic Diseases at the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH), Bethesda, Maryland. He also was an intramural research scientist in the Laboratory of Cell and Molecular Biology, NIDDK, from 1987 to 1992.

Presently, he is Professor of Medicine at the Uniformed Services University of the Health Sciences, F. Edward Hebert School of Medicine, and Program Director at the NIH. His current duties include the following:

- Director, Office of Minority Health Research Coordination, NIDDK, NIH.
- Director of the Minority Chronic Kidney Disease and End Stage Renal Disease Programs in the Division of Kidney, Urologic and Hematologic Diseases of NIDDK.
- Co-Project Officer of the ESRD renal database, the United States Renal Data System (USRDS).

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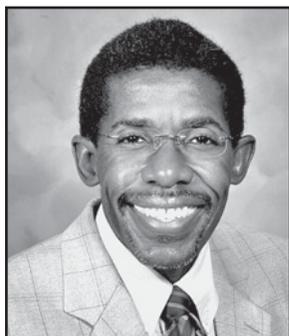
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Research Interests

My research is focused on understanding the molecular mechanisms that are responsible for cardiovascular complications in diabetes. We have specifically focused on the role of altered insulin signaling and mitochondrial oxidative stress.



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Research Interests

My current research focuses primarily on elucidating signal transduction pathways in the kidney that are involved in the physiology and pathophysiology of renal hemodynamics. We utilize an integrative approach, including techniques drawn from cell and molecular biology, physiology, and pharmacology to investigate regulatory proteins, ion channels, and GPCRs that regulate renal vascular and glomerular functions.



Emilyn Alejandro, Ph.D.

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Research Interests

My research interests include developmental origins of type 2 diabetes, specifically fetal programming of the pancreatic beta-cells.



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Research Interests

My research has focused on identifying the intracellular signaling mechanisms underlying the renal tubular cell response to obstructive nephropathy. My ongoing research focuses on elucidating the roles of receptor- and non-receptor tyrosine kinases, integrins, phospholipase A2 (PLA2), arachidonic acid, and heterotrimeric G proteins in mediating mechanical stretch-induced cytokine and chemokine gene and protein expression in renal proximal tubular cells, particularly relating to unraveling the linkage to these regulatory proteins and signal transduction pathways in mediating the effects of mechanical stretch on renal cell death, proliferation, and inflammation. Cyclic mechanical stretch represents a unique model to mimic transient increase in intrarenal pressure resulting in tubular mechanical stretch accompanying obstructive nephropathy and a mechanism to stimulate cytokine/chemokine gene and protein expression. This work may provide novel data in the pathophysiology of obstructive nephropathy.



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Research Interests

My research interest is in physical activity in the prevention of pediatric obesity. In particular, my interest is in the utilization of community family-based physical activity interventions to reduce early onset cardiovascular disease risk factors in ethnic-minority children. My research agenda also includes examining: (1) the interrelationship between physical activity and nutrition in preschool-age children; and (2) environmental and media influence on various health behaviors in ethnic-minority populations.

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Research Interests

My overall research interest is driven by infectious disease conditions that are overrepresented in minorities. Specifically, I am interested in HIV improved testing and using technology to improve care. I am building an HIV care cohort in a new HIV clinic in El Paso. I am also interested in HCV in minorities, including education, testing, and treatment that help to improve the differential outcomes for minorities with HCV. I hope to use my activity within the informatics space to tie my clinical research interests together.



Erica Renee Alvarez, M.D. candidate

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Research Interests

I am interested in studying the metabolic syndrome as a risk factor for the development and the progression of chronic kidney disease in Hispanics.



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Research Interests

My research interests include the effects of exercise/physical activity on different clinical and physiological aspects of chronic kidney disease; specifically, the role of exercise/physical activity on disease progression, blood pressure control, glucose control, functional capacity, protein excretion, number of hospitalizations, complications, co-morbidities (cardiovascular disease), and quality of life in this population. I am investigating physical activity levels and patterns, as well as determinants of physical activity behavior, in CKD patients in Puerto Rico.



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Research Interests

My research focuses on the cell biology of intestinal diseases and the role of transporter trafficking in disease pathogenesis. Specifically, our NIH-funded laboratory has focused on studies that investigate mechanisms that regulate apical endocytosis and exocytosis of the Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) chloride channel in the intestine. CFTR is the major exit pathway for chloride and bicarbonate (anions) secretion in epithelial cells of the intestine and therefore is critical for intestinal fluid secretion. In the genetic disease Cystic Fibrosis, mutations lead to defective intracellular traffic of CFTR to the plasma membrane of intestinal cells, resulting in lack of fluid secretion in the intestinal lumen and constipation. On the other hand, diarrhea results when the number of CFTR channels on the apical surface of intestinal cells is increased by exocytosis or defective endocytosis. Our group was the first to demonstrate that intestinal fluid secretion is regulated by agonist (cAMP/PKA and cGMP/PKG)-stimulated traffic and insertion of CFTR channels from subapical endosomes to the plasma membrane and by defects in apical clathrin-mediated endocytosis. Since then, we have worked to characterize the physiologic regulators of apical endocytosis, recycling, and exocytosis of CFTR in the intestine, with the goal of identifying targets for the pathogenesis and treatment of diarrheal diseases and drug targets for activating CFTR in the treatment of constipation. Most recently, we have been examining the role of myosin motors and adaptor proteins in CFTR traffic.

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Research Interests

My research interests include skeletal muscle function and metabolism, integrated biochemical and physiological approaches to the study of prototypical and atypical skeletal muscles and the process of how they are altered by age, neuromuscular disorders, and the study of preferentially targeted or spared motor groups to determine protective strategies.



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Research Interests

My research interests include ethnic differences in type 2 diabetes and its complications, cardiovascular disease, visceral fat accumulation, adipocytokines, osteoporosis, and nonalcoholic fatty liver disease among postmenopausal Filipino, African American, and Caucasian women. Other interests include metabolic abnormalities among HIV-infected children, and behavioral interventions, including restorative yoga, active stretch, and Zumba Fitness to reduce components of the metabolic syndrome in sedentary adults.



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Research Interests

Fibrosis is a leading cause of organ failure and inflammation worldwide. Understanding the mechanisms that lead to or prevent fibrosis will allow easier and more practical therapies to ameliorate this Multi-System Pathology (MSP). Our results indicate that 1,25D, the biologically active form of vitamin D, also known as calcitriol, induces the promotion of an anti-inflammatory/anti-fibrotic phenotype in mesenchymal multipotent cells, suggesting that supplementation with vitamin D could be a valid anti-inflammatory/fibrosis strategy in therapeutic treatment of chronic diseases such as renal or cardiac fibrosis. Our goal is to develop a therapeutic approach more easily translatable to the clinic, identifying factors or genes such as myostatin and vitamin D that can be responsible for promoting or inhibiting fibrosis. I am also interested in the process of cell differentiation mediated by vitamin D.

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Research Interests

I am a structural biologist with diverse interests. My current focus is structure-based drug design and the use of crystallography, biochemistry, and other methods to understand and develop new treatments in diverse systems, including hookworm infection, enteric parasites, and gut bacterial infections. I am also interested in diseases of poverty that affect predominantly minority populations.



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Research Interests

My research interests include the study of the polycystic ovary syndrome (PCOS); insulin action in adipocytes; the role of the adrenal in hyperandrogenic disorders; the nonclassic adrenal hyperplasias (NCAH); the genetics of hyperandrogenic disorders, including PCOS and NCAH; the treatment of hirsutism; and the regulation and physiology of adrenal androgens.



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Research Interests

In 2011, I became the Director of the Mayo Clinic Center for Translational Science Activities Office for Community Engaged Research and Assistant Professor of Epidemiology. My focus is community-engaged research in order to reduce health disparities and increase health equity in minority and disadvantaged populations. I am interested in studying the approaches that are used by researchers and communities to reduce disease burden. My research has focused on several areas, including but not limited to HIV/AIDS, breast cancer, tobacco cessation, and health services research. My research on perceptions and practices of primary care providers concerning tobacco cessation and minorities was published in the 2011 July issue of the *Journal of the National Medical Association*. I would like to continue in this manner by submitting and publishing work that will help to eliminate health disparities. My long-term career objective is to become a collaborative researcher who specializes in community-engaged research among diverse populations. It is also my desire to gain the necessary tools to expand on my knowledge and skills in developing, testing, and implementing health promotion interventions that are culturally sensitive and tailored for minorities and disadvantaged individuals. More importantly, I would like to work with mentors who will help me to: (1) expand my knowledge in qualitative research design as it applies to using social marketing principles to tailor interventions for unique settings and population segments; (2) expand my ability to conduct data analysis using multilevel sampling; and (3) apply for future independent research funding for a multilevel mixed method study of patients, health care providers, and built environments that influence culturally sensitive health care.



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Research Interests

I am a nephrologist with advanced training and expertise in extracorporeal therapies, the use of highly specialized techniques for blood purification. My clinical responsibilities include providing care for patients focusing on prevention and treatment of chronic kidney disease and using specialized blood purification techniques like therapeutic apheresis to treat renal, neurological, and hematological disorders. My areas of interest in clinical research have included examination of outcomes (morbidity and mortality) in older dialysis patients (“geriatric nephrology”) with clinical depression, especially, and I am currently involved in trials looking at novel blood purification techniques that are promising for acutely ill patients who have kidney and liver failure.



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Research Interests

My research interests include the effects of fluid mechanical forces on cell adhesion and tissue growth and development, cellular and tissue engineering, and bioengineering aspects of the vasculature. *In vitro* flow systems and models have been developed and employed to better understand the pathophysiology of disease states such as sickle cell disease, with an eye toward novel therapeutic approaches.

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Research Interests

My main area of research interest is in the field of Hepatology. I am currently working on two projects, one retrospective and one prospective, dealing with non-alcoholic fatty liver disease (NAFLD) and its relation to obstructive sleep apnea. I plan to continue to focus on NAFLD and will be going on to a Liver Transplant Fellowship after my current fellowship is done. In the past, I have also done research in the treatment of hepatitis C in previous non-responders. I also have a strong interest in academics and education. My current quality improvement research project involves developing techniques to educate gastroenterologists on how to appropriately estimate polyp size during endoscopic procedures.

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Research Interests

My research interests are in bleeding disorders (hemophilia), specifically, treatment decision making of parents. A quantitative study of my dissertation has led to a qualitative study of parents' perceptions of the barriers to shared decision making, which is currently in progress. I have an interest in incorporating findings from the research to develop education for patients, families, and health care providers in an innovative way—the use of high-fidelity human patient simulators, virtual environments, and augmented reality. Collaborations from resources at Wright State University include the Ohio Human Centered Innovation and the Nursing Institute of West Central Ohio. Other collaborations include Wright Patterson Air Force Base (Tech Edge Discovery Lab).



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Research Interests

My major research interests are in elucidating the mechanism(s) involved in salt-induced hypertension and in the role of eicosanoids in health. I am particularly interested now in understanding the vasculopathic effects of one of the major culprits associated with the renin-angiotensin-aldosterone system (RAAS), aldosterone, which is significantly elevated following high salt administration in Dahl rats. Other research interests of my laboratory pertain to better understanding the role of the glucocorticoids on vascular structure and function in the progression of metabolic syndrome in Zucker obese rats. Hypercholesterolemia and hypertension may precipitate one another, resulting in significant vascular remodeling and end-organ damage.



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Research Interests

My research interests and activities include: (1) using brain functional magnetic resonance imaging (fMRI) to define the neural correlates of obesity in American Indians; (2) using a rodent model to study the neurobiology of reward-based appetitive behavior; (3) investigating satiety and changes in incretin hormones within the context of differing macronutrient paradigms in pre- and postgastric bypass surgery patients, longitudinally; (4) using community-based participatory research methods to examine the effects of improved food availability on incident rates of diabetes and obesity in American Indians; and (5) using holistic methods such as traditional Indian medicine, cross-cultural healing methods, and storytelling to improve health disparities in American Indians. My fMRI work is funded by the NIH/NIDDK K23.

Ruby Benjamin-Garner, Ph.D., M.P.H.

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Research Interests

In general, I am interested in determining factors associated with health disparities and development of interventions to reduce racial/ethnic and socioeconomic disparities in health and disease outcomes. I am interested in health care quality improvement (QI) as a means of improving health outcomes in minority and low-income populations and the impact of QI on health disparities. Primarily, I am interested in chronic diseases, such as cardiovascular diseases, diabetes, obesity, and chronic kidney disease, to name a few.



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Research Interests

My research includes patient-oriented investigations of mechanisms by which diabetes in pregnancy may promote subsequent maternal cardiovascular disease risk. My research efforts are funded by the NIH/NIDDK, the Robert Wood Johnson Foundation Harold Amos Medical Faculty Development Program Award, and the Massachusetts General Hospital Multicultural Affairs Office and Executive Committee on Research Physician Scientist Development Award.



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Research Interests

My specific research interests are in the field of molecular aspects of signal recognition particle (SRP), an important cytosolic ribonucleoprotein complex that directs secretory proteins to and across biological membranes in all organisms. My research has the goal of identifying the signal peptide interactions that involve the signal peptide in interactions with SRP54 and SRP RNA, using *Archaeoglobus fulgidus* as a model system. As an Investigator of the NASA International Space Station (ISS) University Research (UR-1) grant, I am working on the development of biological compounds designed for cancer inhibition and development. In long-term space flights, crew members are exposed to deep-space radiation, microgravity, and infectious agents from other crew members and microbial contamination—all of which have a significant impact on the body's immune system and may contribute to the development of autoimmune diseases or allergic reactions. Syntheses of benzofuran-2-carboxylic acid derivatives are important in the development of many biologically active molecules for potential use in the treatment of cancer as well as central nervous system disorders. This research includes the study of the effects of radiation and microgravity, as they are the most significant impediments to human long-term exploration missions.



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Research Interests

My research interests include obesity and depression in African-American women. I am investigating the use of faith-based institutions to prevent and reduce the health risks associated with obesity. By providing culturally relevant health education programs in the community of the church, African Americans are empowered to change health behaviors and ultimately to reduce health disparities.

Maha Bektour, M.D., M.P.H.

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Research Interests

In the United States, disparities in health care delivery and access are apparent between different racial and ethnic groups. Minorities, including African Americans, often suffer unreasonably from chronic diseases compared to Caucasians. The relative contributions of genetic and environmental factors to this susceptibility are not yet well understood. In the field of organ transplant such as kidney and liver, access to transplantation, both from deceased and living donors, is also restricted in many minority populations, and graft survival is often inferior. Disparities have been identified as a problem, and this could be due to barriers in early screening and treatment choices. Analysis of the explanations is complex because of the many confounding factors such as cultural, social, and economic. I am very interested in addressing these barriers to increase cultural awareness by physicians; steps then can be made to reduce health care disparities.

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Research Interests

I am interested in researching the effects of vitamin D deficiency on multiple sclerosis (MS) patients. MS is a severe demyelinating disease of the central nervous system, affecting young adults by producing a progressive neurological dysfunction. A high number of MS patients have vitamin D deficiency/insufficiency.

Juan Bournat, Ph.D.

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Research Interests

My goal is to study the potential molecular mechanisms underlying the effects of TGF-beta family proteins in adipogenesis using adipocyte cell lines and transgenic mouse models. Ultimately, these models will help us to better understand the role of these proteins in energy expenditure and metabolic diseases, including obesity.



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Research Interests

Our laboratory is working to understand the mechanisms by which genes regulate body composition, using cell-based approaches, genetically engineered mouse models, and microarray technologies to dissect the complex interrelationships among gene products and their effects on adiposity and metabolism. Several of these gene products are members of the TGF-beta superfamily, which has been our main focus. Our team's ultimate goal is to understand the variety of mechanisms by which genes affect adiposity in humans, thereby providing the basis for the rational design of drugs for the medical treatment of obesity and its co-morbidities. Accordingly, my clinical interests include genetic syndromes with obesity as a feature, and the contributions of genomic copy number variation and monogenic variants to non-syndromic obesity.



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Research Interests

My research focuses on sex differences in diet-induced obesity, especially the role of ovarian hormones and in central and peripheral inflammation through the life cycle. My long-term research goal is to understand the mechanisms involved in the anti-inflammatory effects of ovarian hormones and their neuroprotective actions. An emerging area of interest is to study multigenerational impacts of obesity. Specifically, if maternal high-fat diet during development alters brain circuits in the pups to favor obesity.



Natasha A. Brown, Ph.D., M.P.H.

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Research Interests

My work utilizes health behavior and family science theories to investigate sociocultural and familial influences on obesity development and risk of obesity-related chronic diseases, particularly among children of color. More specifically, my research aims to improve understanding of the intersection of ethnic identity, culture, and extended family environments and how it influences children's development of dietary and physical activity behaviors, with the goal of developing family-based childhood obesity interventions.

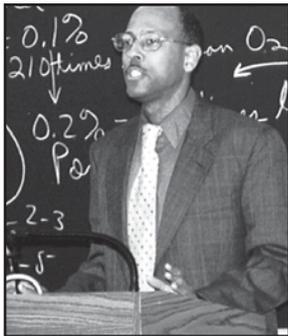


Terry A. Brown-Bryan, Ph.D.

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Research Interests

The prevalence of diabetic nephropathy (DN) is of much concern to health care systems worldwide. Extensive research has been done to understand the pathogenesis of this disease. Studies have characterized several factors that may mediate structural alterations during the progression of DN, such as renal tubular hypertrophy and subsequent tubulointerstitial fibrosis (TIF). However, ongoing research is necessary to identify novel genes that may be critical modulators of tubular hypertrophy, TIF, and progressive DN. My long-term research interest is to establish the regulatory mechanisms of tubular hypertrophy and TIF in the progression of DN and to develop innovative therapies and effective interventions for reversing and preventing the progression to DN.



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Research Interests

My research interests include: (1) global regulation of *Vibrio vulnificus* pertaining to pathogenesis; (2) analysis of health disparities between diabetic Hispanics and Caucasians in effects of MRSA colonization on amputation rates; (3) efficiency of Mexican herbal remedies on treatment of anti-bacterial infections; and (4) DNA repair in enteric bacteria and the evolution of general repair mechanisms throughout bacterial families.



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Research Interests

My research interests include studies of human liver cancer, specifically addressing the elucidation of molecular mechanisms involved in hepatocarcinogenesis, including metastasis. These avenues are explored through global molecular and genetic profiling as well as functional experimentation with an emphasis on clinical translation.



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Research Interests

My research is focused on defining the physiology of the mineral metabolism hormone, FGF23; defining the relationship between vitamin D deficiency and insulin resistance; and studying novel therapies for osteoporosis.

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Research Interests

Although short-term graft and patient survival after liver transplantation have markedly improved over the last two decades, an unacceptable rate of graft loss due to uncharacterized immune-mediated complications persists. Durable graft survival remains an elusive goal for many patients, particularly patients of African and Latino descent. A review of the United Network for Organ Sharing statistics demonstrates that African American and Latino recipients fare 5-10 percent worse in 1- and 3-year graft and patient survival after liver transplantation than their Caucasian and Asian counterparts. The negative impact of this problem has eroded the recent overall short-term gains and contributes to the persistent problem of relisted candidates and failed retransplants. Unfortunately, these recipients are generally only identified after failing standard immunosuppressive therapy; their course is often that of unanticipated and/or difficult-to-treat rejection with histologic changes on biopsy suggestive of immune-based injury, often classified using the wastebasket term "chronic rejection." The immunobiology of chronic rejection is poorly understood but likely related to suboptimal response to standard immunoprophylaxis and/or immune hyperactivity. Population-based pharmacogenomic analyses described in genetic studies of other disease processes, coupled with relevant immunogenetic findings in high-risk recipients of other organs such as kidney transplants, suggest that immunogenetic and pharmacogenomic analyses of liver transplant recipients may assist in stratifying patients' risk of graft loss. Polymorphisms of genes encoding drug metabolizing enzymes such as cytochrome p450 as well as those encoding critical downstream mediators of the alloimmune response, including lymphocyte calcineurin, IL-2 receptor and cytotoxic T lymphocyte antigen-4 expression, may impact patient response to conventional immunosuppressant therapy and therefore immunosuppressant efficacy. This line of investigation has not been extensively pursued in the liver transplant population and may reveal a scientific basis for differential outcomes in survival after liver transplantation.



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Research Interests

My current research investigates the influence of pregnancy and lactation on growth and gene expression patterns of the maternal liver. I am interested in examining the molecular mechanism(s) by which maternal liver size is regulated during pregnancy. These studies are very interesting because an increase in the size of the maternal liver may be very important for fetal development and/or maternal health and, therefore, it is possible that conditions that impede liver growth, such as alcohol consumption or steatosis, could indirectly affect development of the fetus and/or the health of the mother.

José Luis Calderoñ, M.D.

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Research Interests

My research expertise is grounded in health services research that addresses how best to enhance health literacy to improve access to and utilization of health care, and self-efficacy to improve outcomes from secondary and tertiary disease prevention, with a focus on breast cancer prevention and diabetes management among vulnerable populations, including the elderly. Using an ethnomedical science framework (cross-cultural research) and mixed methods (survey and qualitative), I have pioneered and published two methods that may enhance health communication among vulnerable populations with limited literacy skills, and a new qualitative method, Focused Discussion Groups, that has been shown to be effective as an educational intervention.

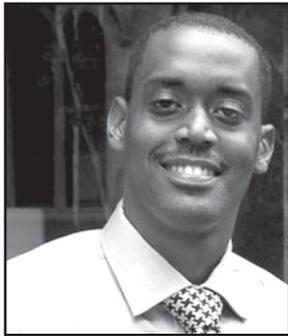


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Research Interests

My laboratory studies the mechanisms of disease in the hyperornithinemia-hyperammonemia-homocitrullinuria (HHH) syndrome, a disorder of the urea cycle (UC) and ornithine degradation pathway, caused by mutations in the mitochondrial ornithine transporter, ORNT1, which also serves to transport lysine and arginine across the inner mitochondrial membrane. The clinical presentation of HHH syndrome is generally milder, later-onset, and more variable when compared to other UC disorders such as ornithine transcarbamylase deficiency, which presents as neonatal hyperammonemia. We believe this clinical presentation may, in part, be related to the existence of gene redundancy at the level of the mitochondrial carrier proteins (ORNT2 and ORNT3). Symptoms are associated with CNS (i.e., spastic ataxia, stroke-like episodes, developmental delay) and hepatic dysfunction. Despite early detection and adequate metabolic control, patients with HHH syndrome may continue to worsen neurologically. Given ORNT1's crucial role in the UC, ornithine degradation pathway, and the metabolism of lysine and arginine, our overall hypothesis is that tissue-specific abnormalities due to ORNT1 ablation contribute to the mechanism of disease in this metabolic disorder independent of hyperammonemia and that redundant transporters may serve to modify the HHH phenotype. To study the mechanisms of disease in HHH syndrome, we utilize a combined experimental approach that includes the use of fibroblasts and lymphoblastoid cells from HHH patients and a transgenic mouse model. Because current treatment focuses solely on the prevention of hyperammonemia, one of our long-term objectives is to design more effective nutritional and pharmacological therapies to treat HHH patients. To achieve this goal, we are currently investigating mitochondrial dysfunction as a putative disease mechanism in patients with HHH syndrome using an *Ornt1* KO mouse model. Surprisingly, the *Ornt1* KO mouse shares many of the clinical findings of HHH patients such as variable and late onset presentation, progressive neurological deterioration, residual ornithine transport, mild hyperammonemia, fatty liver, and a clinical biochemical profile suggestive of mitochondrial disease. Overall, preliminary studies suggest that the *Ornt1* KO mouse is a useful model to study the fundamental role that ORNT1 and other mitochondrial amino acid carrier proteins play in mitochondrial physiology and mitochondrial protein synthesis. Moreover, the content or activity of these redundant mitochondrial amino acid carrier proteins could be manipulated to the physiological advantage of patients with HHH syndrome or other forms of mitochondrial disease.



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Research Interests

My current area of focus centers on the functional characterization of the glomerular slit diaphragm protein dendrin. We have demonstrated that dendrin relocates from the slit diaphragm to the podocyte nucleus in response to pro-apoptotic TGF- β as well as in a mouse model of anti-glomerular basement membrane glomerulonephritis. Our current work seeks to elucidate the mechanism of the nuclear import of dendrin as well as identify the nuclear targets that enhance the pro-apoptotic response. Given the correlation between a reduction in podocyte number (podocytopenia) and the progression of chronic kidney disease, we hope to identify specific molecular targets to tackle disorders that result in a compromise of slit diaphragm integrity and proteinuria.



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Research Interests

My research interests include factors that relate to solid organ dysfunction and transplantation science. Most of my work has been centered at the clinical level. Replacing dysfunctional organs in people requires careful selection of candidates and careful application of multidisciplinary medical knowledge. This maximizes the function of the organ and the quality of life of the individual. Clinical trials and research are indispensable to consistently perfect what can be done for each individual patient and to do this in a safe and cost-effective way. Over the last decade, clinical transplant science has excelled at understanding how to achieve good short- and intermediate-term results. However, we now are trying to decipher what is necessary to attain better long-term outcomes.

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Research Interests

My research centers broadly on addressing health disparities in cardiovascular disease risk factors. I have a particular interest in identifying determinants of hypertension and diabetes and understanding how these factors contribute to the development of cardiovascular and renal complications in minority populations. I have experience with several large observational cohort studies and have published on a range of social, clinical, and lifestyle factors related to the occurrence of hypertension and diabetes and their vascular complications.



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Research Interests

The focus of my laboratory is lysophosphatidic acid (LPA) as a mediator in oral wound healing and inflammation. LPA is a potent, simple phospholipid mediator made by many cell types. LPA is a pleiotropic molecule with hormone and growth factor-like properties. It binds to and activates its cognate G protein-coupled receptors (LPA1-6), each of which can signal through Gi, G12/13, and Gq and/or couple to the elevation of cAMP. Using an *in vitro* oral wound healing model, we have provided the first evidence that LPA controls the regenerative responses of human gingival and periodontal ligament fibroblasts. The present focus of our research is to understand the biochemical and molecular regulation of the LPA receptors on these cells, and to define the contribution played by each receptor subtype in controlling these “healing” responses, with emphasis on how these are altered under “diabetic” high-glucose conditions. We employ a combination of cellular, biochemical, and molecular approaches to investigate these changes. Other interests: adrenergic, purinergic, and serotonergic receptor pharmacology, adipokines.



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Research Interests

My area of expertise includes hormonal modulation of pain transmission and non-genomic effects of sex steroids. The aim of my research program is to elucidate the nociceptive pathways modulated by steroid hormones in nervous tissue. Although a central site of this modulation is widely accepted, we study how sex steroids modulate the response to pro- and anti-nociceptive signals, depending upon the nature of the signals interacting at the level of sensory neurons. I also serve as Executive Editor of the *Journal of Autacoids* and Editor for the *International Journal of Research in Nursing*.



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Research Interests

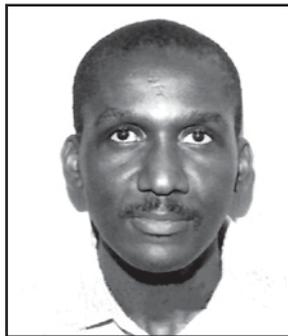
My research interests include the clinical and epidemiological study of insulin resistance and cardiovascular disease risk factors among adult Native Hawaiians and Hawaii's other multiethnic populations. Our current work involves a patient-centric web-based diabetes program to improve glycemic control and reduce diabetes complications.

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Research Interests

My research interests broadly address fundamental issues in acute and chronic kidney disease, using techniques of clinical epidemiology, health services research, decision sciences, and clinical trials. Active NIH-sponsored research projects on which I serve either as Principal Investigator or a member of the Executive or Steering Committee include the Frequent Hemodialysis Network (FHN) study, the United States Renal Data System (USRDS) Special Studies Center in Nutrition, the Chronic Renal Insufficiency Cohort (CRIC) study, and the Systolic Pressure Intervention Trial (SPRINT) and SPRINT MIND.



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Research Interests

My research interests are in clinical nutrition and nutritional epidemiology. My focus is currently on understanding the role of nutrition and immune status of infants with intestinal failure and their response to bacterial translocation and catheter-related blood stream infections, specifically the potential use of specific nutritional agents to modify the bacterial population in the intestines and improve the immune response of these infants. I am also involved in evaluating how to improve the micronutrient status of preschool children, especially zinc and iron, and prevent the long-term effect of deficiencies that occur during this crucial period.



Leonor Corsino, M.D., M.H.S., F.A.C.E.

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Research Interests

My goal is to become an independent clinical investigator with a focus on the prevention and management of chronic disease, particularly diabetes and diabetes complications. In addition, I have a strong interest in Latino health and health disparities. During the last couple of years, my work focused on studies looking at behavior lifestyle interventions aiming to reduce the burden of chronic diseases.

Elizabeth Coss, M.D.

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Research Interests

During my residency, I had the opportunity to explore clinical research in liver transplantation. Specifically, I participated in a prospective cohort study in which we conducted a chart review looking for the association of troponin and cardiovascular and mortality outcomes in liver transplant recipients. Over the last year, my research interests have changed. As a minority, I have developed an interest in how certain gastroenterologic diseases are manifested in our patient population. I hope to explore this further once I begin my fellowship.



Deidra C. Crews, M.D., Sc.M., F.A.S.N.

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Research Interests

My research interests include chronic kidney disease epidemiology, patient and provider education, and racial disparities in chronic kidney disease. I am particularly interested in the mechanisms through which socioeconomic, lifestyle, and behavioral factors might contribute to racial disparities in chronic kidney disease.



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Research Interests

My research focuses on how mechanical culture conditions affect renal cell gene expression, NF- κ B and vitamin D receptor expression, and the production of vitamin D and urokinase.

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Research Interests

My research interest is in the area of immune responses to foods. My interest is in the IgE and cellular mechanisms, which are involved in clinical conditions typically described as IgE and non-IgE mediated food hypersensitivities. These include food allergy, eosinophilic esophagitis (EE), and food protein-induced enteropathies. Because I have an interest in discovering the cellular and biochemical mechanisms of eosinophilic inflammation in the gut mucosa, the specific role of food allergens as a trigger for this inflammation is a specific interest of mine. I have a clinic in which I see patients for the determination of the role of food allergies in EE, where allergy testing is performed routinely in collaboration with Dr. Anthony Olive, a gastroenterologist at Texas Children's Hospital. I am exploring the role of testing for delayed-type hypersensitivity by patch testing for allergenic foods with the purpose of improving the clinical management of non-IgE mediated disorders. I have been exploring T regulatory involvement in the pathogenesis of EE as well. I also am involved in a project entitled, "Eosinophilic Proteome Analysis in Eosinophilic Esophagitis." This study will help elucidate the effect of the peripheral blood eosinophil protein expression on mucosal inflammation in children and adolescents with EE. I am also involved in a study to identify novel diagnostic methods for EE entitled, "Identification and Validation of Salivary Immunoepitopes as Non-invasive Biomarkers for Pediatric Eosinophilic Esophagitis."



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Research Interests

My research interests include the role of insulin-like growth factors in breast cancer. The main interest of our laboratory is to evaluate the role of IGF-II in breast cancer development and the progression of metastasis. We have demonstrated that expression of IGF-II stimulates cancer growth and enhances the secretion of cathepsin D, an enzyme associated with poor prognosis in breast cancer patients. Of great interest is our recent observation that IGF-II is also important in the establishment of breast tumors. Breast cancer tumors can be developed in SCID and NUDE mice without the requirement of estrogen when the tumors secrete pro IGF-II. We are currently identifying the mechanism involved with this effect.

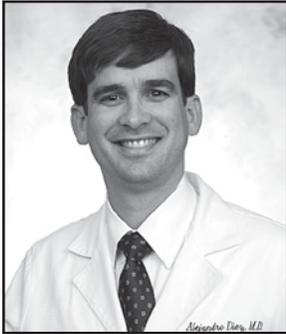


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Research Interests

My research interests are in the areas of patient safety in chronic kidney disease (CKD) and health information technology (IT) as a means to educate patients and raise self-awareness. Awareness of CKD is remarkably low among both at-risk patients and providers, and using novel health IT tools may be a means to eliminate information barriers and mitigate the disparate outcomes noted in minorities with CKD. My colleagues and I have developed a medication inquiry system on several IT platforms, which provides guidance on the safety of medication usage in patients with CKD, as a means to improve patient education regarding potential medication errors in CKD.



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Research Interests

My main area of interest is kidney transplantation. My current research focuses on recipient clinical outcomes following living kidney donation and transplantation of difficult-to-match recipients requiring kidney transplantation.



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Research Interests

Peripheral arterial disease (PAD) of the lower extremities is the result of arteriosclerotic blockage of blood vessels and its severity varies even among people with similar occlusions, suggesting a possible role for genetics in its severity. Individuals with diabetes are more likely to develop PAD and when people have PAD and diabetes, the disease is more severe, resulting in higher risk of amputation and death. Therefore, studies in our laboratory currently seek to understand how diabetes interacts with genetics and contributes to the poor outcomes seen in individuals with PAD.

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Research Interests

I am a general internist and health services researcher interested in promoting physical activity and medication adherence among older minority adults, including those with diabetes. I hope to ultimately develop and implement interventions that improve outcomes among these patients. I have conducted and published several studies showing that clinical care strategies such as diabetes registries are not linked to reductions in black-white disparities in diabetes outcomes, while patient-level factors such as depression and medication adherence play a larger role. I am also interested in faith-based approaches to initiate and maintain physical activity among African-American women with diabetes and those at risk for developing the disease.

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Research Interests

My research interests are in health disparities using the sickle cell model at several levels of analysis, including cells, proteomics, genomics, community, and individuals. I was one of the early graduate students at Wayne State University Comprehensive Sickle Cell Center in Detroit, Michigan. Our work at the center benchmarked abnormal membrane protein phosphorylation in sickle cell disease. The test of time continues to highlight the importance of protein kinases as clever molecular control devices that drive many processes in health and disease states. Our earlier work focused on changes in red cell membrane structure (trans-membrane signaling) in sickle cells as predictor variables for adhesion and/or red cell fragmentation. In 2009, we published studies on how fetal hemoglobin may be regulated through the effect of transcription factors, including Stat3 and GATA-1, with clues about the role of specific kinases. My current research interests are focused on hemoglobin A1c as a diagnostic marker for diabetes and prediabetes in emergency department patients. Beyond the diagnostic utility of A1c, I am interested in the identification of predictor variables of A1c. What factors determine A1c disparities among ethnic groups, gender, age, etc.? Since there are hundreds of thousands of human proteins, what are the effects of glycation on these proteins? What will be the effect of glycation on kinases, receptors, antibodies, and structural proteins, etc.? These ideas should drive basic research initiatives far into the future. Our current plan will establish the relationship between A1c and clinically meaningful patient outcome variables such as morbidity and mortality.



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Research Interests

My research interests are in elucidating better biomarkers for assessing renal injury due to salt-induced hypertension. I am also interested in the role of dietary supplements in reducing the development of chronic kidney disease in Dahl rats. My other research interest lies in understanding the causative mechanisms responsible for increased blood pressure in women following menopause.

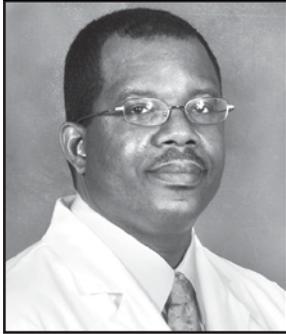


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Research Interests

As the human body continues to expand and fuel the epidemic of type 2 diabetes, novel approaches to the treatment of metabolic diseases will be needed. My research interest involves the development of imidazoline compounds as therapeutic agents to treat metabolic diseases such as type 2 diabetes. Some of these compounds are currently in clinical use as antihypertensive agents, and I am exploring the possibility of developing imidazoline compounds as single agent therapy for diabetics with hypertension. I am also studying the cross-talk between insulin and imidazoline receptor signaling pathways.



Michael A. Edwards, M.D., F.A.C.S.

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Research Interests

My current research interests focus on primary aldosteronism. The current focus includes: (1) identifying a candidate gene for aldosterone producing adenoma (APA); (2) defining the possible molecular role of type-4 serotonin receptor in APA; (3) evaluating outcomes (hypertension resolution in particular) in APA patients following surgical versus medical treatment; (4) developing novel noninvasive diagnostic tools for lateralizing APA; and (5) identifying more sensitive and specific steroid biomarkers for primary aldosteronism.



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Research Interests

I have participated in and led research projects designed to understand racial/ethnic variations in health care. My expertise is in the interplay among psychosocial factors, race/ethnicity, and health outcomes for chronic diseases, and development and testing of interventions to improve health behaviors in ethnic minorities with chronic medical and mental conditions. I have published extensively in this area of research in a variety of peer-reviewed journals. I am a member of NIH scientific review study sections, regularly serve as an *ad hoc* reviewer for National Institute of Mental Health special emphasis panels in the areas of mental health service delivery and ethnic disparities, and serve on VA health services research study sections. I currently serve as a Deputy Editor for the *Journal of General Internal Medicine* and am on the editorial board of *Current Diabetes Reviews*. I am a member of the National Advisory Council of the Robert Wood Johnson Physician Faculty Scholars Program.



Robert Ferry, Jr., M.D.

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Research Interests

My research is focused on diabetes mellitus and its complications, the endocrine sequelae of childhood cancer, and growth disorders in children.



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Research Interests

My research interest is in the area of energy metabolism. In particular, I am interested in studying animal models that can help us understand obesity, diabetes, and food intake. I study mammals that hibernate because they undergo dramatic body mass cycles that are primarily based on fat storage and utilization. In addition, I work on hormone cell signaling in fat and muscle cells because this is an important part of how nutrients are used.



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Research Interests

The long-term goal is to identify and understand how adipose tissue contributes to the development, progression, and perhaps resistance to metabolic disease. Previous research focused on the role of visceral adipose tissue and its relation to insulin resistance. More specifically, we investigated the contribution of visceral derived free fatty acid delivery in metabolic dysregulation via alterations in adipocyte expansion and fatty acid retention in the visceral bed. These studies focused on visceral fat-liver interactions and utilized surgical interventions (transplantation or removal of adipose tissue) and molecular techniques. The next step in the development of this research objective is to examine how extrinsic communication and concomitant adipocyte function of the visceral adipose depot are altered following energy storage perturbations. Extrinsic factors, such as neural regulation and the lymphatic system, can influence adipocytes and thus contribute to the behavior of adipose tissue depots. We postulate that these extrinsic factors not only play an important role in central/visceral obesity-mediated metabolic impairments but also in establishing the intrinsic characteristics of adipocytes in central adipose tissue depots. This research will provide new insight into how visceral adipose tissue contributes to obesity-mediated dysregulation.

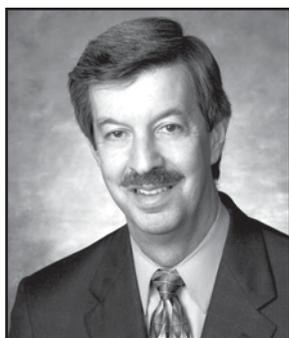


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Research Interests

My area of interest is in the epidemiology of non-alcoholic fatty liver disease (NAFLD), specifically in the African-American population that has significantly lower rates of NAFLD compared to other ethnic groups but still has prevalence rates quoted as high as 24 percent. My objective is to identify clinical predictors of NAFLD that physicians can use to determine which African Americans are at risk for NAFLD development and the sequelae of increased mortality from cardiovascular disease and liver-related deaths so that early interventions can be made.



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Research Interests

My research interests include excitation-contraction coupling in cardiac muscle and the effects of pharmacological interventions on the electrophysiology of isolated atrial muscle and the movement of calcium within the tissue. However, I have not been involved in research for many years, instead focusing my efforts toward association management and science policy.

Lucy Cardenas Freytag, Ph.D.

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Research Interests

The main focus of my research is on vaccine development, particularly on the development of adjuvants that can safely enhance immunity to acute or chronic infectious diseases. For several years, we have investigated the innate and acquired immune responses induced by vaccination with novel adjuvant delivered in combination with antigens derived from bacterial viral and fungal parasites. The main thrust of my research is to develop and evaluate needle-free vaccines that can be delivered directly on mucosal surfaces or via transdermal patches. A few years ago, I had collaborations with faculty members in the Tulane Department of Urology, and we worked on several projects related to the development of vaccines against urinary tract infections, and also on cryptic bacterial infections as a cause of interstitial cystitis. I am keenly interested in rekindling this line of research in my laboratory.

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Research Interests

My research interests include diabetic cardiomyopathy and the effects of enzymatic protein glycosylation (O-GlcNAc) in type 2 diabetic mouse hearts and their influence on cardiac function. Also, I conduct studies related to the expression of O-GlcNAcase (GCA), an enzyme that removes excessive O-GlcNAc modification and protection against cardiomyopathy. Furthermore, the abnormal calcium transients occurring in type 2 diabetic hearts are examined using transgenic animals.

Crystal A. Gadegbeku, M.D., F.A.H.A., F.A.C.P.

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Research Interests

My research interests include hypertension and vascular biology in kidney disease, chronic kidney disease, and health disparities in kidney disease.



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Research Interests

I am currently Assistant Professor of Medicine (Research) in the Division of Endocrinology, Diabetes, and Metabolism. In this position, I am responsible for exercise research aimed at examining the benefits of aerobic exercise on metabolic risk factors for cardiovascular disease (CVD) and type 2 diabetes in African Americans. I am interested in studying the metabolic correlates and nontraditional metabolic risk factors that lead to the development of type 2 diabetes and CVD in African-American women. I believe that understanding of the nontraditional risk factors may lead to future development of primary prevention protocols that could possibly curtail the higher rates of the disease in this population. African-American women have the lowest rates of reported leisure time physical activity. I am interested in designing culturally specific and relevant exercise programs for women and examining the benefits of exercise in the prevention of diseases in African-American women. Finally, I am interested in examining other nontraditional risk factors for CVD and type 2 diabetes, for example, the role of aspirin and/or exercise in the prevention of atherosclerosis and the functionality of high-density lipoprotein cholesterol (HDL-C) and its correlations to heart disease in African-American women. I believe understanding of the role of HDL functionality on the vasculature (structure and function) could provide (1) new insights into the mechanisms of the atheroprotective effects of aspirin in African-American women compared to white American women, and (2) the potential to develop novel and therapeutic armamentarium to improve HDL as a nontraditional approach to preventing CVD.



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Research Interests

I have been evaluating the extent and nature of NIH research efforts involving dietary supplements and botanical ingredients, with an eye toward identifying research gaps and needs. My current interests are science policy and outreach science education.



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Research Interests

Currently, my research focuses on how methylation restricts cell fate decisions during pancreatic organogenesis, and how methylation restricts beta cell self-renewal in adulthood. I hope to apply my expertise to methods of expanding beta cell mass, either *in vivo* or *ex vivo*, as a potential therapeutic for patients with diabetes.



Eddie L. Greene, M.D.

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Research Interests

My research interests include: (1) the pathophysiology of chronic kidney disease (specifically the biology of fibrosis-inducing signaling cascades in renal tubule cells and in the renal mesangium); (2) the evaluation and management of cardiovascular comorbidities in patients with chronic kidney disease; and (3) the pathophysiology of renal malignancies.



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Research Interests

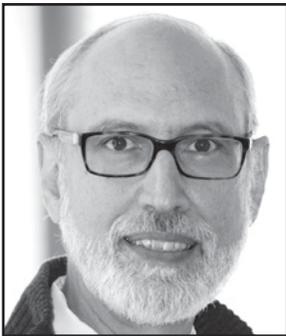
My research focuses on identifying and addressing modifiable factors to improve the health of patients with chronic kidney disease and to narrow ethnic/racial disparities in clinical outcomes. I am specifically interested in improving the care that primary care providers deliver to patients with chronic kidney disease and improving awareness and knowledge of chronic kidney disease among ethnic/racial minorities.

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Research Interests

My clinical and translational research focuses on the effects of glucocorticoid hormones and PPAR-gamma agonists on the development of cardiac and hepatic steatosis. I am also very interested in the effects of antioxidants on the progression of atherosclerosis in type 2 diabetic patients.



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Research Interests

The main focus of my laboratory is to determine the role of Ras/MAPK signaling and Ets transcription factors in epithelial cell development and tumorigenesis, with a focus on pituitary and mammary model systems.



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Research Interests

Through a resident-led Health Committee initiative, I am currently engaged in a collaborative relationship building with the University of the District of Columbia, the District of Columbia Housing Authority (DCHA), and various health-related agencies across the District of Columbia to encourage the active participation of DCHA residents in conducting research and surveillance that will contribute to reducing health disparities, especially in the area of obesity-related diseases. I will continue to explore the metabolic syndrome and will examine various approaches to reducing its negative impact on the health of minority populations. I am working to expand research opportunities among undergraduate students in the areas of nutrition and related sciences. My past research includes a Robert Wood Johnson Foundation Active Living Research-funded project titled, “The Availability of Healthy Foods, BMI, and Dietary Patterns in Urban Adolescents.” In this project, we examined the associations among adolescents’ perceived and objective availability of healthy foods, the physical environment, and BMI. I also completed a study titled, “The Relationship of Low Birth Weight and Current Obesity to Diabetes in African-American Women.” I was recently invited to become a member of the Technical Advisory Committee of the Caribbean Health Education Foundation (CHEF), where evidence-based approaches to reducing health disparities among our West Indian neighbors are the focus (<http://www.chefuscarib.org>).

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Research Interests

The title of my doctoral dissertation was, "The Relationship Between Physical Activity and Chronic Kidney Disease/Kidney Function." Using data from the National Health and Nutrition Examination Survey and the Strong Heart Study, I investigated whether physical activity can prevent the onset and/or slow the progression of chronic kidney disease (CKD). We showed that physical activity, specifically activities of light intensity, was independently associated with kidney function. We also showed that physical activity was associated with lower odds of rapid progression of kidney disease. Currently, I am part of a team that is conducting a pilot study investigating the impact of a lifestyle (diet, physical activity, and weight loss) intervention on cardiovascular risk factors in individuals with CKD. Given the complex dietary regimens of individuals with CKD, we hope to create an intervention that simplifies behavioral monitoring for this population. My future research goals are to investigate what factors mediate the relationship between physical activity and CKD progression.



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Research Interests

My main research interest is in health disparities in kidney disease among minority populations. I am focusing on environmental lead exposure as a modifiable risk factor for the progression of chronic kidney disease among Hispanics. I also participate in multicenter therapeutic clinical trials in lupus nephritis involving primarily Hispanic patients.



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Research Interests

In our society, metabolic bone disease is related to increased costs and significant morbidity and mortality. Little information is available on some factors that may be associated with metabolic bone disease and increased fracture risk, including diabetes mellitus, inflammatory bowel disease, and bariatric surgery. This is especially true for Puerto Rican and Hispanic subjects. My research interests lie in these areas, and in discovering possible preventive measures for this population.



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Research Interests

My research interests encompass three investigational areas related to the effects of physical activity training on: (1) metabolic syndrome (MetSyn) and insulin resistance (IR); (2) cognitive function; and (3) cytokines and neurotrophic factors. I am currently evaluating the effects of exercise training with or without pharmacological treatment on selected metabolic markers (lipids, glucose, cytokines, and growth factors), obesity, lifestyle behavior, and cognitive function. I am constantly designing behavioral treatments for the prevention of cardiovascular diseases targeting adults with: (1) mild cognitive impairments, (2) MetSyn, and (3) disabled individuals (i.e., chronic tetraplegia). My research interests include establishing phenotypes for inherited forms of neurodevelopmental and neurodegenerative disorders and identifying preclinical stages of Alzheimer's disease by biobehavioral, genetic, and neuroimaging markers. I have been involved in several international academic programs and scientific meetings. In December 2006, my research was featured in the most popular Argentinean newspaper, *La Nacion*, after I delivered a keynote lecture at the 6th Neuropsychological Argentinean Congress. The National Alzheimer's Association features my research on the effects of exercise on dementia on its "Maintain Your Brain™—the Science Behind the Recommendations" website.



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Research Interests

My research interests are prediabetic states and type 2 diabetes as a risk equivalent for cardiovascular disease. In addition, I am interested in the gender and racial/ethnic differences that exist when predicting the risk of type 2 diabetes and prediabetic states among African American women. I began my research career working with community and faith-based organizations focusing on diabetes self-management education and risk awareness projects. I plan to expand my research interest to investigate the associations between sleep duration/hygiene, dyslipidemia, and diabetes among African American populations.

Princess Imoukhuede, Ph.D.

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Research Interests

I aim to advance our cellular and molecular understanding of receptor regulation through systems biology. I have extensive training in bioengineering and biophysics; as such, my laboratory leads efforts to sense, model, predict, and ultimately tune angiogenesis by both mapping cellular heterogeneity and integrating these parameters through computational modeling. I have recently pioneered a novel quantitative fluorescence approach for sensitive cell isolation and mapping of angiogenic receptor surface distributions. I have applied this technology to both animal models of breast cancer and ischemic disease. I incorporate these molecular and cellular data into multi-scale computational models. Such models have recently predicted the efficacy of anti-angiogenic therapeutics and identified novel drug targets and treatment schemes. My advancement of this bimodal, experimental, and computational paradigm accelerates discovery into the signaling cues mediating vascular growth and development.

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Research Interests

Our interest in the epigenetics of metabolic syndrome stem from new methodological issues regarding the Mendelian assumptions of linkage analysis used in genome-wide scans for complex traits and the emerging area of intra-uterine fetal metabolic programming via nutritional effects on gene expression that might set the stage for the cluster of adult-onset diseases that underlie the metabolic syndrome. Our goal is to identify and characterize parent-of-origin effects in imprinted candidate genes and establish epigenetic associations between these genes and the metabolic syndrome using algorithms designed to test for imprinted transmission of disease alleles. In this regard, an R15 application for a pilot study is under development for submission to NIDDK next month to look at the epigenetics of Pdx-1, a gene highly expressed in pancreatic beta cells in the diabetic mouse, to ascertain if there are epigenetic changes in Pdx-1 and if so, if they are triggered by the onset of type 2 diabetes or vice versa. We are also interested in exploring the genetic underpinnings of the disproportionate burden of metabolic disease in minority populations, especially American blacks. Essential hypertension (EH) is increasingly recognized as the archetypal polygenic disease of complex inheritance with a sexually dimorphic component. We recently submitted a grant application as a subproject on an institutional NIH-RIMI grant to explore these relationships using family-based studies of polymorphisms in Y chromosome genes in a mouse model, to be followed by analyses in a population-based human sample drawn from the Multi-Ethnic Study of Atherosclerosis (MESA) project.



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Research Interests

Our laboratory is working to understand the hormonal links between nutrient ingestion and bone formation. We have identified several hormones of interest—in particular, glucose-dependent insulinotropic peptide, an enteric hormone that rises on nutrient ingestion and appears to be able to both stimulate bone formation and inhibit bone breakdown. We are using a variety of genetic models to study this link.



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Research Interests

Focusing on the epidemiology, prevention, and control of obesity and type 2 diabetes, my past work highlighted the potential for health information technology to improve diabetes care as well as racial/ethnic differences in (1) overweight/obesity trends within levels of educational attainment and, (2) obesity-related mortality. As a postdoctoral research fellow at the Harvard School of Public Health, I am investigating the role of suboptimal diet and lifestyle as modifiable contributors to the disproportionate obesity and diabetes risk experienced by traditionally under-resourced populations. By centering my research objectives on modifiable, social determinants of obesity and diabetes, I plan to contribute to the translation of epidemiologic findings into interventions and policies that address structural, macro-level as well as individual-level barriers to achieving and maintaining a healthy weight.

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Research Interests

My area of research interest is renal physiology, focusing on understanding how the heterogeneity segments of the kidney regulate various parameters involved in water and electrolyte balances. Presently, I have two major ongoing projects in my laboratory. My first project is identifying urinary protein markers associated with various pathophysiological diseases, specifically sodium-induced hypertension. My second and most recent project involves investigating signal transduction pathways and biomarkers of renal carcinoma. My previous research projects have examined the role of prostaglandin EP1 and FP receptors in the regulation of blood pressure, the effects of a high-salt intake on the development of hypertension, the renin-angiotensin system in two kidneys, one-clipped Golblatt Hypertension, the effects of verapamil and captopril on renal function, the role of renal α 1-adrenoceptors in hypertension, renal potassium adaptation, the effect of calcium blocker in kidney and MDCK cells, and the expression of α 1-adrenoceptors in the heart.



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Research Interests

My long-term career goal is to make substantial contributions to sickle cell disease analgesic pharmacogenetics by developing a robust pharmacogenetic research program centered on the clinical translation of inherited genetic variants that would foster the development of algorithms for appropriate selection of analgesics for pain management in sickle cell disease patients. My current NIH/National Institute of Nursing Research-funded study investigates incidence of suboptimal prescribing of analgesics and association between suboptimal prescribing, deficient cytochrome P450 (CYP2D6, CYP2C9, and CYP2C19) metabolic enzymes, frequent acute care visits, and quality of life in adult sickle cell disease patients.

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Research Interests

My current research focuses on the effect of interleukin-1 receptor-associated kinase 3 (IRAKM) genetic deletion on lung adenoma and adenocarcinoma. My research is also focused on single-immunoglobulin interleukin-1 receptor-related (SIGIRR) signaling during lung adenocarcinoma and the role of Transient receptor potential cation channel, subfamily V, member 4 (TRPV4) in lung adenocarcinoma EMT. I hope to utilize research to protect and advance public health and to disseminate scientific knowledge to the public.



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Research Interests

My research interests are in chronic kidney disease epidemiology and outcomes, with a particular focus on American Indians and Alaska Natives. I am also interested in chronic kidney disease awareness and knowledge, and in the development of educational interventions.

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Research Interests

My goal is to improve our ability to diagnose the genetic cause of epispadias (E), bladder exstrophy (BE), cloacal exstrophy (CE), and urological anomalies with different degrees of anterior midline defect by using high coverage array comparative genomic hybridization (aCGH). The incidence of these conditions is not common (1:100,000 for E; 1:30,000 for CBE; and 1:300,000 for CE). However, treatment of all of them requires a number of surgeries over the first several years of life to achieve bladder control and normal-appearing genitals, which can be costly and traumatic. In some patients, incontinence and sexual dysfunction progress through their lives, ending with morbidity due to chronic and recurrent renal infections. The majority of cases are sporadic and nonsyndromic, with normal karyotype and unknown etiology. However, abnormal karyotype and association with syndromes, malformations, and other congenital diseases have been identified in more than 20 patients. Even though most of the genetics studies have failed to find a specific gene that causes the disorder, evidence indicates a strong genetic component. Since the etiology of this malformation is still unknown, this project seeks to improve our ability to diagnose structural and numerical genetic abnormalities in children born with genitourinary defects. Also, we will seek to correlate the clinical features of children with urological defects with new discoveries at the molecular level and to better understand the disease processes and thereby develop new and more effective treatment and diagnostic modalities. Our findings could be extrapolated to a mouse model that will help us to understand the mechanism of bladder formation. I am also interested in identifying new genetic causes of infertility. At the present time, using the same aCGH technology cited above, we are searching for new genes responsible for male infertility. I have been able to identify some potential genes and also to associate other unrecognized genomic syndromes in infertile men.



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Research Interests

I am interested in the genetic architecture of complex traits. My current research is focused on using cerebrospinal fluid protein levels as intermediate traits, or endophenotypes, to identify genetic risk factors for Alzheimer's disease. I also have collaborative projects examining mitochondrial and nuclear genetic factors that influence mitochondrial genome copy number and genetic variation that may influence adiponectin levels. I collaborate with several large clinical centers and focus on data analysis and bioinformatics.

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Research Interests

My principal interests are in chronic disease management, continuing medical education, quality improvement, and providing health care to underserved populations. My research activities include cardiovascular disease risk factors in chronic kidney disease (CKD) patients, health literacy assessment, the impact of modifying patient education programs on health outcomes, and the effect of modified clinical visits on health outcomes and access to health care. As health care payment models change, implementation of chronic care management teams will be an integral part of these new health care models. I am interested in studying the impact of patient-centered medical homes on care delivery and reduction of health disparities in CKD patients.



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Research Interests

My research interests involve the population risk assessment of diabetes, cardiovascular disease, stroke, kidney disease, and hypertension. In particular, my work focuses on the biological and clinical factors as well as the social determinants associated with disease. Our populations studies laboratory also assessing the geographic patterns of disease through population-based cohort studies in the United States and around the world. We continue to include fetal and early life factors in these population-based assessments. I am also involved in community and population-based diabetes and high blood pressure control efforts. By working with international collaborators and the World Hypertension League, we are developing global health research projects focused on health disparities with a major component of training early-career clinical investigators in research methodology.



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Research Interests

Our laboratory's primary focus is directed toward better understanding the balance between the immune system's ability to effectively eliminate pathogenic microorganisms and cancers, while remaining nonresponsive to self-tissues and commensal microorganisms. In general, the immune system is highly effective in limiting self-tissue damage; however, aberrant immune responses can result in the onset of the autoimmune diseases rheumatoid arthritis, type 1 diabetes, multiple sclerosis, and lupus. Recently, a subset of immune system cells, known as regulatory T cells, have been shown to be critical in moderating immune responses. We have recently shown that a cytokine inducible, intracellular protein, suppressor of cytokine signaling-1 (SOCS1), has a significant role in the regulation of Treg functions. As an extension of these findings, we are currently examining the role of SOCS1 in the regulation of immune cells, particularly Tregs, during lupus onset and progression (funded by the Lupus Research Institute). In separate research, partially supported by the Juvenile Diabetes Research Institute, we are also examining the capacity of gut bacteria composition to modulate immune system functions that promote type 1 diabetes onset.



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Research Interests

We are investigating the molecular mechanisms of hormone action in the pituitary, with a special emphasis on factors controlling reproductive function. Current studies are focused on understanding the role of hormone action in regulating translation initiation and mRNA utilization. We are also interested in the mechanism of endocrine diseases affecting reproduction, such as polycystic ovary syndrome and type 2 diabetes. Our long-term interest is in understanding the integration of multiple hormone signaling pathways in the regulation of endocrine cell function.



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Research Interests

My research interests are focused on childhood obesity and the development of cardiovascular disease and diabetes in this population. I am very interested in pre-diabetes and cardiac autonomic dysfunction in obese youth. I would truly enjoy the opportunity to network with seasoned minority researchers. I would be interested in acquiring knowledge and expertise from mentors with similar research interests to help me become a successful biomedical researcher.

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Research Interests

My research interests include the molecular characterization of normal and abnormal male genitourinary tract development, including the prostate, in order to define the etiology of congenital defects and prostate disease progression. Genetic, environmental, and hormonal insults sustained *in utero* are associated with congenital and adult onset diseases, even with apparently successful medical interventions. Genome-wide association studies can identify genetic variations to explain complex human diseases. I have identified chromosomal structural variations resulting in *de novo* copy number duplications and deletions in patients diagnosed with combined hypospadias and cryptorchidism. I hypothesize that these subtle chromosome aberrations affect dosage sensitive genes in these regions that are critical for genitourinary tract development. Subjects with combined hypospadias and cryptorchidism displayed distinct regions affected by submicroscopic chromosome duplications or deletions not detected in normal pregnancy-proven fertile controls or in the Database of Genomic Variants (<http://projects.tcag.ca/variation/>). Novel, candidate genes identified by aCGH may be required for normal genitourinary tract and male external genitalia development and function. Identification of such genes will improve patient diagnosis and perhaps treatment. Long term, I hope to develop more sensitive assays that, when utilized from a systems biology approach, result in a better understanding of the roles and interrelatedness that genomic, environmental, and hormonal insults have on genitourinary tract development. Ultimately, these will improve prevention, diagnosis, and treatment of diseases associated with genitourinary tract development and prostate disease progression in humans.



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Research Interests

My research interest is to investigate the involvement of DNA in glycoxidation reactions having implications in diseases such as diabetes, mutation of DNA, synthesis of proteins such as insulin, and cancer. It is widely believed that DNA is involved in complications arising out of obesity, diabetes, and other age-related diseases. Initial experiments were designed to identify uniquely modified DNA nucleosides (CMdA and CMdC) from *in vitro* reactions followed by experiments to detect the presence of the same in calf thymus and human serum DNA. Our work describing detection of carboxymethyl-2'-deoxyadenosine (CMdA) and carboxymethyl -2'-deoxycytidine (CMdC) was already reported. Our current research is to develop a method for quantification of modified DNA nucleosides using spectrophotometer, HPLC, and LC-MS/MS spectroscopy. These results will indicate the severity and age/obesity dependency of DNA modification in relation to diabetes and other age-related diseases. We hope that continued research in this area will lead to the discovery of a biomarker for diseases that result from complications in diabetes such as blindness, renal failure, coronary heart, and Alzheimer's diseases.



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Research Interests

My research is focused on studying the role of insulin-like growth factor action-II (IGF2) in obesity and cancer. Obesity is often associated with substantial complications including diabetes, cardiovascular disease, and death. I am currently performing gene expression studies to determine the mechanisms by which IGF2 regulates hepatic lipid metabolism. Since obesity is a significant risk factor for several types of cancers, I am also interested in determining the molecular basis of the connection between IGF2 and cancer.

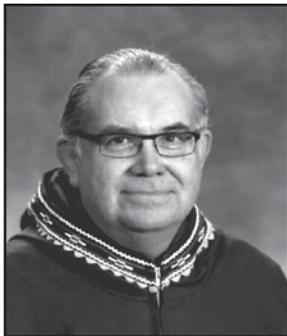


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Research Interests

Our laboratory's research focuses on the molecular mechanisms of renal interstitial fibrosis, particularly those changes occurring during the inflammatory and fibrotic stages. To study renal interstitial fibrosis, we use the unilateral ureter obstruction (UUO), Adriamycin®, puromycin, and protein overload models; for diabetic nephropathy, the streptozotocin (Stz) and db/db models are utilized. We have established that Timp1 deficiency does not alter the degree of interstitial fibrosis in either the murine protein overload or UUO models, possibly due to a genetic redundancy with genes such as *Timp2*. Additionally, we have demonstrated the fibrogenic role of PAI-1 (plasminogen activator inhibitor-1), proving its importance as a fibrosis promoting gene. Similar results were observed in two diabetic nephropathy models (Stz and db/db) using PAI-1 +/+ and PAI-1 deficient mice. Recent results using PAI-1 +/+ mice have confirmed the importance of PAI-1 in renal fibrosis; mice overexpressing PAI-1 developed significantly more fibrosis than their wild-type counterparts. We also have shown that the uPAR gene attenuates renal fibrosis, possibly mediated by a urokinase-dependent—yet plasminogen-independent—system. Our studies using uPA null mice showed no difference in the fibrosis level between wild-type and null mice. This raises the question of the role of uPA in renal fibrosis as well as its function in the absence of its receptor, uPAR, which may have antifibrotic properties. We have demonstrated the importance of the gp130 family of cytokines during the renal inflammatory process, prior to the chronic fibrotic stage. Preliminary results indicate that gp130 functions in a profibrotic capacity as an “alternative” receptor for uPA in the absence of uPAR. Studies have been initiated on the IL6 family of cytokines and the metabolic syndrome, focusing specifically on the role of macrophages during the inflammatory process.



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Research Interests

My interests are in the area of Native American Traditional Medicine. I strongly believe that culture must be integrated into Western medicine. To me that means integrating cultural beliefs and practices into clinical medicine to form a more holistic approach to healing. I believe that clinical outcomes are strongly balanced with psychoneuroimmunology and that this can be demonstrated in all areas of clinical medicine. I am especially interested in the connection between Northern Circumpolar peoples and their relationship to Native Hawaiians and other Polynesian peoples.



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Research Interests

My research emphasizes mechanisms of toxicant action/interaction. My laboratory studies the role of multidrug resistance proteins in the hepatobiliary disposition of toxicants and the changes in expression of transport proteins in response to chemical liver injury. My group also investigates the biochemical and genetic determinants associated with the hepatoprotective actions of peroxisome proliferators and other chemicals that prevent drug liver injury. I have published numerous seminal articles on these research areas in both toxicology and liver-related journals. I have been an active member of the Society of Toxicology (SOT) since joining as a student member. In 2003, I was elected Councilor of the SOT and have also served on key committees and task forces for the society. I was the recipient of the 2006 SOT Achievement Award and the 2008 AstraZeneca Traveling Lectureship Award. I have served as a member of the National Research Council Committee assessing the human health risks of trichloroethylene and currently am Associate Editor of the journal *Toxicology and Applied Pharmacology*. I am also on the editorial board of seven other journals. I have also served as member of the National Institutes of Health Xenobiotic and Nutrient Disposition and Action (XNDA) Study Section and as an external reviewer of research grants for the European Commission. I was also a member of the National Institutes of Health College of CSR Reviewers and the Environmental Protection Agency Human Study Review Board. I am currently a member of the Board of Scientific Counselors for the National Institute of Environmental Health Sciences.

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Research Interests

Many complications of diabetes, particularly those requiring surgical procedures, may be avoided or reduced in young individuals if effective early detection and management protocols are implemented. With regards to type 2 diabetes mellitus, initially my primary research focus was to identify undiagnosed type 2 diabetes among young individuals in order to reduce long-term, diabetes-related complications. Therefore, my research goals are to: (1) develop a clinical paradigm/protocol specifically designed to identify diabetes and prediabetes, particularly in patients requiring surgical procedures; (2) develop a comprehensive multidisciplinary approach to diabetes care in order to address the plethora of medical and psychosocial needs of the young individual with diabetes and/or pre-diabetics; and (3) provide an opportunity for training minority physician residents with an interest in developing a clinical research career and to network with a critical mass of other minority research investigators. The research design and method is based on a current prospective observational cohort study of patients admitted to the Emergency Department (ED) with a general surgery or trauma admission. A1c is determined at the time of admission, and FPG measurements are done after patients are stable the following morning. Anthropomorphic data, prior medical and surgical histories, BMI, alcohol use, and smoking status are abstracted from medical records and then analyzed.

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Research Interests

I am interested in understanding the relationship between obesity, diabetes, and breast cancer. Obese women who develop type 2 diabetes are at an elevated risk for breast cancer recurrence. Diabetes is a significant condition among Latinas due to a higher prevalence of obesity. As the number of Latina breast cancer survivors rises, diabetes will serve as a major risk factor for recurrent breast cancer and death. I am currently looking to identify biological predictors of cancer recurrence using a large biological database of over 3,000 breast cancer survivors in the Women's Healthy Eating and Living (WHEL) Study. The next step is to conduct a randomized clinical trial to determine the effects of obesity reduction on biomarkers of recurrence among patients with diabetes.

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Research Interests

Studies in my laboratory focus on the identification and functional analysis of novel transport proteins and G-protein coupled receptors in retina, with specific interest in not only characterizing their role(s) under normal physiologic conditions, but also their potential for use as therapeutic targets for treatment/prevention of sight-debilitating diseases like diabetic retinopathy and age-related macular degeneration.



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Research Interests

My research interests consist of describing and measuring the influence of chronic kidney disease management interventions on vitamin D and phosphorous metabolism. Specifically, my interest is focused on determining molecular mechanisms (i.e., cardiovascular and immunological) and pathways that are modified by these therapies.

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Research Interests

My main project is to investigate the role of the Isc1 protein in cell cycle progression and in the regulation of the G2/M checkpoint when cells are treated with genotoxic agents such as hydroxyurea. Using the budding yeast *Saccharomyces cerevisiae*, I am studying the interconnection between the Isc1 enzyme that catalyzes the chemical reaction which produces signaling lipid molecules like phytoceramide and the downstream effect of those molecules on cell cycle progression and response to damaging agents. We found that ISC1 influences the phosphorylation status of the key regulator of the G2/M checkpoint in the cyclin-dependent kinase Cdc28p. In an attempt to identify the connecting link between ISC1 and the key players in the G2/M phase, we started a collaboration with Dr. Jim Zheng at the Medical University of South Carolina. Dr. Zheng is a bioinformatician who is helping us identify proteins that may be involved in the regulation of SWE1 and CDC28 in an ISC1-dependent manner. My projects are defined as basic science research investigating the role of sphingolipid metabolism enzymes in the regulation of key cellular processes such as the regulation of the cell cycle. Although these investigations are not done directly on specific diseases, they are fundamental for understanding the involvement of sphingolipids in these diseases at the molecular level.

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Research Interests

My research interests are diabetes health disparities, especially among Native Hawaiians, Pacific Island peoples, and other Native populations of the United States; and community-engaged research as an effective approach to conduct translational research in metabolic syndrome, obesity, diabetes, and heart disease.



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Research Interests

My research is focused on health empowerment technology for older African Americans and workforce diversity and inclusion.



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Research Interests

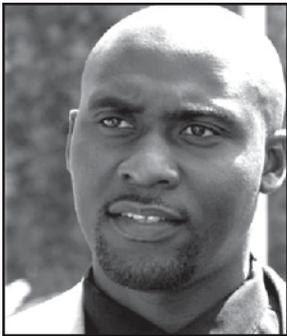
My research examines outcome inequities by race and gender in kidney transplantation. I am interested in understanding the etiologies of disparities and finding solutions for elimination. Currently, through clinical and basic science, I am working toward building research models to test risk-reduction protocols in vulnerable kidney transplant populations, specifically black recipients and gender-mismatched transplants, such as female recipients of male kidneys.

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Research Interests

I have two main research interests. The first is to study E6/E7 proteins of the high-risk human papillomaviruses that are associated with more than 95 percent of anogenital cancers. E6/E7 oncoproteins are consistently expressed in cervical cancer, and continued expression of E6/E7 is necessary for the induction as well as the maintenance of the transformed state. The main thrust of our studies is to determine chromosome instability and DNA repair mechanisms that are associated with E6/E7 protein's influence on cancer. A second interest of the laboratory is to delineate the function of genetic factors involved in diabetes, obesity, and kidney tumors.



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Research Interests

Our research interest involves investigating the mechanism of action of imidazoline compounds in the treatment of insulin resistance, hypertension, and metabolic syndrome X.

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Research Interests

My overall research interest and goal includes the use of population genomics and quantitative and statistical genetics methods to understand human genome variation; and utilizing this information to dissect complex diseases, particularly allergy disorders, through approaches and methods ranging from linkage, association, admixture mapping, and transcriptional profiling analysis. Complementary to statistical analysis, I also frequently apply biological pathways and functional commonalities analysis to uncover co-regulation of gene expression across the genome, data mining, and bioinformatics techniques for candidate gene prioritization procedures from linkage and expression studies. My long-term goals are to reduce childhood morbidity and mortality associated with metabolic and allergic disorders, and to eliminate the significant racial disparities in asthma and asthma-related outcomes. To enhance my analytical skills for verifying statistical properties of biological problems as applied to admixed populations such as ancestry inference, disease gene localization, evolutionary relationship, patterns of molecular diversities, and population structure in disease genetics, I will be actively involved in the NMRI program.

Jennifer Molokwu, M.D., M.P.H.

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Research Interests

My overall research interest is in women's health and includes health education, health literacy, and chronic disease management. Currently, I am working on improving cervical cancer screening rates and HPV vaccination rates in Hispanic females. I am also working on a PCMH model for delivery of hepatitis C care focusing on primary care physician education and community awareness of screening and treatment.



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Research Interests

My research interests include studying genotype and allele frequencies of type 1 diabetes mellitus (T1DM) susceptibility genes in Hispanic populations and comparing them with other ethnic groups. I also study the chemical profile and *in vivo* effects of commonly used but less known anti-hyperglycemic plants found in Puerto Rico. Additional research interests include effects of natural compounds as complementary therapies for cancer, nutritional effects of diet, diabetes and cancer, and the signal transduction pathways associated with the biology of disease.



Darren D. Moore, Ph.D., L.M.F.T.

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Research Interests

My research, teaching, and clinical focus is the systemic examination and treatment of obesity, weight loss, eating disorders, and related addictions, with a special focus on men, African-American families, and other marginalized populations. My research interest includes examining barriers to treatment, psychological and psychosocial aspects, and couple and family relational dynamics regarding obesity, weight loss, eating disorders, and related addictions. My dissertation titled, "Life after Bariatric Surgery: Men's Perspectives on Self-concept, Intimate Relationships, and Social Support," explored the relational dynamics inherent when significant weight loss occurs in male-patient, female-spouse dyads. I am currently conducting a study titled, "Health Disparities in Obesity and Bariatric Surgery Among African-American Men," which is focused on exploring the perceptions of weight loss surgery among an African-American male sample. My teaching includes training Master's level marriage and family therapy students and medical students in a family systems and collaborative approach to healthcare. Likewise, I focus on the history of obesity, the epistemology of obesity, obesity education, and intervention development. As a licensed Marriage and Family Therapist, my clinical work includes providing general mental health treatment to individuals, couples, and families, with a concentration in working with patients who are struggling with mental health, psychosocial, and relational aspects of obesity, weight loss, and eating disorders, including such topics as anorexia, bulimia, binge eating disorder, body dysmorphic disorder, negative body image, pre- and post-bariatric surgery, depression, and PTSD, among others.



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Research Interests

My research focus is directed at pediatric intestinal failure, with a focus on gastroschisis-related intestinal dysfunction. I am currently using animal models to help elucidate the pathophysiology of intestinal dysmotility and shortened intestinal length seen clinically and in our model of gastroschisis. We are also interested in amino acid metabolism in intestinal failure and adaptation.



Daniel H. Moralejo, D.V.M., Ph.D.

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Research Interests

Diabetes and obesity are interacting complex diseases in which the genetic and environmental factors control the development. We are using a different strain of congenic rats with the following natural mutated genes—*Cckar*, *Lepr*, and *Gimap5*—to elucidate the molecular mechanism of diabetes, obesity, and diabetes. The non-human primates (NHP) are a very useful model for diabetes and obesity as well. Also, I am interested in the identification of new biomarker profiles in the serum of obese NHP that might create a signature pattern in healthy peripheral blood mononuclear cells (PBMCs). Our hypothesis is that inflammatory mediators or molecules in the sera from obese NHP will induce a specific signaling molecule signature and a specific transcriptional gene signature in unrelated, healthy PBMCs. Also, we are inclined toward the accelerator or increased predisposition on pre-existing condition hypothesis caused by the chronic inflammation generated by the obesity environment.



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Research Interests

The goal of my research is to delineate the signal transduction pathways that are involved in the development of cardiovascular diseases such as hypertension and atherosclerosis. I have studied various signaling pathways in my career, starting with alpha-1 receptor signaling in the vasculature and then angiotensin II signaling. I am currently studying protease-activated receptor (PAR) signaling in endothelial cells and how it regulates endothelial nitric oxide synthase (eNOS) phosphorylation and nitric oxide production. In previous studies, my collaborators and I have shown that PAR-1 and PAR-2 differentially activate eNOS by different signaling pathways. We would like to further delineate the role of other PARs—such as PAR-3 and PAR-4—in the signaling pathways that lead to vascular inflammation, cell migration, and proliferation in cardiovascular diseases. Understanding the signaling pathways involved in these diseases will allow therapeutic agents to be developed at the molecular level.



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Research Interests

My research interests include diabetic nephropathy and other kidney diseases. My basic science work involves investigating and assessing the pathophysiologic mechanisms and morphometric analyses of diabetic nephropathy, with the goal of finding novel therapeutic targets. I am involved in engineering vault nanocapsules for drug delivery in the treatment of types 1 and 2 diabetic nephropathy and other kidney diseases. I also am involved in a genetic clinical study that identifies genes responsible for diabetic nephropathy and their linkage relationships to nephropathy and retinopathy in Mexican Americans and African Americans and in a project to assess the progression of diabetes in patients with end-stage renal disease.



Keith C. Norris, M.D.

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Research Interests

My research interests include the prevention and early intervention of chronic kidney disease (CKD) and CKD risk factors/complications in African-American and Latino populations. I also have interests in the role of vitamin D in CKD, hypertension and cardiovascular risk factors, and the interplay of social determinants of health and biologic mediators in health disparities, especially CKD and CKD risk factors.



Phyllis A. Nsiah-Kumi, M.D., M.P.H.

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Research Interests

I conduct research focused on health disparities, health literacy, and type 2 diabetes prevention in minority communities. My goal is to improve the health of these communities and ensure that they have culturally and literacy appropriate health information available to them in plain language. I am working with minority communities to prevent type 2 diabetes in children using qualitative, quantitative, and clinical research methodologies. My recent and ongoing studies include "Predicting Insulin Resistance in Native American Youth," "Engaging North Omaha Youth in Type 2 Diabetes Prevention," "Developing Health Literacy Curriculum for English Language Learners," and "Developing a Community-Based Lay Navigator Program: Improving Culturally-Appropriate Breast Cancer Support Services in Douglas County, Nebraska." All of these studies use some element of community-based participatory methodologies.

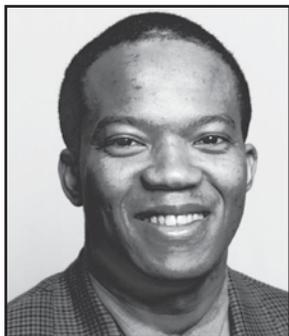


Samuel Nurko, M.D.

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Research Interests

I am a full-time clinician investigator in the Division of Gastroenterology at Children's Hospital Boston. My present research focuses on defecation disorders, esophageal motility problems, functional bowel disorders, and motility complications after gastrointestinal surgery. I have designed and conducted prospective randomized studies, including multicenter trials that have been funded by different institutions. One of my aims has been to understand the mechanisms of fecal continence in children. To that end, I have studied and defined different aspects of anorectal and colonic function. I have also tried to understand the pathophysiology of gastroesophageal reflux and other esophageal problems. I have developed standards for the prolonged study of esophageal motility in children, and I am actively engaged in the study of nonacid gastroesophageal reflux and the implementation of impedance technology for the study of gastroesophageal reflux.



Fiemu Nwariaku, M.D., F.A.C.S.

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Research Interests

My scientific interests are in tumor biology and health disparities. Our laboratory recently identified an important role for Cdk5 in medullary thyroid cancer and is working on the potential mechanisms of tumor genesis as a pathway to drug development. I have also long held significant interest in global health, particularly in disparities in human capacity in health systems of low- and middle-income countries and in the unmet need for research in the burden of injury and violence in LMICs.

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Research Interests

My research interests include the role of botanical compounds as complementary medicine for type 2 diabetes; specifically, underlying cellular mechanisms by which natural compounds from botanical sources improve insulin sensitivity and reduce inflammation in type 2 diabetes and obesity. I am currently studying bioactives of Artemisia species and blueberries. I also study sphingolipid metabolism and its effect and on insulin sensitivity in skeletal muscle and adipose tissue. I focus on how insulin resistance results from disruption of pathways of sphingolipid synthesis and metabolism.

Olorunseun Ogunwobi, M.D., Ph.D.

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Research Interests

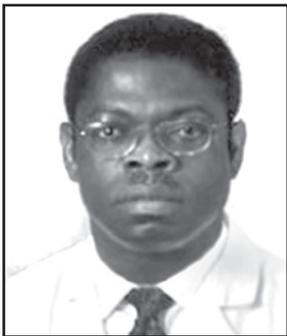
My current research is focused on understanding the mechanisms of cancer metastasis, with particular interest in the role of epithelial-mesenchymal transition, cancer stem cells, and circulating tumor cells. I am also interested in cancer health disparities.

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Research Interests

Currently, I am an associate professor in the Department of Obstetrics and Gynecology at the Morehouse School of Medicine in Atlanta, GA. In this capacity, I am working on developing a career as a clinician scientist that will integrate basic science expertise to study clinical problems as a translational researcher. I am particularly interested in health disparities pertaining to obesity and women's reproductive health.



Kwame Osei, M.D.

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Research Interests

My research interests include type 2 diabetes mellitus, obesity metabolism, and race/ethnicity.

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Research Interests

My main area of interest is liver disease, where I am currently working on an NIH-funded study looking at two genes of interest in liver cancer—*Sulfatase 1 (SULF1)* and *Sulfatase 2 (SULF2)*. This study involves generating transgenic mice overexpressing the above genes and monitoring the respective effects on the development and progression of liver cancer in these mice. Besides further elucidating the role of these genes in liver cancer, we expect to generate enough data that will hopefully lead to effective chemotherapeutic modalities against this disease. I am also interested in working on hepatitis B and C viruses in the pathogenesis and progression of liver cancer, with the aim of developing a cure for these viral infections and the cancers they cause. At this time, I am involved in another study that will potentially better characterize the main markers for cancers of the liver. It involves comparing the standard marker (alfa-feto protein) with a relatively new one (desgamma carboxy prothrombin) in liver-transplanted patients for cancer as compared with those with liver cirrhosis.



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Research Interests

My research interests include the regulation of bone mass and metabolism by gonadal steroids, the application of *in vivo* nuclear imaging to study the expression and function of specific molecules, and disease pathogenesis including diabetes and neoplasms.

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Research Interests

I am interested in vascular pathology associated with atherosclerosis and (re)stenosis of organs such as the heart and the kidney. I would like to understand what role nutrition, specifically appropriate levels of vitamin D, plays in protecting major organs from the development of chronic diseases such as atherosclerosis and subsequent pathologies such as restenosis. More specifically, I am interested in the effect of vitamin D on the immune cells, such as the monocyte/macrophage, and the role it plays in inflammation and resolution of injury in the vasculature. Long term, I am interested in the impact of poor diet and lack of physical activity in the development of chronic disease such as atherosclerosis, hypertension, and renal failure.



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Research Interests

I am an experienced academician with a strong background in teaching, research, and community outreach. Through my research in childhood obesity, diabetes, and health promotion, I have worked with undergraduate STEM students to develop strategies to increase the number of minorities participating in research from communities, public school systems, and faith-based organizations. My primary research interests include the prevention of chronic disease through the study of obesity, nutrition education and exercise; the study of epigenetics and obesity; and the retention of students. I currently serve as the Principal Investigator (PI) for the Washington Baltimore Hampton Roads Alliance-Louis Stokes Alliance for Minority Participation grant, to increase the number of underrepresented minorities who choose careers in STEM. In addition, I have served as the PI of pilot grants to study the effects of nutrition, exercise, and education with rural elementary school-aged children and as the Co-PI of a National Library of Medicine Environmental Health Information Partnership Outreach Award. My students and I have disseminated health information to the lay community on health promotion and prevention programs regarding behavior and lifestyle changes affecting the school-age population who experience health disparities.



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Research Interests

My research interest is in the area of adipose tissue dysfunction in obesity, with a focus on the identification of biological mechanisms to explain increased diabetes risk in Mexican Americans. My laboratory has found that otherwise healthy Mexican Americans have evidence of adipose tissue dysfunction (decreased adiponectin) and increased risk of diabetes (decreased insulin sensitivity), even after controlling for adiposity. Current research is focusing on the identification of nutritional factors that may increase adiponectin and insulin sensitivity in Mexican Americans at risk for diabetes.



Ariana Pichardo-Lowden, M.D.

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Research Interests

My research trajectory is toward improving the quality of care for patients with diabetes mellitus in the hospital setting and toward promoting identification of patients at risk, early detection, and management of diabetes in this population. My current project addresses attitudinal, knowledge, and clinical decision making barriers among providers and their impact on inpatient glycemic control. My work aims to develop educational and practice interventions to reduce barriers to optimal patient care.



Manu Platt, Ph.D.

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Research Interests

My research bridges tissue remodeling and systems biology. Tissue remodeling involves the activation of proteases, enzymes capable of degrading the structural proteins of tissue and organs. The implications of the activation of these enzymes are applicable to many different diseases, and the Platt Lab targets sickle cell disease and cancer metastasis. Mathematical models used by the Platt Lab add value to experimental systems by explaining phenomena difficult to test at the wet lab bench and to make sense of complex interactions among the proteases or the intracellular signaling changes leading to their expression.

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Research Interests

My research interests include the association of nuclear receptor genetic variability with pharmacologic response and therapeutic outcomes in diabetes, nephrology, hypertension, and dyslipidemia.



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Research Interests

My research focuses on the development of various *in vitro* cellular models to explore and evaluate the mechanism by which xenobiotics damage or injure specific cell types of various organs or tissues. I mostly work with primary culture systems (liver, kidney, heart, and skin) as well as cell lines as experimental models to study the cellular and subcellular toxicity of selected xenobiotics using sensitive indices of cytotoxicity. I also perform drug transport and metabolism using a variety of intestinal models (*in vitro*, *in situ*, and *in vivo*) as well as perform pharmacokinetic studies. I am specifically interested in drug-dietary flavonoid interactions on drug transport, metabolism, excretion, and pharmacokinetic alterations resulting from these interactions. Using the intestinal drug transport model, Caco-2 cells, I am investigating the mechanism of cyclosporine A (CSA)-induced hyperlipidemia such that preventative measures can be taken to prevent the development of graft coronary vasculopathy. I am also investigating the effects of xanthohumol (XN) on cholesterol homeostasis. In this study, I am performing the pharmacokinetic studies of XN as well as data analysis and investigating the mechanism of cholesterol transport on the following transporters: ABCA1, ABCG5/G8, and NPICIL1 using *in vitro* models and *in vivo* methods to evaluate cholesterol homeostasis.



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Research Interests

Our laboratory focuses on delineating the mechanisms that are involved in the activation and uncontrolled expansion of pathogenic autoimmune responses by microbial organisms. Conversely, we are also engaged in studies to reveal the regulatory responses that seem to provide protection to normal individuals.



F. Bridgett Rahim-Williams, Ph.D., M.P.H.

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Research Interests

As a biocultural applied medical anthropologist, my research interests include minority health and health disparities among women with co-morbidity associated with HIV/AIDS, type 2 diabetes, cancer, and osteoarthritis across the lifespan. Moreover, I am a pain researcher and I investigate ethnic group differences in experimental and chronic pain sensitivity. I am a Fellow of the Summer Institute on Aging Research, Fellow of the RAND Summer Institute on Aging Research, and Fellow of the Health Equity Leadership Institute. In addition, I am a recipient of the DREAM (Disparities Research and Education Advancing Mission) Career Transition Award (K22) funded through the NIH/National Institute on Minority Health and Health Disparities. This award supports 5 years of career training and development in health disparities research; 2 years in the NIH intramural program plus 3 years of extramural funding support.



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Research Interests

We are particularly interested in light chain amyloidosis, a misfolding disease characterized by the deposition of monoclonal immunoglobulin light chains as amyloid fibrils affecting several organs, causing dysfunction. Understanding the protein misfolding and aggregation mechanisms will help us to understand these diseases and will guide us to design therapeutic strategies to overcome the amyloid phenomenon. By exploring the role of folding kinetics, misfolding pathways, and stability, it is possible to understand the mechanisms of amyloid formation in light chain amyloidosis, leading to the prediction of the behavior of other amyloid diseases, with the ultimate goal of intervening to prevent progression of the disease.



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Research Interests

My research interests involve epithelial cell biology and neutrophil (PMN) migration. PMN migration is the immune system's first line of defense against infection, serving as a major component of the acute innate inflammatory response. We are investigating the protein receptors that modulate neutrophil transmigration into the lumen of the gut. In addition, the epithelium also plays a role in efficient PMN migration into the intestinal lumen. Studies have shown that when exposed to inflammatory cytokines, the GI epithelium becomes more immunogenic, and PMN migration through this epithelium may be altered. Recently, we have an additional research focus—namely intestinal fibrosis. For this area, we have focused on the intestinal fibroblast and how the functional intestinal fibroblast becomes dysregulated, leading to a fibrotic phenotype. Consequently, the primary focus of my research is to understand the molecular events that regulate aberrant intestinal inflammation involving PMN migration, epithelial interactions, and the functional fibroblasts.



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Research Interests

The inflammatory bowel diseases (IBD) affect over a million people in North America and their incidence is on the rise. These two chronic inflammatory conditions affect distinct intestinal segments and while ulcerative colitis involves strictly the large intestine, Crohn's disease may appear anywhere in the alimentary tract, from the mouth to the anus. Lymphocytes (T cells) are imprinted by dendritic cells with a cytokine (e.g., Th1, Th17) and homing program (e.g. CCR9, $\alpha 4\beta 7$ integrin) and are in great part responsible for the perpetuation of IBD. The imprinting mechanisms that result in the expression of specific surface molecules required for the regional localization of IBD are only partially understood. The goal of our research is to further understand how T cells home specifically to distinct intestinal segments to explain the regional localization of the two main IBDs. We utilize a variety of mouse models of IBD, from simple chemically induced injury models (e.g., DSS) to immunologically manipulated models (i.e., CD45Rb^{high} transfer) to spontaneous chronic models of colitis and Crohn's-like ileitis (i.e., TNF Δ ARE, SAMP1/Yit). Blocking traffic has been proven efficacious for the treatment of Crohn's disease, through the use of antibodies against integrins (i.e., natalizumab). However, in certain patients serious complications from this therapy have occurred. Further understanding the mechanisms of traffic to the intestine will allow us to fine-tune this strategy for both efficacy and safety.



Lewis R. Roberts, Ph.D., M.B. Ch.B.

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Research Interests

Research in my group includes: (1) laboratory studies of the molecular mechanisms of liver carcinogenesis; (2) development and evaluation of biomarkers and clinical tests to improve the diagnosis and treatment of liver, bile duct, and pancreatic cancers; and (3) epidemiologic, clinical, and translational studies focused on improving the prevention, diagnosis, and treatment of hepatitis and liver cancer in sub-Saharan Africa and in minority and immigrant African and Asian communities in the United States.



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Research Interests

I am a physician-epidemiologist who has devoted my career to diabetes and cardiovascular disease epidemiology. After completing my training in Public Health and Epidemiology at The University of Texas, I moved to Honolulu where I have served as Co-Principal Investigator of the Honolulu Heart Program since 1991. I was Principal Investigator of the Intermap Study Center, the SEARCH for Diabetes in Youth Hawaii Center, an Established Investigator Grant from the American Heart Association, and several other projects. I am Co-Director of the National Children's Study of the Hawaii Center and have served as Co-Investigator of the Women's Health Initiative. I was President of the American Heart Association (AHA) Hawaii Affiliate and served on the National Board of Directors of the AHA. I am currently on sabbatical working in Madrid, Spain.



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Research Interests

Two of my research interests include the interaction of HIV and kidney disease; and the interaction of race, kidney disease outcomes, and geography. I hope to better characterize the renal health services provided in racially segregated areas. Despite similar insurance coverage, dialysis patients living in racially segregated areas seem to have different rates of transplantation, and the health services provided seem to differ in comparison to nonracially segregated areas.

José R. Romero, Ph.D.

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Research Interests

The main research goal of my laboratory is to characterize the role of mineralocorticoid receptor activation in the setting of cardiovascular inflammation in diabetes and hypertension. To this end, we study the signal transduction pathways involved with the regulation of cation transport mechanisms across the cell membrane as they affect human cardiovascular disease. The central hypothesis for our research is that mineralocorticoid receptor activation plays a previously unrecognized role in leukocyte activation that is central to the pathophysiology of cardiovascular diseases by regulating the production of reactive oxygen species, thiol oxidation, and inflammatory markers. We are currently studying the role of cellular magnesium homeostasis in the pathophysiology of diabetic complications and the dysregulation of the renin-angiotensin-aldosterone system on the *in vivo* regulation of K⁺ and Mg²⁺ transporters. In addition and because of our expertise in cation metabolism in erythrocyte volume regulation and its role in the pathophysiology of sickle cell disease, we maintain a productive collaboration with Dr. Mary E. Fabry, from the Montefiore Medical Center and Albert Einstein College of Medicine and Dr. Alicia Rivera from Boston Children's Hospital, with whom we are studying the *in vivo* role of nitric oxide and oxidative stress on the Ca²⁺-activated K⁺ channel and the K⁺/Cl⁻ co-transporter in blood cell homeostasis.



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Research Interests

My research interests include Barrett's esophagus, esophagus cancer, and genetic epidemiology.



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Research Interests

My primary research focus is on cardiovascular disease in patients with chronic kidney disease (CKD), including dialysis and renal transplantation. I am an ancillary study investigator for the national Chronic Renal Insufficiency Cohort (CRIC) Study evaluating the role of carotid intima media thickness to predict cardiovascular events in patients with CKD. Another area of research includes risk factors for progression of vascular calcification in CKD, including mineral metabolism disorders, inflammation, and oxidative stress. My research is funded by the NIH (National Heart, Lung, and Blood Institute and NIDDK) and the Veteran's Health Administration. I am also interested in health disparities research and in the professional development of minority faculty.



Omaima M. Sabek, Ph.D.

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Research Interests

My research interests encompass islet, acute pancreatitis, and allograft rejection studies. (1) Our center has isolated human islets from more than 350 cadaver donors to improve human islet recovery, engraftment, and functioning, with an emphasis on donor variables, isolation methods, and islet preservation. We have developed a culture media that can maintain human islet in culture for up to 2 months without compromising islet viability. We also have identified a gene expression profile that can predict islet function, with an interest in improving islet vascularization (angiogenesis) and suppressing host-specific and nonspecific immune response. (2) Regarding acute pancreatitis, we have studied the systemic manifestations of acute pancreatitis, particularly the effects of neutralization of TNF α with monoclonal antibody on the morbidity and mortality associated with acute pancreatitis. (3) Experiments to monitor allograft rejection in renal, pancreas, and islet transplant recipients have identified HLA-DRA mRNA upregulation as a marker for renal acute rejection; in addition, we have been the first to report the possibilities of using a noninvasive method to monitor the increase in T-cell activation markers gene expression as a marker of pancreas allograft rejection.



Juan Sanabria, M.D.

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Research Interests

My areas of interest include metabolomics in liver and pancreas transplantation, metabolomics in liver cancer, islet cell transplantation, and ischemia-reperfusion injury.



Virginia Sarapura, M.D.

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Research Interests

My research has focused on several areas. As a trainee, I learned the basic tools of molecular biology research and began to investigate the mechanism of expression of the alpha-subunit of the pituitary glycoprotein hormones under the guidance of Dr. E. Chester Ridgway and his Ph.D. associates, Drs. William Wood and David Gordon. I collaborated on other projects within the laboratory, including the regulation of thyrotrope cell growth by thyroid hormone. I also have explored other areas of investigation, including the expression of the glycoprotein hormone alpha-subunit gene in solid tumors, specifically lung cancer, and the genetic and epigenetic factors that predispose to the development of autoimmune thyroid disorders. Currently my work is focused on academic clinical practice and teaching.



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Research Interests

I am trained in medicine and nutrition science. My interdisciplinary research interests focus on aging, chronic disease prevention/management, and health promotion. My work centers on the development, evaluation, and dissemination of nutrition and exercise interventions to promote health in older adults. I conduct translational research (randomized controlled trials [RCTs]; and participatory community-based interventions) to examine the effects of nutrition and exercise on health-related quality of life and disease outcomes. I target my research on chronically ill, frail, older adults, with particular emphasis on Hispanic Americans, who bear a disproportionate burden of health disparities. My research in nutrition provided the evidence used by the Institute of Medicine in revising the Dietary Recommended Intake for protein. My pioneering research on resistance exercise in diabetes and chronic kidney disease has been translated into clinical practice by the American Diabetes Association in the most recently published guidelines on physical activity and exercise, as well as by the American College of Sports Medicine and American Heart Association revised guidelines for exercise in older adults. I am an active member of the American Society for Nutrition, the Gerontological Society of America, the American Diabetes Association, and the American College of Sports Medicine. I am a board member of various nonprofit and academic organizations.



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Research Interests

My research program has centered on investigating the mechanisms by which the steroid hormones are produced. Specifically, my laboratory is interested in how adrenocorticotropin (ACTH) controls steroid hormone biosynthesis in the human adrenal cortex. We have spent the past several years examining the mechanism by which ACTH signaling controls the transcription of cytochrome P450 enzymes (CYP) that metabolize cholesterol into steroid hormones (supported by NIH/National Institute of General Medical Sciences). Studies on the mechanism by which ACTH controls CYP17 transcription have resulted in several novel findings and have spawned new areas of investigation. In addition, we recently identified sphingosine as an antagonist and a short chain phosphatidic acid species as an agonist for the nuclear receptor steroidogenic factor-1 (SF-1). Since SF-1 is predominantly expressed in the nucleus, we have embarked on studies to characterize the nuclear lipid profile, to determine the mechanism by which these bioactive lipids are metabolized in nuclei, and to define how ACTH signaling regulates the activity and subcellular localization of enzymes that regulate sphingolipid and phospholipid biosynthesis (supported by NIH/NIDDK). Additionally, in work supported by NIDDK, we are investigating the mechanism by which ACTH signaling controls inter-organelle substrate trafficking and communication between the endoplasmic reticulum and mitochondria during cortisol production.



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Research Interests

The overall goal of my current research is studying chronic hepatitis B and hepatitis C infection as major risk factors for hepatocellular carcinoma (HCC) in U.S. African immigrants, particularly the East African immigrant population, including Somalis. In my current research, I am particularly interested in the role of hepatitis B and hepatitis C genotypes/subgenotypes, hepatitis B and hepatitis C mutations, and the host factors (genetic and immunologic) for viral persistence and HCC progression among U.S. Somali immigrants. In addition, with the collaboration of behavioral scientists, I am interested in studying health beliefs and behaviors of Somalis toward prevention, treatment, and surveillance regarding chronic hepatitis infection and its sequelae. These and other factors, including language, culture, religion, education, socioeconomic status, etc., may be contributing to health disparities among Somali immigrants in the United States.

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Research Interests

My research examines sources of variability in neurocognitive functioning in older adults. I have focused primarily on older African Americans with an emphasis on the role of cardiovascular risk factors such as hypertension, impaired glucose tolerance, elevated lipids, and obesity on neurocognitive abilities such as working memory, perceptual speed, verbal memory, visuospatial ability, executive function, and inductive reasoning. My interest in African-American neurocognitive functioning developed from a variety of research experiences focused largely on issues surrounding racial/ethnic disparities in health.



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Research Interests

My research focuses on cardiometabolic health disparities of diabetes, obesity, and cardiovascular disease. I do both intervention and epidemiological research and have worked with American Indians in the Southwest and Northwest, African American and Latinos in Detroit, and Native Hawaiian and Pacific Islanders in Hawaii on diabetes self-management and obesity prevention. Through community-based participatory research, I have culturally adapted several diabetes educational interventions for these populations. I currently have an NIDDK Mentored Research Scientist Development Award (K01) to empirically examine the spatial patterning and distribution of diabetes risk factors, and prevalence and incidence among a Multiethnic Cohort by combining individual- and area-level data. I am also interested in dissemination and implementation research and using system dynamics to model implementation of evidence-based practices across differing types of organizations.



Ka-Chun (Joseph) Siu, Ph.D.

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Research Interests

My primary research area is in both motor control and biomechanics, focusing on the elderly population and minorities. It includes fall prevention in aging, rehabilitation, and intervention. I am interested in studying the mechanism of human balance control, and locomotion and developed training programs for community-dwelling older adults and minority populations. My research team is currently investigating how sensory impairment impacts lateral stability in adults with diabetes and in developing Tai Chi programs for Latino and other seniors to maintain their physical health.



Janet Southerland, D.D.S., Ph.D., M.P.H.

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Research Interests

I am an African-American female conducting research in the field of diabetes and oral disease and am a U.S. citizen. My areas of interest are in periodontal disease and diabetes, oral cancer, HIV/AIDS, and the impact of these oral diseases in special populations. I have worked closely with leaders in the field of evaluating the impact of oral infection on systemic disease progression (Steven Offenbacher and Dr. Jim Beck, both at the University of North Carolina). I was a member of the Center for Oral and Systemic Diseases and the Lineberger Comprehensive Cancer Center. I have been an investigator on the Dental Atherosclerosis in Communities Project (Dental ARIC; PI—Dr. Jim Beck) that was associated with the Atherosclerosis in Communities (ARIC) Project funded by the National Heart, Lung, and Blood Institute. I also received a 3-year minority supplement grant associated with this project. I am currently working on several papers from data collected during this project and an HIV/AIDS Demonstration Project. Some of the titles include “Evaluating the Relationship Between Periodontal Infection and Fasting Glucose Levels” and “The Relationship Between Periodontitis and Diabetes Associations With Measures of Atherosclerosis and CHD.” I have published in the area of diabetes and periodontal disease and continue to be actively involved in research in the area. Currently, I am funded under a Health Resources and Services Administration project looking at the impact of oral disease on HIV overall health outcomes called the UNC HIV Demonstration Project and will soon be implementing a project detecting SCCa antigen in head and neck cancer patients pre- and post-treatment. We will also focus on the patients who have diabetes in this study.



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Research Interests

My research is in the area of hypertension and chronic kidney disease (CKD). I am particularly interested in the association of sleep-disordered breathing and kidney disease. Both disordered sleep and CKD are known to increase the risk of cardiovascular disease. Unfortunately, there is a high prevalence of CKD in minorities who are known to have reduced sleep duration and sub-optimal sleep quality. I am interested in investigating how downstream factors generated in the setting of poor sleep affect blood pressure as well as lipid metabolism, and whether these lead to end organ injury (e.g., kidney dysfunction). It will be interesting to know whether appropriate management of sleep disorders in CKD patients modifies their risk of cardiovascular disease.

Charmaine Stewart, M.D.

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Research Interests

My research interests include the pathophysiology of cognitive impairment in hepatic encephalopathy and sleep disorders associated with cirrhosis.



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Research Interests

My laboratory uses a multilevel approach to resolve the role of glucocorticoid hormones in hippocampal synaptic deficits in leptin receptor deficient mice, a rodent model of insulin resistant diabetes. We also study rats with diet-induced insulin resistance, which more closely resemble the etiology of diabetes in humans. These models are being characterized with regard to glucocorticoid-mediated changes in plasticity in the hippocampus, with the eventual goal of targeting the hippocampal corticosteroid signaling cascade to attenuate cognitive impairment in individuals with insulin-resistant diabetes.



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Research Interests

My research interests are in botanical dietary supplementation and insulin resistance. My research focus is on the health benefits of blueberries and their effects on improving the health and well-being of insulin-resistant humans with pre-diabetes and type 2 diabetes. Preliminary data in our laboratory suggests that dietary supplementation with bioactives in blueberries for 6 weeks was well tolerated and increased whole-body insulin-stimulated glucose disposal in obese humans with pre-diabetes when compared to the placebo group. The next steps are to determine the cellular mechanisms by which blueberries enhance insulin sensitivity. In addition, I am interested in studying other botanicals and metabolic syndrome.



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Research Interests

I am investigating novel approaches to treat and cure heart failure. Among those approaches is cutting-edge, vector-based gene therapy. I discovered that a new protein called Sorcin is able to alleviate cardiac failure of mice with diabetic cardiomyopathy. In addition, I was able to rescue cardiac failure by over-expressing SERCA2a in an inducible way in the heart of pressure-overloaded and diabetic mice, using a novel line of transgenic animals that I designed and engineered. More recently, my focus of research is the study of excessive enzymatic glycosylation of proteins in the diabetic heart. My interest is concentrated in the mitochondria of cardiac myocytes and the effects of excessive glycosylation of mitochondrial proteins and the mechanisms that lead to energetic inefficiency in the diabetic heart.



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Research Interests

My research interests are in cancer and chronic disease epidemiology, with an emphasis on the interactions between genetic susceptibility and environmental factors. The environmental factors that I focus on are infections, familial aggregation, behaviors, anthropometric changes/obesity. I am also interested in research on environmental factors that contribute to health disparities in neighborhoods and communities.



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Research Interests

My areas of research interest include ethnogenomics of complement regulatory genes and sickle cell pathophysiology, antigenic diversity and drug resistance in *Plasmodium falciparum*, and metagenomics and gene expression in cutaneous leishmaniasis.

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Research Interests

My laboratory is interested in understanding the mechanisms used by enterohemorrhagic *Escherichia coli* (EHEC) strains to adhere to and colonize the intestinal epithelia. Our major goal is the characterization of novel adhesins and the regulatory network controlling their expression during intestinal colonization. A second main project of our laboratory is defining the importance of bacterial surface structures in the pathogenesis of Adherent-Invasive *Escherichia coli* (AIEC) isolates and their role in the development of an inflammatory response. We are determining whether certain serotypes of AIEC strains are associated with inflammation, as observed in patients suffering from Crohn's disease and ulcerative colitis. Furthermore, we have recently completed the genome sequence of our prototype AIEC strain and now are establishing whether specific virulence factors expressed by AIEC strains are associated with chronic inflammation using *in vitro* and *in vivo* models of infection. Finally, my laboratory has initiated a new area of investigation focusing on the pathogenic mechanisms of *Burkholderia mallei* and the development of candidates for vaccine testing. Currently, we are characterizing the type III secretion system found in this pathogen using *in vitro* approaches and testing multiple virulence factors as vaccine candidates to protect against aerosol infection.



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Research Interests

My research interests include dysregulation of lipid, carbohydrate, and lipoprotein metabolism and its implications in cardiovascular diseases, obesity, and type 2 diabetes. Other areas of interest are diabetic cardiomyopathy and cardiac mitochondria dysfunction.

Lisa VanHoose, Ph.D.

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Research Interests

My research interest focuses on genetic and environmental factors causing lymphatic dysfunction that contributes to cardiovascular and lymphatic vascular diseases. I am particularly interested in structural and molecular changes in the cardiac lymphatic system related to diabetes. We have discovered interesting, novel findings regarding PROX-1, a lymphangiogenic transcription factor, under the backdrop of diabetes in Zucker diabetic fatty rats. I am preparing a grant application to continue exploring changes in lymphangiogenesis in another animal model of type 2 diabetes. I am currently investigating obesity-related secondary lymphedema in humans, and 100 percent of the subjects have a co-morbidity of type 2 diabetes. I have requested internal funds to evaluate gene expression in these subjects compared to age-matched healthy controls.

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Research Interests

My research interests include the design and testing of interventions to improve quality of care and to reduce health disparities. This includes efforts to reduce disparities in cancer outcomes, improve detection and treatment of kidney disease, and improve management of chronic disease. In addition to conducting policy analyses and health services research, I am also engaged in community-partnered research projects to reduce disparities in cancer care and to address negative social determinants of health.



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Research Interests

I am interested in health disparities within the obese pediatric and adolescent surgical community. Specifically, as a pediatric anesthesiologist, I am studying the role of pharmacogenetics in fatty liver through Pk/Pd modeling. I want to explore the possible genetic variations in the cytochrome P450 systems and anesthetic drug metabolism within ethnic populations diagnosed with nonalcoholic steatohepatitis. Currently, I am funded through the Pediatric Trials Network/Duke University to undertake pharmacokinetic studies to support the relabeling of intravenous midazolam for use in obese children.

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Research Interests

My Ph.D. is in Immunology, and I completed my thesis work in the area of B cell development. My goal is to complete a fellowship in nephrology and then develop a basic research focus on inflammatory or autoimmune disease processes in the kidney.

Francisco Villarreal, M.D., Ph.D.

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Research Interests

Diabetes mellitus is the fastest growing pathology in the United States. In the last 2 years, 3 million more Americans have been diagnosed with the disease. Under the umbrella of an NIH-sponsored program project (National Center on Minority Health and Health Disparities-sponsored EXPORT grant, Dr. Sandra Daley, PI), we have undertaken a research effort jointly with Dr. Wolfgang Dillmann, Chief of Endocrinology at the University of California, San Diego, to examine the *in vitro* and *in vivo* effects that diabetes has on cardiac diastolic function. Efforts focus on alterations that arise in both cardiac myocytes and fibroblasts. Animal models of type 2 diabetes are used, including transgenic animal models. Our laboratory has also undertaken a project related to the characterization of the cardioprotective actions of cocoa flavanols on animal models of ischemia-reperfusion injury, currently sponsored by a National Center for Complementary and Alternative Medicine R21. Cocoa flavanols are known to have beneficial effects in humans within a large dose range and with no toxic effects. Our intention is to demonstrate that the cocoa flavanol epicatechin can exert cardioprotective actions. For this purpose, we are currently pursuing studies *in vitro* and *in vivo*. Our expectation is to take our concept to initial clinical trials within a short timeframe.

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Research Interests

My research interests include: health disparities, cancer control and prevention, minority health, adolescent health, gender minority health, behavioral interventions, medical home, qualitative research, and mixed methods design. I also examine the benefits of fruit and vegetable consumption and physical activity as predictors and promoters of health and well-being.



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Research Interests

My research agenda focuses on health intervention models, which uses community-based asset models to improve health behaviors and decrease health disparities among African Americans. One of my research interests is (1) implementing evidenced-based health programs in community settings to improve health outcomes and decrease health disparities among African Americans, and (2) developing a community-based participatory research agenda where I collaborate with community organizations as well as community members to develop, implement, and evaluate programs developed specifically to meet the unique needs of African-Americans living with chronic diseases. For example, I served as the principal investigator on the Winning Over Weight Wellness program (WOW Wellness) in 2010 designed to assist African-American women and their families incorporate simple behavioral changes into their everyday lives in efforts to decrease weight. In addition, my research now focuses on community-engaged research where I received an NIH diversity supplement to work with Dr. Linda Cottler's (PI) NIH NIDA (R01) grant titled Transformative Approach to Reduce Research Disparities Towards Drug Users (2012-2014). Through this opportunity, I am learning how to conduct community engaged research as well as explore the willingness of community members in northeast and central Florida to engage in research studies to improve chronic diseases and health outcomes.

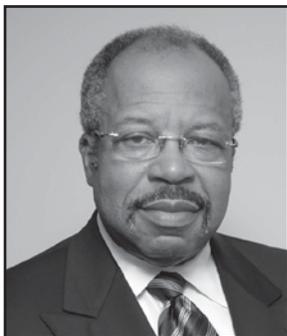


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Research Interests

My research focus is health disparities. My interests are behavioral interventions developed through community-based participatory research (CBPR) interventions, obesity, physical activity, cardiovascular disease, and the development of sustainable translational interventions. Additional interests include stroke prevention and diabetes biomarkers predicting incident diabetes.



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Research Interests

I am Professor of Medicine and Program Director of the William T. Dahms Clinical Research Unit at Case Western Reserve University and Director of the Clinical Hypertension Program at University Hospitals Case Medical Center. My research interests include long-term clinical outcome trials, particularly in black populations. I served as Vice Chair of the Steering Committee for the African-American Study of Kidney Disease in Hypertensives Trial and first authored its primary results paper. I also chaired the Executive Committee and was Vice Chair of the Steering Committee for the Antihypertensive and Lipid-Lowering to Prevent Heart Attack Trial (ALLHAT). I am now the Principal Investigator of one of the five clinical center networks in the Systolic Blood Pressure Intervention Trial (SPRINT).



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Research Interests

The overarching goal of my research program is to develop interventions aimed at decreasing health disparities in diabetes outcomes, chronic kidney disease (CKD), home dialysis, and transplantation. My research program currently focuses on conducting research on the epidemiology of health and gender disparities in diabetes, diabetic kidney disease, CKD, and depression, access to transplantation, dialysis initiation, and home dialysis modalities. My research projects include the NIH-funded Increasing Kidney Disease Awareness Network (IKAN) Transplant project, which involves the development and testing of new educational materials for patients with late stage CKD; evaluation of health and gender disparities in CKD in the Pathways and VA Pathways databases; and CKD evaluation of outcomes in the NIH-funded Jackson Heart Study. In addition we are developing kidney disease telemedicine programs within Veterans Affairs that focus on interventions to increase specialty-primary care interaction using the Specialty Care Access Network Extension for Community Health Outcomes (SCAN-ECHO) model. Currently, our research program receives NIH and VA funding, which supports several co-investigators and graduate students.

**Network of Minority Health Research Investigators 11th Annual Workshop
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health**

**Bethesda Marriott at Pooks Hill
Bethesda, MD
April 18 - 19, 2013**

Final Summary Report

THURSDAY, APRIL 18, 2013

INTRODUCTIONS

Carmen Castaneda-Sceppa, M.D., Ph.D., Associate Professor, Northeastern University

Lawrence Agodoa, M.D., Director, Office of Minority Health Research Coordination (OMHRC), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH)

Dr. Castaneda-Sceppa, Chair of the Network of Minority Health Research Investigators (NMRI) 11th Annual Workshop, welcomed the attendees and recognized the Planning Committee for their efforts in coordinating the workshop. She mentioned that the challenging environment of limited research funding opportunities will be addressed through several presentations about science careers and strategies for grant writing success. Networking is a critical component of the NMRI, and lunch will provide an opportunity to network with other NMRI members by discussing career development, building collaborations, mentoring, and leadership. Dr. Castaneda-Sceppa encouraged participants to be proactive in seeking collaborative opportunities and developing new research ideas. She also suggested that participants should interact outside of the meeting venue throughout the year.

Dr. Castaneda-Sceppa stated that the mock study sections, which would address R01/Basic, R01/Clinical, and K Awards, would provide valuable information for the participants. An afternoon session will explore the role of scientific societies and professional organizations. The poster session will be followed by the dinner address. Dr. Castaneda-Sceppa said that she was looking forward to a great program. She emphasized the importance of completing the meeting evaluation forms that were included in the meeting folders so that the Planning Committee can organize the following year's meeting based on the interests of the members. Dr. Castaneda-Sceppa expressed appreciation to Ms. Winnie Martinez for her creative efforts to decide the best approach for the meeting given the budget constraints. She also thanked Dr. Agodoa, the heart of the Network whose support and input are invaluable.

Dr. Agodoa welcomed the participants and expressed appreciation to the senior mentors, who are responsible for the success of the Network. He mentioned that the NIH is facing budgetary limitations and creative thinking will be needed to leverage the available resources to accomplish NMRI objectives. Dr. Agodoa expressed appreciation to the Planning Committee for their efforts and said that he was looking forward to interacting with the NMRI members during the meeting. He asked the participants to introduce themselves and indicate their affiliations and interests. Dr. Agodoa thanked the attendees for their participation.

SCIENCE CAREERS IN THE COMING DECADE: CHALLENGES, OPPORTUNITIES, AND THE IMPORTANCE OF INNOVATION

William Pearce, Ph.D., Professor, Loma Linda University Medical Center

Dr. Pearce described the current revolution in the education of medical and scientific professionals. A dramatic shift has occurred in medical schools, which encourage small classes, limited didactic lectures, and additional experience in the clinic. Basic science education also is changing to best prepare scientists for a successful future.

A report released by the NIH's Biomedical Research Workforce Working Group on June 14, 2012, addresses how the NIH can continue to attract the brightest young researchers despite the decreased research funding. Enrolled graduate students total 83,000, of which 63 percent ultimately finish. Of those who finish, 70 percent become postdoctoral fellows. The average length of time to degree has increased to 6.5 years, and the median age at graduation is 32 years. The median tenure of the 37,000 to 68,000 postdoctoral fellows is 4 years, and up to 40 percent are foreign. Concerns include why so many graduate students do not finish and why 30 percent do not attain postdoctoral positions.

Of the total Ph.D. biomedical workforce of 150,000, 43 percent are employed in academia. The percentage of tenured professors is decreasing over time, which is alarming. In 1993, 34 percent of professors were tenured or tenure-track, while in 2012 the number had decreased to 23 percent. The 2 percent unemployment rate for Ph.D. recipients is lower than the national average. Industrial research (18%) and government research (6%) have remained constant since 1993, while those employed in science-related nonresearch careers (18%) and nonscience careers (13%) has increased. Despite these changes, graduate training continues to focus on training scientists for academic research positions. The working group concluded that graduate training programs should accommodate a greater range of anticipated careers.

To help reach this objective, the NIH developed a new program, called Broadening Experiences in Scientific Training (BEST), which is designed "to seek, identify, and support bold and innovative approaches to broaden graduate and postdoctoral training." The Loma Linda University submitted a letter of intent for one grant describing how the university will respond to the changing needs of the community and help Ph.D. students succeed.

Dr. Pearce reviewed the academic science careers, nonacademic research careers, and nonresearch science careers pursued by graduates. Traditional biomedical science careers, including research professorships, are experiencing rapidly decreasing success rates and paylines for grants, which are required for a successful laboratory. Teaching intensive professorships are increasing because of the trend toward small class sizes, although the failure to convert junior to senior faculty is increasing. Undergraduate education, including Web-based teaching and community college education, is growing in popularity. Ph.D. graduates also are being recruited to careers in secondary education due to high demand for expertise in subjects such as genomics, epigenetics, and ecosystems.

Interestingly, the number of M.D. degrees awarded has plateaued, while the number of biomedical and clinical science Ph.D. degrees is rising rapidly. As there are limited professorships available, this creates a situation where many graduates must pursue other career options. Nontraditional academic science careers include laboratory manager positions, online curriculum development, and core facility directors.

The best known nonacademic research career is that of government research. The NIH intramural research program employs 1,200 principle investigators (PIs) in 23 individual Institutes and Centers (ICs). The research is highly multidisciplinary, competitive, and prestigious. Other scientists are employed by the NIH's Center for Scientific Review (CSR), Veteran's Health Administration, or as government consultants to the Office of Science and Technology Policy, U.S. Environmental

Protection Agency; U.S. Food and Drug Administration; and other agencies. Industrial research is another avenue for a nonacademic research career. These jobs require a unique skill set, including business and financial acumen and communication skills. Startup companies can be risky, but provide complete independence and can be rewarding. Lobbyist and international science liaison opportunities also are available for graduates interested in nonacademic research careers. A clinical research career can complement the growing emphasis on translational research and creation of clinical research centers.

Nonresearch science careers are available for Ph.D. graduates interested in a job away from the bench. Many Ph.D. graduates are employed in university administration in positions of graduate program coordination, technology transfer, grants management, bioethics, or intellectual property. Journalism and related writing fields serve as attractive nonresearch career paths. Ph.D. graduates also are employed by the entertainment industry as content consultants. Multidisciplinary pursuits, including nongovernmental organization (NGO) scientists, science website developers, social media consultants, medical-legal-forensic expert witnesses, and stock analysis consultants also attract many graduates.

In addition to the traditional scientific research careers, the growing nonacademic research and nonresearch science career sectors provide many opportunities for students to apply their strengths to achieve a rewarding and successful career.

Discussion

In response to a question, Dr. Pearce elaborated that graduate course curricula for the next generation of trainees should prepare students to handle careers outside of academia by presenting additional options (e.g., bring industry representatives to talk to students) and placing more emphasis on skills such as writing and communication.

Dr. Pearce cautioned participants to be vigilant about the peer-review standards for online journals. The publishing industry is facing challenges, but high-quality journals will continue to succeed.

STRATEGIES FOR GRANT WRITING SUCCESS

Sharon Milgram, Ph.D., Director, Office of Intramural Training and Education (OITE), NIH

Dr. Milgram commented that her first two grants were awarded by the NIDDK, and she was honored to present on the topic of grant writing. She referenced the OITE's website, available at www.training.nih.gov, which hosts a jobs board, career blog, information on various career paths, and more than 100 informational videos. Dr. Milgram explained that the most important message of her presentation is that applicants will decrease their stress level and have more time to focus on science if they take the time to understand the grant writing process, from the first idea to the final outcome. A lot of stress is generated when applicants are not aware of deadlines and forms are not understood. The application cycle lasts almost a year, and time should be allowed for resubmission. It is important to consider all aspects of the project and address administrative issues prior to writing the grant. Laboratory members, mentors, and collaborators should be engaged in the early brainstorming conversations.

Dr. Milgram stated that the first step is to apply for the right grant. Although R01 grants tend to be key for tenure, there are many additional funding opportunities even beyond the NIH. Online databases provide information about many small grants. Mentors, institutional grant or training offices, or representatives of relevant funding agencies might be able to provide insight into appropriate grants.

Funding opportunity announcements are known as program announcements (PAs), request for applications (RFAs), notices of funding availability, or solicitations. PAs allow for nonspecific, inves-

tigator-initiated proposals on any topic within the mission of the organization (e.g., K99 and R01 grants), while RFAs address a defined area of research and may dictate special eligibility or review criteria. Paying attention to grant eligibility criteria—including institutional as well as individual eligibility criteria—is critical. Applicants should clarify any questions with the agency personnel indicated in the PA or RFA. Importantly, applicants should consider whether the timing is right to submit an application. Occasionally, more time is needed to develop the project into a more competitive prospect.

Each NIH Institute has a different mission and grant mechanisms, policies, and procedures vary. Dr. Milgram recommended that applicants spend a lot of time reviewing the NIH OER website (<http://grants.nih.gov/grants/oer.htm>) to become familiar with the application and funding process, which has many nuances. It is important to remember that the university actually submits the application to the NIH, so time must be budgeted for collecting signatures and approvals. The CSR receives all grants and then assigns an appropriate study section and Institute to review the application. Following a fair and honest peer review of the application's scientific merit, the Institute evaluates the relevance through an advisory council that considers paylines and priorities and makes recommendations to the Institute director, who allocates the funds.

The entire application process occurs on the Internet. Dr. Milgram encouraged participants to register for an Electronic Research Administration (eRA) Commons account, as the NIH communicates exclusively via eRA Commons to indicate study section assignments, priority scores, and so forth. The application itself is uploaded using www.grants.nih.gov. The RePORTER website (<http://report.nih.gov/index.aspx>) can be reviewed to understand what types of projects are funded by the NIH.

The goal is for applicants to find the one or more ICs that are most relevant to their research. The website www.nih.gov/icd/ can be used to explore the mission and efforts of each IC, and the funding tab provides more information about related grants. The CSR will review the application abstract to identify relevant study sections, or applicants can suggest relevant ICs or study sections in their cover letter. Two important people to know within the review process are the Scientific Review Officer (SRO) and the Program Officer (PO). The PO is an NIH official who manages a portfolio of awarded grants in a particular scientific discipline or funding area. POs can answer questions about eligibility and relevance to the IC prior to submitting the application. After the CSR selects a study section, the SRO directs the review by organizing and conducting the study section as well as serving as a liaison between the applicant and reviewers. Post-review questions, however, should be directed to the PO.

The study sections are comprised of university faculty, NIH intramural investigators, and industry scientists. Some members are permanent, while others are invited to serve on the study section on an ad hoc basis. Dr. Milgram explained that although the standing study section members are listed on the NIH website, it is not possible to know exactly who will review a particular grant. Most study sections meet in person. It is useful for minority scientists to serve once on a study section early in their career for instructional purposes and then decline until tenure is achieved. Each study section typically reviews 70 to 120 applications. Each application is assigned a primary and secondary reviewer (up to three reviewers possible), who write critiques considering the strengths and weaknesses overall and by criterion as well as other considerations. Contacting the reviewers before, during, or after the process violates the integrity of the system and is not allowed.

Grants may be triaged during the study section if they are deemed irrelevant or poorly presented. Reviewers evaluate grants for overall impact as well as several core criteria: significance, investigators, innovation, approach, and environment. Additional issues, such as human subject protections, might be considered if relevant. Training grants are judged by different criteria: overall impact, candidate strength, career development plan, research plan, mentors/consultants/collaborators, environment and institutional commitment, and other criteria. The scoring system provides an overall impact score from 10 to 90 and criterion scores of 1 to 9, with lower scores preferred. A score of 1,

for example, indicates that the application is exceptionally strong with essentially no weaknesses. An application with a score of 1 to 2 is likely to get funded. Applications that are not discussed by the review panel do not receive an overall impact score but are returned with written critiques from the assigned reviewers.

The main types of NIH grants include research and training fellowships (T and F series), career development awards (K series), research grants (R series), program project/center grants (P series), and trans-NIH program grants, where multiple laboratories submit a unified grant. The Career Award Wizard helps applicants to select the right grant for their current career stage. Dr. Milgram emphasized the importance of starting to think about a K99 grant in the second year of a postdoctoral fellowship, as data suggest that early applications are quite successful and K99 recipients have a higher likelihood of securing a tenure-track faculty position.

Considering the psychology of grant review is an important component. Reviewers are overcommitted, tired, and may only be peripherally interested in an application. It is important to facilitate their job by submitting organized and clear applications. Repetition is used to emphasize salient points. Dr. Milgram cautioned against exceeding page limits and using small font or figures. The elements of an NIH research grant includes a cover letter, title page, abstract, budget, biosketches, resource and facility information, introduction, specific aims, research strategy, references, and other assurances. Dr. Milgram commented that while strong writing cannot fix bad ideas, weak writing can ruin good ideas. Time should be taken to ensure an organized, logical, and concise application.

Discussion

In response to a question, Dr. Milgram explained that IC paylines and priorities are set by a council that includes scientific experts as well as disease advocates. The council evaluates the overall portfolio to determine which grants should be funded.

Dr. Milgram commented that young investigators should ask senior mentors to advocate for them to be included in a study section, but encouraged them to refrain from becoming a standing member until after reaching tenure.

WELCOMING REMARKS

Griffin Rodgers, M.D., Director, NIDDK, NIH

Dr. Rodgers welcomed the participants and thanked the program advisors, who represent a group of dedicated individuals working toward a common goal. Now in its 11th year, the NMRI has been very successful as judged by common metrics. Dr. Rodgers referenced the *Science* publication indicating the striking disparity in the success rates of racial and ethnic groups in NIH study sections. As a result, the NIH Director convened a Diversity Task Force, which produced a report describing the NMRI as an example of a program with successful mentorship interactions that should be emulated within the NIH. Virtual mentorship, in particular, was cited as a useful characteristic to improve the success of minority researchers.

Dr. Rodgers acknowledged the challenging budget climate and commented that although some NIDDK programs might need to be eliminated, the NMRI is an inspiring program that will be prioritized, especially because many diseases and disorders disproportionately affect specific racial groups. Dr. Rodgers commented that it is an important time for scientific advances to push the borders of personalized medicine. Biomedical research should be advocated as an important economic engine and participants should take opportunities to emphasize its significance especially during the sequestration. The United States has exceptional success with biomedical research, including papers published, breakthroughs achieved, and Nobel prizes awarded. Dr. Rodgers emphasized the need to indicate when NIH funding enabled important research advances when participants have the opportunity to present their work.

Dr. Rodgers congratulated the participants for their great work, promotions, awards, and key publications. He indicated that the NMRI members are role models and should endeavor to share their experiences about the paths navigated and successes achieved. Dr. Rodgers encouraged fellowship during the meeting and commented that the next major discovery is likely to come from the participants and their trainees or mentees.

NETWORKING LUNCH: ROUNDTABLE DISCUSSIONS

During the networking lunch session, the meeting participants attended one of six roundtable discussions, each of which focused on a different career-oriented topic. Participants selected which discussion to attend. The format of the discussions varied—several roundtable leaders began the discussion with formal presentations, while others fostered a question and answer period throughout the lunch.

Career Development

Sharon Milgram, Ph.D., Director, Office of Intramural Training and Education, NIH

Dr. Milgram discussed career development challenges and opportunities. She mentioned that science lacks authentic conversations about race and ethnicity that are needed to raise the collective perspective. There is an interesting sociological phenomenon with regard to health scenarios, and until scientists understand the health disparities affecting minorities, nothing will change. She also addressed the challenge of juggling multiple projects while maintaining a family life. Women in particular, Dr. Milgram noted, tend to lack self-confidence and are not socialized to advocate for themselves. Dr. Milgram also mentioned that minorities often are solicited for inclusion on grants, but they should ensure that they are listed as a co-PI and not just a collaborator.

How to Build Collaboration

Carlos Isales, M.D., Professor; Vice Chairman, Translational Research; Director, Institute of Regenerative and Reparative Medicine; Georgia Regents University

Dr. Isales explained that building collaborations requires a lot of effort. The participants discussed when to include collaborators on grant applications and how many should be included. Including a well-known, senior colleague on the grant is useful for initial grant applications before an applicant's own name is established. However, the collaborator must be willing to help with the research and participate in meetings to justify his or her percentage of support and budgeted salary. Collaborators write letters of support to indicate their willingness to work together. Reviewers require a justification of the budget, including the collaborators, and evidence of an established relationship. When establishing a collaboration and developing a grant, it is useful to discuss the expected level of effort in detail prior to being awarded the grant. Although it is tempting to include in the grant application a famous expert at a different institution, collaborations within one's institution tend to be more feasible and are viewed more favorably in study sections. When collaborators at other national or international institutions must be included for some reason, Dr. Isales suggested spending several weeks at the collaborator's laboratory to become familiar with the available resources.

“Effective Mentoring Can Be Learned but not Taught” Is a Quote From Entering Mentoring
Jackie Tanaka, Ph.D., Associate Professor, Temple University

Dr. Tanaka emphasized the challenges faced by junior faculty, who are in the position of being mentored as well as mentoring more junior individuals as they advance in their careers. This stage is difficult to navigate because it is important for faculty to meet their own needs while providing useful information to others. The participants discussed what is meant by mentoring. Mentoring can be thought of as facilitating a mentee’s achievement of goals. Mentoring is time consuming, and it is important to ensure that the time spent mentoring is efficient and valuable. Dr. Tanaka commented that great mentors are important throughout the academic career, including during undergraduate education as well as one’s research career. Mentors can assist with writing papers and designing research projects. However, these activities can take a lot of time, so it is important for mentors to find a balance with assisting mentees as well as considering one’s own priorities. Dr. Tanaka mentioned that the NIH and National Science Foundation (NSF) are shifting funding into mentoring awards to acknowledge its critical importance.

Accessing and Using Large National Datasources
Bessie Young, M.D., M.P.H., Associate Professor, University of Washington

Dr. Young described the National Health and Nutrition Examination Survey (NHANES) data source, which was a program of the National Center for Health Statistics that sampled approximately 5,000 individuals across the country every 2 years and has several vintage datasets with large numbers of subjects. Among its many uses, NHANES helped to establish blood lead limits, track obesity, and monitor changes in diabetes and other diseases. The NHANES questionnaires examine multiple components of diet, behavior, and health. The data are divided into primary sampling units and each individual observation is weighted. The analysis also accounts for variance and allows population estimates for the United States. The Behavioral Risk Factor Surveillance System (BRFSS) is another cross-sectional complex survey that assesses patient-reported outcomes such as quality of life, health, diet, and exercise. The Healthcare Cost and Utilization Project (HCUP) includes the largest collection of longitudinal hospital care data in the United States. The database allows research on health policy issues, medical practice patterns, and treatment outcomes. Other surveys, such as the National Hospital Discharge Survey, National Hospital Care Survey, and National Ambulatory Medical Care Survey, provide information about the provision of medical care services. In general, many of the large national datasources provide downloadable data that can be used to establish norms in the United States for various clinical diseases.

Selling Your Science—Getting Published
Keith Norris, M.D., F.A.C.P., F.A.S.N., Executive Vice President for Research and Health Affairs,
Charles R. Drew University of Medicine and Science

Dr. Norris emphasized that publications are the number one currency for career promotions and other awards. When junior faculty apply for a promotion from assistant to associate professor, institutions evaluate the independent funding and publication record of the investigator. The number of publications necessary varies between fields, and journal prestige (“impact factor”) plays a large role. Dr. Norris explained that promotion cover letters should describe the investigator’s work as being published in the leading journal of the field. For example, a publication in *Science* or *Nature* might have broad significance, but publishing in the *New England Journal of Medicine* or the leading nephrology journal, for example, is a significant accomplishment. Some publications are linked to large databases, which can facilitate public health investigations or provide clinical trial data for further analyses. Dr. Norris explained that even when a study generates negative data, the results can be valuable and publishable. With regard to preparing an article for publication, Dr. Norris suggested that participants consult senior colleagues with a strong publication record to gain insight into which journals are the most appropriate for the research results. It also is a useful idea to send

an abstract to the editor of a journal of interest with a note requesting advice on whether the study would be considered for publication in that journal.

Leadership and Your Career

Eddie Greene, M.D., Associate Professor, Mayo Clinic

Dr. Greene commented that an important component of leadership is treating one's colleagues well. It is important to avoid rising to success at the expense of other colleagues, because people have long memories and institutional turnover can be low. Thus, it is important along one's career path to support colleagues as well as train and mentor junior individuals. With regard to the importance of receiving grants, Dr. Greene explained that knowing what reviewers are looking for in grant applications increases the chance of success. Many applicants do not know how to write a grant, and it is important to consult leaders in the applicant's university and field to gain insight into the best grant-writing strategies. Reviewers can be critical and negative, but learning from the constructive parts of the review is beneficial. Most importantly, Dr. Greene emphasized that participants should seize any opportunities that arise to demonstrate leadership.

MOCK STUDY SECTION

The meeting participants viewed two short videos ("NIH Peer Review Revealed" and "NIH Tips for Applicants"), developed by the CSR, to clarify the grant review process. During the afternoon breakout session, participants attended one of three Mock Study Sections. Each session covered different types of NIH awards: R01/Basic, R01/Clinical, and K Awards. The three study sections were comprised of a Chair and SRO, as noted below. Session leaders were given sample grant applications (some from meeting participants) to review and provide critical feedback. The SRO led a discussion of the feedback sessions. One of the most useful activities during the session was the grading of the sample applications by "study section" participants, with direct feedback on why they would have scored the application as they did. Each mock session included experienced researchers who had submitted successful grant applications; they provided real-life experiences about their quest for funding, often after being unsuccessful in their first attempts. Discussion sessions were scheduled to allow participants to ask specific questions after hearing about the process and grading scale. These sessions were invaluable in the face of limited funding available because of the restricted financial climate.

Study Section 1: R01/Basic

SRO: *Ann Jerkins, Ph.D., Scientific Review Officer, NIDDK, NIH*

Chair: *Marina Ramirez-Alvarado, Ph.D., Associate Professor, Mayo Clinic*

Study Section 2: R01/Clinical

SRO: *Maria Davila-Bloom, Ph.D., Scientific Review Officer, NIDDK, NIH*

Chair: *Susanne Nicholas, M.D., Ph.D., M.P.H., F.A.S.N., Associate Professor, University of California, Los Angeles*

Study Section 3: K Awards

SRO: *Michele Barnard, Ph.D., Scientific Review Officer, NIDDK, NIH*

Chair: *Tesfaye Merasha, Ph.D., Assistant Professor, Cincinnati Children's Hospital Medical Center*

ROLE OF SCIENTIFIC SOCIETIES AND PROFESSIONAL ORGANIZATIONS

Society for African American Public Health Issues

Natasha Brown, Ph.D., M.P.H., Postdoctoral Research Associate, Maryland Center for Health Equity, University of Maryland

The Society for African American Public Health Issues (SAAPHI) is a nonprofit national public health organization comprised of researchers, physicians, and health advocates dedicated to improving the overall health of African Americans. SAAPHI was founded in 1991 to assess the underlying causes of health status and the differentials causing health disparities, especially in consideration of the contributions of race versus racism. The goals are to initiate and assist in the improvement, development, maintenance, and utilization of appropriate databases for the understanding of health problems and needs of African American communities; promote the utilization of scientific information on African Americans in program and policy decisions; formulate and advocate appropriate public policies for health promotion and disease prevention among African Americans; and facilitate professional development, social welfare, and leadership skills among its members.

SAAPHI was recognized as an NGO by the United Nations and invited in 2001 to attend the World Conference Against Racism, Racial Discrimination, Xenophobia, and Related Intolerance in Durban, South Africa. SAAPHI members have achieved many accomplishments, including the creation and maintenance of a Health Disparities Working Group for the American Public Health Association (APHA). Members research important topics, including the application of Critical Race Theory to study health equity, population differences in patterns of preterm delivery, protection of vulnerable populations from pandemic influenza, documentation of disparities in childhood obesity and the design of behavioral interventions, and using illustrations to describe racism and address the social determinant of health equity.

There are seven SAAPHI committees. The Policy Committee informs members of local, state, and national policies that influence African American Health and members serve as SAAPHI's liaisons to national policy initiatives, such as the Joint Policy Committee of the Societies of Epidemiology, National Salt Reduction Initiative, and APHA. The objectives of the Fundraising/Finance Committee are to set the budget for the year, identify funding priorities, mobilize due payment and donations, identify potential donors, and submit grants. The Fundraising/Finance Committee will provide letters of support to members submitting grant applications. Dr. Brown encouraged participants to contact SAAPHI to learn more. The Communications and Media Committee posts current information to the listserv (e.g., job announcements, workshops, training opportunities, funding announcements); maintains SAAPHI's presence on Facebook, Twitter, and blogs; and develops new marketing initiatives (e.g., website redesign and a monthly newsletter). The Conference Committee organizes the annual SAAPHI meeting at the APHA conference. SAAPHI participates in a full-day symposium with the Black Caucus of Health Workers and has conducted a very successful networking reception. The theme for this year's conference is, "Achieving Health Equity Throughout the African Diaspora." SAAPHI's Scientific Committee organizes the annual Scientific Symposium, highlights salient publications by SAAPHI members, and organizes and hosts quarterly research webinars. Dr. Brown encouraged the meeting participants to attend the Scientific Symposium to present their research. The Membership Committee maintains an updated SAAPHI directory, hosts networking functions in regional hubs, and works with the Fundraising/Finance Committee to increase SAAPHI membership. Finally, the Mentoring and Professional Development Affairs Committee identifies the career development needs of SAAPHI members, provides mentoring and professional development resources, organizes an annual mentoring breakfast, and cohosts mentoring teleconferences with the Conference Committee.

The 2012 – 2013 Executive Committee is comprised of Dr. Ndidi Amutah (President), Dr. Brown (President-Elect), Ms. Shavon Johnson (Secretary), Dr. Cheryl Blackmore Prince (Co-Treasurer), and

Dr. Laurie Elam-Evans (Co-Treasurer). Dr. Brown provided contact information for the SAAPHI listserv (<http://health.groups.yahoo.com/group/SAAPHI>), Twitter (@S_A_A_P_H_I), blog (<http://saaphi.wordpress.com>), Facebook (SAAPHI), and website (<http://www.saaphi.org>).

Discussion

Dr. Brown clarified that SAAPHI accepts undergraduate and graduate students into the organization and welcomes all new members. She encouraged meeting attendees to learn more about SAAPHI by participating in a conference call. The call dates and dial-in information are listed on SAAPHI's Yahoo group page. Dr. Brown acknowledged that SAAPHI is not well-known among NMRI members and encouraged participants to publicize it. NMRI members can email saaphi-president@gmail.com or natasha.a.brown@gmail.com if they have questions about SAAPHI and its activities.

American Diabetes Association

Robert Ratner, M.D., F.A.C.P., F.A.C.E., Chief Scientific and Medical Officer, ADA

Dr. Ratner explained that 26 million people in the United States have diabetes, with another 79 million people with prediabetes. The population with the highest incidence is American Indians, followed by Hispanic Americans and African Americans. The incidence and natural history of diabetes is different between populations, and it is appropriate and necessary to undertake research in minority populations. Certain outcomes also vary between populations: African Americans are at the highest risk for end-stage renal disease, while Hispanic Americans and African Americans carry an increased risk of amputations due to diabetes. Dr. Ratner stated that one solution to the differential incidence of diabetes is to encourage researchers, especially minority researchers, to address the cause. Physicians, nurse practitioners, and others in the medical community also can help to solve the problem of health disparities. Organizations are interacting with and promoting health care in minority communities as well as supporting minority researchers.

The American Diabetes Association (ADA) has supported mentor-based fellowships for the past 20 years. These fellowships are targeted for postdoctoral fellows and junior faculty from minority populations to connect with a mentor and receive financial support for additional training in diabetes. The ADA also advocates for the NIH to increase the NIDDK's budget and works with partner organizations to lobby Congress to increase the overall funding levels for biomedical research at the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and Agency for Healthcare Research and Quality (AHRQ).

The ADA supports \$34.5 million (M) of annual investigator-initiated research. The grants are concentrated on young investigators to give them a chance to develop; Dr. Ratner commented that the hardest grant to receive is the first one. The goal is to use ADA's seed money to help young investigators by reducing the clinical burden and increasing the opportunity to collect preliminary data for their next grant. The ADA's website (www.diabetes.org) lists the categories of research that are funded by the organization. The available funding varies for postdoctoral researchers, junior faculty members, or mentor-based fellowships for senior faculty to help new investigators. The ADA does not provide research grants to established scientists. Dr. Ratner said that it is very affirming when senior investigators comment that their first grant was from the ADA, which paved the way for future NIH funding.

The objective of a new ADA program, the Pathway to Stop Diabetes, is to inspire and train the next generation of scientists interested in diabetes research. Promising young investigators supported through this program will focus on innovative ideas and approaches that lead to advances in diabetes prevention and treatment. There also is a category for senior investigators who want to change fields to address important questions concerning diabetes. Although typical ADA grants provide up to \$200,000 over 3 years, the Pathway grants provide 5 to 7 years of independent funding up to

\$1.625 M. Importantly, the grant is awarded to the individual and not the institution to allow flexibility in applying imaginative approaches to problems. The ADA is hoping to support the next generation of Nobel Prize winners using this approach. Dr. Ratner encouraged the meeting attendees to apply for the Pathway grant. Diabetes is a disease that will require innovative research to advance the field.

Beyond research funding, the ADA conducts meetings such as the 73rd Scientific Sessions, which is the world's largest meeting devoted to diabetes with more than 17,000 attendees representing basic, clinical, and behavioral sciences. The ADA is the publisher of *Diabetes and Diabetes Care*, which are the top journals in the world for the subject. Beyond the dissemination of science, the ADA strives to solve problems of diabetes care within communities. The ADA has published the annual *Standards of Medical Care in Diabetes*, which is the definitive source of evidence-based medicine, and seeks to integrate science into clinical management and care. The ADA also organizes professional and patient education activities. For example, the ADA has scheduled a 1-day review session on "Diabetes 201" directed to primary care physicians. The ADA supports a variety of professional education programs, including the ADA Academy. The Standards of Care consensus conferences provide current information garnered from experts around the world. Other consensus and guideline development conferences are related to hyperglycemia and diabetes therapeutics.

A critical component of the ADA's activities concern communities and individuals with diabetes. The High Risk and Health Disparities program is the biggest division within the ADA. Workgroup subcommittees address African Americans, Asian/Pacific Islanders, Latinos, American Indians, and Alaskan Natives. Understanding the unique aspects of those communities helps the ADA develop initiatives to meet those needs. The African American community is served by the ADA's Live Empowered and Sisters Unite programs, and the Latino population utilizes Por Tu Familia. Diverse populations communicate, learn, and deal with disease differently. The ADA considers culturally and socially specific messages while taking into account numeracy and literacy of certain communities. For example, numeracy plays a critical role in patient care. Dr. Ratner explained that diabetes is the only disease (with asthma on the rise) where the individual with the condition performs all of the biochemical status monitoring and medication administration. There are high expectations for patients with diabetes. It is important that patients understand how many calories are in a gram of fat, and how much insulin is needed per gram of carbohydrate.

The ADA has hosted the Health Disparities Forum in Washington, DC, for the past 6 years. This year's meeting is scheduled for October 2013 and will focus on social determinants of diabetes. Topics beyond adherence will be considered, including factors in the living environment that challenge the prevention and adequate treatment of diabetes. Factors such as poverty, food deserts, safe streets, and the workplace environment all can contribute to the development and progression of diabetes. The ADA is seeking imaginative scientists to answer research questions and apply the findings to overcome the health disparities apparent in diabetes.

Discussion

A participant asked if the ADA grants are targeted for education; many medical centers only interact with minority communities when they need research subjects, and community members are not educated about the importance of factors that might contribute to diabetes, such as periodontal disease. Dr. Ratner explained that promoting diabetes education is a component of the Standards of Care. Large quantities of basic information are packaged into a culturally appropriate format to present to communities. The ADA also utilizes relevant community groups to reach and educate citizens; the Live Empowered program is organized through churches, and the Por Tu Familia program is promoted at fairs.

Dr. Ratner clarified that the Pathways grants will be limited to postdoctoral fellows and junior investigators who have not received a second or renewed R01 grant. Additional requirements are out-

lined on the ADA's website. The ADA will discuss proposed ideas and approaches with the applicant; formal hypotheses, specific aims, and methodology will not be required because the grant will fund the person, not the project. Dr. Ratner commented that the ADA does not team with universities but provides faculty research and mentoring support within its grant processes.

In response to a question, Dr. Ratner explained that approximately 90 percent of people with diabetes have type 2. The distinction is blurring, however, because what is diagnosed as type 2 can actually be latent type 1. Analyzing blood for antibodies is the definitive diagnostic test to differentiate. The overall growth of diabetes in the United States is being driven by type 2, although both types are increasing quickly.

MARCO CABRERA POSTER AND NETWORKING SESSION—OVERVIEW

Judges: Drs. Trudy Gaillard, Lincoln Edwards, Eduardo Fricovsky, and Lewis Roberts

Participants were invited to view the posters submitted to the NMRI Annual Workshop. This year, 21 posters were submitted in two categories: Basic Science and Clinical/Translational. During the poster review, judges observed the posters and chose winners for each category; the awards were given to recipients on the second day of the workshop.

DINNER ADDRESS: MINORITIES IN ACADEMIA

Denice Cora-Bramble, M.D., M.B.A., Chief Medical Officer and Executive Vice President, Ambulatory and Community Health Services, Children's National Medical Center

Dr. Cora-Bramble discussed the meaning of being a minority in academia during the NMRI 11th Anniversary dinner address. As the first minority and first woman to serve as Chief Medical Officer (CMO) of the Children's National Medical Center, Dr. Cora-Bramble expressed pride as well as a sense of responsibility. She also commented that her most important accomplishment was in mothering three children.

In describing unspoken challenges, Dr. Cora-Bramble presented a quote from her 2008 commentary published in *Academic Medicine*: "The lessons learned by standing at the promotion crossroads, embracing ambiguity and questions, serve as the catalyst...to take on the mentor's mantle, in order to clarify blurry lines, sharpen the focus, culturally contextualize the experience, and teach others how to thrive in academia."

Dr. Cora-Bramble's career path is atypical. She was born and raised in Puerto Rico before attending college in the District of Columbia. She did her medical school and residency at Howard University and completed her Master of Business Administration (MBA) at The Johns Hopkins University. As a National Health Service Corps Scholar, Dr. Cora-Bramble became immersed in community pediatrics in an underserved area. She trained medical students to deliver culturally competent care, and she also pioneered the development of materials to facilitate that process. Dr. Cora-Bramble's initial goal was to assist underserved populations, and those early experiences shaped her professionally. She is an educator at heart and supported by her research endeavors.

Dr. Cora-Bramble explained that diversity is important for many reasons. In the 1960s and 1970s, fairness, justice, and equity were important themes. Demographic changes occurred in the 1980s, and today, diversity is applied as a tool to enhance the educational climate and cultural competence. Minority physicians tend to be more likely to practice in underserved areas and provide service to minority populations, and there is evidence that ethnic concordance can be beneficial to the doctor-patient relationship and positively influence health outcomes. Literature supports the notion that a diverse learning environment enhances the educational experience and promotes new ideas. This concept is similarly applied in the boardroom, where Dr. Cora-Bramble at times is the only female and/or minority.

As researchers, minorities expand the limits of research because they are interested in topics that are less relevant for the majority of researchers. Importantly, minority educators and mentors serve as role models. As clinicians, minorities model culturally competent care, and as leaders, minorities set the institutional agenda. Minority students improve the culturally competent learning environment and educational outcomes.

Dr. Cora-Bramble presented a figure depicting the number of U.S. medical school graduates by race and ethnicity. The trend is flat for minority medical school graduates. This is reflected in the 2011 statistic that 61 percent of faculty members are Caucasian. Latinos represent 4 percent of medical school graduates, while African Americans represent 2.4 percent. Notably, minorities are clustered at the associate and assistant professor levels and underrepresented at the level of full professor. Dr. Cora-Bramble works to demystify the promotion process for minorities and encourage their academic attainment. There are several reasons why so few minorities graduate from medical school. Medical school is very expensive, and some minorities cannot afford the training. There also is a shortage of role models and mentors to help navigate the balancing of professional and family life.

Challenges include the lower rate of promotion for minority researchers; the challenge is acute for underrepresented minorities. Another issue is job satisfaction. Literature supports the idea that minority physicians are less likely to be satisfied with their jobs in academia and more likely to report experiencing ethnic harassment and bias. Isolation is another factor. When institutions have few minorities, they are solicited as a representative for every committee, which is a real challenge and creates a sense of isolation. A lack of formal and informal networks creates a deficiency in guidance to navigate through professional challenges and opportunities. Minorities also experience unequal access to opportunities and face multiple stereotypes. Additional challenges occur when identifying racially concordant or cross-cultural mentors. Dr. Cora-Bramble emphasized that mentors can be of any race or ethnicity; choices do not need to be limited to minorities. The notion of double jeopardy, being a woman and a minority, contributes to the burden of being the first or the only representative in a meeting. The “black tax” burden is another challenge—minorities tend to be appointed to every committee. Finally, affirmative action assumptions can cause a minority’s legitimacy to be questioned.

Dr. Cora-Bramble addressed issues of recruitment and retention of minority faculty members. It is important to support the long-term career trajectories of minority faculty, because retaining minority investigators is problematic. Visible and authentic support by senior leadership is critical, as is an institutional climate that fosters diversity and does not reject dissenting opinions. Being a minority can be isolating, and it is helpful for institutions to employ a critical mass of minorities. There needs to be data transparency regarding recruitment, retention, promotion, tenure, and salary equity. Search committees should contain diverse membership and solicit diverse candidates. Mentors should be available and willing to assist through a minority faculty development program or other network to help individuals advance academically. Minorities also need real and transparent access to formal and informal opportunities.

Being the first and only minority in an institution can be a challenge. Several years ago, Dr. Cora-Bramble was tasked with investigating the challenge at the Children’s National Medical Center following the resignation of 27 percent of minority faculty members in a 12-month period. This affected the institution’s ability to recruit qualified candidates, and Dr. Cora-Bramble’s objective was to develop retention-specific strategies. First, she collected qualitative and quantitative data to understand how the institutional climate was affecting retention through the administration of exit interviews. She initiated a faculty retention workgroup, asked the institution to investigate salary equity, and developed a Minority Faculty Affinity Group.

The findings of Dr. Cora-Bramble’s research indicated that a disproportionate number of minority faculty members had large clinical loads and were assigned to satellite centers. The faculty voiced a disconnect between the expectations at the time of hire and the reality of the position. Although

there was no evidence of intentionally disparate treatment or bias, subtle differences regarding access to opportunities was a possibility. The contributing factors affected all faculty, but were magnified for minority faculty. Importantly, Dr. Cora-Bramble found that the resulting internal and external perception problem could impact the hospital's ability to attract minority candidates. Since then, the institution has focused on attracting minority faculty and improving their academic advancement through a Minority Faculty Development Workshop Series.

Emerging resilience research strives to explain why some faculty are happy while others are unhappy in the presence of the same stressful academic conditions. Key elements of resilience include risks and promotive factors that influence positive or negative outcomes. Disparate treatment in academic promotions, inadequate mentorship, and unequal access to academic opportunities represent a form of risk exposure for minority faculty that might affect their ability to thrive and advance academically. Dr. Cora-Bramble initiated a research project to investigate the relationship between resilience and academic productivity (e.g., promotions, publications, grants) among minority faculty in U.S. academic health centers. Focus groups and Personal Resilience Questionnaires[®] were used to measure five resilience characteristics: positive, focused, flexible, organized, and proactive. The study results indicate moderate, positive correlations between gender and flexible, advanced degree and positive, grants and organized, and peer-reviewed publications and positive. Focus groups indicated that barriers to academic advancement include being one of a few minorities, difficulty finding collaborative partners, not having a good mentor, and a lack of sense of belonging. Internal protective factors include spirituality, sense of humor, assertiveness, hard work, saying no, and internal clarity of goals. External institutional and environmental factors include a good mentor, relying on other minorities, supportive department chair, family, church, and community. Academic productivity and advancement requires a mentor, supportive academic environment, organizing deadlines, persistence, and protected time. Collectively, the data indicated that certain resilience factors enable individuals to be more academically productive. Minority faculty members might benefit from skill development to improve resilience characteristics.

Dr. Cora-Bramble closed her presentation with a reading of her poem, "Fitful Tango," which was published in *Academic Medicine* (2008).

Discussion

A participant commented on the conflict between needing to work hard in the clinic and laboratory to generate publications in support of academic advancement while feeling pressure to be involved on many committees to encourage diversity throughout the university. Dr. Cora-Bramble opined that junior faculty should be protective of their time and should select carefully which committee positions provide the most benefit. For example, the chance to participate on an advisory committee to the university president provides a great opportunity. Promotion and tenure committees also provide an opportunity to learn a lot.

In response to a question, Dr. Cora-Bramble clarified that participants should not limit their mentors to fellow minorities. Mentoring is valued differently at various institutions. Minorities should strive to ensure that they do not carry a heavier burden because of their race.

A participant commented that the biggest problem for minority students appears to be maintaining a competitive GPA. Dr. Cora-Bramble explained that a student's life experiences and home environment can impact a student's academic success.

An attendee mentioned that certain minorities tend to hold different priorities, such as family and community, that are incongruent with academic success. Recently, she was asked to present a talk about diabetes to a local American Indian community, and she struggled with the conflicting priorities of working on a publication or giving the talk. Dr. Cora-Bramble emphasized the need to make personal choices regarding time commitments. Motherhood is very important to her, and she, for

example, carved out time by scheduling, whenever possible, faculty meetings around her sons' basketball schedule. Dr. Cora-Bramble reminded the participants that it was up to them to define success for themselves.

Dr. Pearce asked for advice regarding how senior faculty can promote the advancement of junior faculty. Dr. Cora-Bramble encouraged a balanced approach; the junior faculty's individuality should be acknowledged, but drastic distinctions for minorities are not necessary.

A participant commented on the power of peer mentoring, and Dr. Cora-Bramble agreed that peer mentoring programs are very valuable.

FRIDAY, APRIL 19, 2013

BUSINESS MEETING AND COMMITTEE REPORTS

Oversight Committee Report

José Romero, Ph.D., Associate Professor of Medicine, Harvard Medical School/Brigham and Women's Hospital

Shirley Blanchard, Ph.D., Associate Professor, Creighton University

Dr. Romero, Chair of the NMRI Oversight Committee, provided an overview of NMRI activities during the previous year. He explained that the Oversight Committee requires 10 members from various constituencies of the NMRI. Members serve 2-year terms, which are staggered so that 50 percent of members rotate off at the end of each year. NIDDK staff and *ad hoc* members remain on the committee. Committee members meet by teleconference quarterly, with the fourth meeting coinciding with the NMRI Annual Workshop. Dr. Romero mentioned that participating on the Oversight Committee provides an opportunity to keep in contact with members, pursue leadership, discuss avenues for improvement and goal enrichment, and give back to the group, and he encouraged the meeting attendees to consider joining the committee. He mentioned that signup sheets are available at the registration desk for any individual interested in joining the Oversight or Planning Committees.

Dr. Romero acknowledged the current Oversight Committee members. Dr. Lewis Roberts is the Chair-Elect who will lead the NMRI next year. Current members include Dr. Leonor Corsino, Dr. Danita Eatman,

Dr. Robert Ferry, Jr., Dr. Cynthia Ann Jackson, Dr. Myra Kleinpeter, Dr. Roberts, Dr. Omaina Sabek, and Dr. Marion Sewer. Drs. Shirley Blanchard and Virginia Sarpura are *ad hoc* members who have made invaluable contributions to the NMRI's mentoring program. Dr. Romero acknowledged that although the Oversight Committee is designed to meet every 3 months, the status of the NMRI Annual Workshop was in question until recently and so fewer oversight meetings occurred prior to the meeting. Participating on the Oversight Committee requires ample time and effort and its success depends on the contributions of all members.

The NMRI organizational statement depicts the priorities of the Network, which include facilitating the development of active mentoring between senior and junior members based on research, professional interest, and goals. Mentors and mentees can self-select, or the NMRI can match senior mentors with junior mentees depending on shared characteristics. Another objective of the NMRI is to facilitate outreach by identifying and recruiting new members, on which the Oversight Committee intends to focus in the coming year. The Committee will explore avenues to attract new members and retain current members in the presence of significant funding reductions. In the past, the NMRI provided full financial support for members to attend the meeting; this year, however, some members were unable to attend because of the partial financial support offered. Retention of cur-

rent NMRI members is a focus because the senior members contribute greatly to the NMRI through mentoring and imparting wisdom with regard to traversing the academic system.

The Oversight Committee is exploring avenues to determine the program's effectiveness by evaluating success in grant funding, promotions, tenure, leadership, and teaching. Analyzing metrics is critical to convey the value of the program to NIDDK leadership. The Committee will be collecting information about the career paths of past and present members. Dr. Romero commented that people are not aware of the NMRI and the members could help to publicize the NMRI at various meetings and institutes. The Oversight Committee intends to better organize publicity at meetings. Dr. Romero welcomed input into how the NMRI might develop metrics of success as well as attract and retain members given the current financial situation. He also encouraged members to present the NMRI's efforts and mission at their own institutions or meetings.

Dr. Romero commented that a valuable NMRI program has been the mentor-mentee pairing program, led by Drs. Blanchard and Sarpura. Dr. Romero welcomed Dr. Blanchard to speak about the NMRI's metrics of success. Dr. Blanchard acknowledged the senior mentors who volunteered their services. She reminded participants that a mentor-mentee signup sheet was available at the registration table for members to indicate their desire to be paired.

Dr. Blanchard commented that NMRI members are strong, bold, and smart. She highlighted several NMRI accomplishments since 2009, when the mentor/mentee form was constructed and placed on the NMRI website. The forms are to be completed following the suggested three to four mentor/mentee contacts per year (conducted in person, by telephone, or by email) to capture progress made toward the mentee's educational objectives. A program evaluation questionnaire also was posted on the website in 2009 to track outcomes and learn why members attend the Annual NMRI Workshop. In 2010, the Oversight Committee formed a focus group to develop ideas on how to recruit and retain members; this remains a priority of the NMRI today.

Dr. Blanchard reviewed the program evaluation statistics from 2009 to 2012. The majority of survey respondents have been Assistant or Associate Professors, and approximately 70 percent are not tenured. When asked to indicate what motivates them to attend the NMRI meetings, members responded that professional mentorship, enhanced grant writing skills, research opportunities, assistance in developing management skills, and continuing education were the top five responses. Respondents indicated that the NMRI has helped with their career development and mentoring by exposing the grant writing and review process and networking with peers who experience the same challenges of being an underrepresented researcher. In 2010, a respondent said that the NMRI members corrected his interview style, which facilitated his appointment to a faculty position. Another participant said in 2010 that the NMRI supported the tenure process by building a record of scholarship and service.

Research topics identified for mentorship include disparities in basic and clinical research, chronic kidney disease, dialysis timing and modality, clinical nephrology, and other topics of interest to the NIDDK. When asked about areas where the most assistance is needed, respondents in 2009 and 2010 mentioned that priorities include developing research ideas, diabetes research, grant writing, and health disparities. In 2010, 61 grants were submitted by 41 NMRI members, and 16 were funded. In 2012, 71 grants were submitted and 32 grants were funded, indicating an impressive success rate.

During the 2013 meeting, participants were asked to indicate anonymously their academic rank. Close to 90 percent of respondents are Assistant or Associate Professors, and the average income is approximately \$115,000. Research interests include diabetes, obesity, cardiovascular risk factors, end-stage renal disease, and health disparities.

Dr. Romero congratulated Dr. Blanchard on the effort and outlined several expectations of NMRI members. Members should consistently report publications, presentations, grants, tenure, and promotions by completing a survey on the NMRI website or informing Ms. Martinez. The completion and posting of program evaluations is very valuable. Dr. Romero also encouraged participants to recruit at least one new member per year and contact at least one organization or society to solicit support for the NMRI.

Drs. Romero and Blanchard presented a video, which was developed to recruit new members and will be posted on the NMRI website. They wished success for all of the attendees and thanked them for their participation in the Workshop.

Discussion

Dr. Agodoa clarified that the NIDDK will not be withdrawing resources from the NMRI. Agency-wide limits have been placed on conference spending. The Annual NMRI Workshop, which cost \$175,000 in 2012, was limited to \$100,000 in 2013, and will be limited further to \$75,000 in 2014 due to progressively lower limits set by the Institute on all conferences. Dr. Agodoa emphasized that the NIDDK is not deliberately withholding funds from the meeting; it is trying to operate within very strict budgetary policies. He solicited creative suggestions from the participants to provide maximum support within the restrictions.

Dr. Young suggested that NMRI members with NIH grants could use their grant to cover attendance at the Annual Workshop. She emphasized the value of mentor attendance at the meeting. Dr. Agodoa thanked her for the suggestion and added that societies might be willing to support member attendance. The Network has been quite successful, and its continuing achievements depend on member participation at the meetings. Dr. Castaneda-Sceppa stated that regardless of the funding source for the Annual Workshop, the NIDDK must remain involved with all aspects of the planning.

Planning Committee Report

Carmen Castaneda-Sceppa, M.D., Ph.D., Associate Professor, Health Sciences Department, Northeastern University

Dr. Castaneda-Sceppa, Planning Committee Chair, emphasized the importance of the Network's members and encouraged them to be proactive in mentoring, soliciting resources and publicity for the NMRI, and reporting their achievements. Dr. Castaneda-Sceppa recognized the planning committee members: Drs. Trudy Gaillard (Chair Elect), Juan Sanabria (Past Chair), Rhonda Bentley-Lewis, Luis Angel Cubano, Lincoln Edwards, Eduardo Fricovsky, Rocio Pereira, Bridgett Rahim-Williams, Janelle Vaughns, and the NIDDK representatives Dr. Agodoa and Ms. Martinez. She commented that the past year was successful and she was looking forward to a good year moving forward. Dr. Castaneda-Sceppa encouraged members to submit their evaluations and provide suggestions for future meeting topics. She suggested that participants contact their institution's diversity office to solicit funding for the attendance of several junior faculty at the annual Workshop. She mentioned that the Oversight Committee would be investigating the potential of submitting a U01 grant application to fund next year's meeting, and she noted that the venue for the next year's meeting might change to reduce the meeting costs. The meeting is tentatively scheduled for April 15 – 16, 2014.

MARCO CABRERA POSTER AWARDS

Trudy Gaillard, Ph.D., R.N., C.D.E., Assistant Professor of Medicine, The Ohio State University

Dr. Gaillard thanked judges Drs. Lincoln Edwards, Eduardo Fricovsky, and Lewis Roberts, and those who submitted posters. The following were determined to be winning posters in the categories of Basic Science and Clinical/Translational Research.

Basic Science Poster Award: Frankie Heyward, Ph.D. Candidate, University of Alabama at Birmingham

“Impaired Hippocampus-dependent Spatial Memory and Reduced Hippocampal SIRT1 Gene Expression in Diet-induced Obese Mice”

Clinical/Translational Research Poster Award: Ayotunde Dokun, Assistant Professor, University of Virginia

“Glycemic Control Impacts Outcomes in Peripheral Arterial Disease: Role of Vascular Endothelial Growth Factor Receptor 2 Modulation”

RECOGNITION OF EFFORTS

Lawrence Agodoa, M.D., Director, OMHRC, NIDDK, NIH

Dr. Agodoa expressed appreciation to the members of the Oversight and Planning Committees for their diligent efforts in the previous year. He presented an award plaque and certificate to Dr. Romero in recognition of his contributions as Chair of the NMRI Oversight Committee. Dr. Agodoa then presented an award statue and certificate to Dr. Castaneda-Sceppa for chairing the NMRI 2013 Annual Workshop Planning Committee.

Dr. Agodoa recognized the new NMRI attendees, thanked them for their participation, and hoped that he would see them at future meetings. He commented that Dr. Blanchard had generated a great report on the NMRI's metrics thus far and he is excited to see how the effective interactions at NMRI meetings continue to foster academic success. He reminded the participants to sign up as mentors/mentees.

JUNIOR INVESTIGATOR PRESENTATIONS

Bioactive Compounds of *Artemisia Dracunculus* L Mitigate Obesity-induced Insulin Resistance in Rat Skeletal Muscle Cells

Diana Obanda, Ph.D., Research Scientist, Louisiana State University

Dr. Obanda, a T-32 funded postdoctoral fellow, explained that the Botanical Research Center is a collaborative effort between the Pennington Biomedical Research Center and the Rutgers University Center of Agriculture and the environment as one of five federally funded botanical research centers. The goal of the Center is to provide a comprehensive evaluation of botanicals to address the patho-physiologic mechanisms that lead to the development of insulin resistance and metabolic syndrome.

The *Artemisia* genus is large and diverse, comprising 300 species. The hardy herbs and shrubs are characterized by their volatile oils. Dr. Obanda's research focuses on *Artemisia dracunculus*, or Russian tarragon, which has a history of medicinal use and is a popular spice. *A. dracunculus* was identified as a promising candidate for the development of a nutritional supplement for diabetes by screening the plant extracts for hypoglycemic activity in diabetic mice. Several studies show that the ethanolic extract PMI 5011 significantly reduces blood glucose levels in genetic models of diabetes.

Data from 2006 indicate that, compared to the conventional medicine treatments of metformin (41%) and troglitazone (28%), PMI 5011 reduces blood glucose levels by 24 percent.

Dr. Obanda explained that insulin resistance is one of the major characteristics and preceding determinants of type 2 diabetes. Contributing factors of insulin resistance include obesity, a sedentary lifestyle, genetic factors, and certain medications. Notably, prior to the observation of glucose intolerance, there is a breakdown of lipid dynamics, and researchers hypothesize that lipid-derived metabolites initiate pathways that inactivate insulin signaling intermediates. When excessive free fatty acids (FFAs) enter cells, there is less mitochondria beta oxidation and an increased production of lipid metabolites such as triglycerides (TAGs), diglycerides (DAGs), and ceramides (CERs). These three metabolites drive insulin resistance at a cellular level.

After treating muscle cells with FFAs, Dr. Obanda quantified the amounts of lipid metabolites to determine that all saturated fatty acids produce CERs. Insulin sensitivity was monitored by the phosphorylation of Akt2, which indicated that only cells that formed CERs had impaired insulin signaling. In the insulin signaling pathway, only Akt1 and Akt2 were affected by CERs. Notably, interventions, such as exercise and caloric restriction, that lower CERs increase insulin sensitivity. CER is the simplest of the sphingolipids, which are structural components of eukaryotic membranes.

The aims of Dr. Obanda's research were to investigate the role of PMI 5011 on accumulation of CERs and restoration of insulin sensitivity despite their presence. To elucidate the mechanisms by which the botanical reduces metabolic syndrome, Dr. Obanda used *in vivo* and *in vitro* methods by evaluating the effect of the PMI 5011 extract on the signaling status of specific proteins within the insulin signaling pathway and quantifying the lipid metabolites through mass spectrometry. Preliminary results show an accumulation of CERs in cells treated with FFAs; notably, concurrent treatment with PMI 5011 restores Akt2 phosphorylation indicating improved insulin signaling.

Glucosylceramide synthesis is a key step in the metabolism of CERs to glucosphingolipids. Notably, downregulation of glucosylceramide synthase expression reverses insulin resistance in rat skeletal muscle cells. Bioactives isolated from *A. dracuncululus* were tested for their effects on glucosylceramide synthase expression. Importantly, compound DB/4 reduced the expression of the enzyme. The results indicate that the PMI 5011 botanical extract does not prevent the formation of ceramides, but does reduce their metabolism to glucosylceramides, which helps to restore insulin sensitivity.

Discussion

Dr. Obanda clarified that she has been investigating the effect of PMI 5011 on several aspects of insulin signaling but has not yet looked at the phosphorylation status of serine kinases.

The Medicare Part D Low-income Cost Subsidy (LICS) and Adherence to Medications for Secondary Prevention of Cardiovascular Disease

O. Kenrik Duru, M.D., Assistant Professor, University of California, Los Angeles

Dr. Duru stated that most Medicare beneficiaries with incomes less than 150 percent of the federal poverty level are eligible for the Low-Income Subsidy (LIS). The LIS lowers the medication costs of enrolled individuals by subsidizing copayments and eliminating the Part D coverage gap. Unfortunately, 1.5 million eligible elderly are not enrolled as of 2010. The aims of Dr. Duru's research are to determine the association between LIS enrollment and the likelihood of good adherence over a 12-month period to statins after myocardial infarction, clopidogrel after coronary stenting, and statins after coronary bypass grafting.

The data source for the study was the Medicare Advantage Prescription Drug (MAPD) enrollees of a large, national, for-profit health care plan. The sample population was at least 65 years old in 2006, had experienced a myocardial infarction, stent or coronary artery bypass grafting (CABG) in

2006, and were continuously enrolled in the plan for 1 year after the event or procedure to track medication use. The events were nonexclusive, and the first recorded event was used to initiate the 12-month monitoring window. Enrollees with primary nonadherence (no prescription fills following the procedure) were eliminated from the study.

Medication adherence was calculated by combining all prescription refills into a single proportion of days covered (PDC) calculation. Epidemiologic studies suggest that a PDC rate of greater than 80 percent is associated with fewer negative outcomes. Medication discontinuation of clopidogrel was defined as a 120-day lapse between running out of the medication and the end of the 12-month window. The primary predictor was LIS status. LIS enrollment was defined as being in the program during the month of the procedure or at any point during the 12-month study window. Because LIS and non-LIS enrollees are likely to differ significantly on income and other variables, Dr. Duru used propensity score matching to identify a more equivalent control sample. Propensity score matching provided a decent approximation of socioeconomic status.

Although the adherence rate is not ideal for any of the groups analyzed, the adjusted results demonstrated adherence was better for the LIS versus the non-LIS enrollees for post-myocardial infarction statins (35.8% LIS; 28.3% non-LIS) and post-stent clopidogrel (54.2% LIS, 45.2% non-LIS). Post-CABG statin adherence did not show a difference between the two groups. The trends were similar when the adherence of a subpopulation of people with diabetes was analyzed. Additionally, discontinuation of clopidogrel was higher among the overall sample for non-LIS beneficiaries; the lack of a subsidy does confer a risk of stopping clopidogrel early and experiencing complications.

The study was limited by a lack of a direct measure of socioeconomic status and inability to differentiate between LIS beneficiaries who were auto-enrolled versus those who initiated enrollment. Overall, however, the LIS benefit with lower copays is associated with better adherence to medications following a myocardial infarction or stent. Better medication adherence might translate into fewer recurrent events and readmissions. The relevant policy finding is that efforts to identify and enroll eligible Medicare beneficiaries with known coronary disease and/or diabetes into the LIS subsidy will be important.

The Association Between Sleep Duration and Diabetes Among Black and White Adults

Chandra L. Jackson, Ph.D., M.S., Epidemiologist, Harvard School of Public Health

Dr. Jackson presented her research exploring sleep as a potential contributor to health disparities. Sleep is an important indicator of health, and the National Sleep Foundation recommends that adults get 7 to 9 hours of quality, uninterrupted sleep per day. Optimal sleep carries public health importance, as it has been associated with heart health, cancer prevention, stress and inflammation reduction, possible weight loss, bolstered memory, and a reduced risk of depression. The average amount of sleep, however, arguably has been declining in recent years and now totals approximately 6.1 hours per day. Of great public health importance, sleep and wakefulness disorders affect 50 to 70 million adults in the United States and have been shown to increase the risk of lost productivity, car accidents, and morbidity and mortality.

Notably, suboptimal sleep duration, which is an independent risk factor for diabetes, disproportionately affects African Americans and thus may be a contributor to racial disparities in diabetes. Sleep deprivation might increase the risk of diabetes by, in part, upregulating the hormone ghrelin, downregulating the hormone leptin, decreasing insulin sensitivity, and increasing the risk of obesity—a well-established risk factor for diabetes.

Dr. Jackson analyzed data from the National Health Interview Survey (NHIS) from 2004 to 2011 to examine the racial differences in sleep duration and its relationship with diabetes. The sample included approximately 131,000 adults, with minorities and elderly individuals oversampled. The cross-sectional study design focused on individuals at least 25 years old who self-identified as non-

Hispanic White or non-Hispanic Black, and there were no missing data on sleep, diabetes, and important covariates. Sleep duration measured the usual hours of sleep within a 24-hour period, and individuals were considered to have diabetes if they had ever been told by a health professional that they had diabetes. Covariables included age, sex, marital status, smoking status, alcohol consumption, physical activity, body mass index, and socioeconomic status (e.g., income, education, occupation). None of the variables were removed from the models due to colinearity. Dr. Jackson analyzed the statistics with a Poisson regression with a robust variance estimator to directly estimate prevalence ratios for short sleep duration.

The study results show that Blacks were less likely than Whites to get the optimal 7 hours of sleep, and more likely to get suboptimal durations of sleep. Additionally, across all categories of sleep duration, Blacks were younger, more likely to be women, and to live in poverty, and less likely to have been married or received a college degree. Blacks tended to have a higher body mass index and were less likely to report excellent health status compared to Whites. The predicted probability of diabetes shows a U-shaped association, with 7 hours of sleep being associated with the lowest prevalence of diabetes. The interaction for race and short sleep was highly significant, but was not significant after adjusting for socioeconomic status. After adjusting for health behaviors and medical conditions, however, the interaction became significant again, indicating that socioeconomic status does not explain the full disparity. Although the data were all self-reported and sleep quality was not available, the strengths of the study include its large sample size, with a large minority population where stratification was possible, as well as the availability of multiple socioeconomic factors.

In conclusion, Dr. Jackson stated that suboptimal sleep duration is highly prevalent in the United States, with Blacks more likely to experience it. Suboptimal sleep duration was positively associated with diabetes in both Blacks and Whites, although diabetes prevalence was higher at any given level of sleep in Blacks. Interestingly, modifiable socioeconomic factors appear to explain much of the disparity between Blacks and Whites as well as the relationship between short sleep duration and diabetes.

THE VALUE OF EDUCATION IN STEM: KNOWING MORE, DOING BETTER

Shirley Malcom, Ph.D., Head, Education and Human Resources, American Association for the Advancement of Science (AAAS)

Dr. Malcolm explained that the topic of disease burden in certain communities was personal because her mother-in-law experienced a stroke and had end-stage renal disease, while her husband's family has a high incidence of heart disease. The AAAS values science, technology, engineering, and mathematics (STEM) education and conducts several programs in communities. Many individuals do not understand how their bodies function or how the systems work. The AAAS has worked to bridge the knowledge gap between a high school biology class and what people do not know. The AAAS aims to introduce audiences to the science related to disparities by being attentive to context, populations, and language (i.e., making the science accessible), and by approaching people where they live and spending time with them. For example, data indicate that libraries are used more often than museums and therefore provide a better place to provide education. The AAAS has conducted informational sessions about diabetes at farmers markets and has supported efforts in tribal communities in South Dakota, where project staff demonstrated how to cook traditional foods in a manner that does not exacerbate diabetes. The AAAS performs a lot of outreach in churches as well. Although these locations are unusual for a scientific organization, the idea is to promote the message of improving scientific understanding of health and disease to communities and citizens.

The AAAS has programs that emphasize the nature of science, and in so doing, that dispel the notion of a lack of fate control that is too often found among individuals in poor and minority communities. Instilling a sense of predictability and understanding about the world indicates that science and technology can address human needs and human agency makes a difference. The AAAS applied funding from an NIH grant to develop the Healthy People Library Project, with

distributed books written in plain language and depicting clear science to help people understand basic concepts. The books focus on the nature of science itself and emphasize that the difference between life 100 years ago and today was brought by technology, engineering, and evidence-based medicine.

Interestingly, Dr. Malcom noted that knowing more does not always lead to changes in behavior, as evidenced by examples from weight control, hand washing, drug use, and smoking behaviors. More information, however, does empower individuals to make better choices. Recently, the AAAS had an exhibit at the White House Easter Egg Roll called the “Jelly Bean Jump.” Children were given one jelly bean and then had to exercise vigorously for 30 seconds to undo those four calories. Many of the children and their parents had never associated the amount of physical activity with calories or food as a form of matter that needed to be transformed into energy.

The AAAS prioritizes research and efforts to reduce health disparities and firmly believes that more research is needed. Women’s and minority health issues, in particular, deserve attention. Researchers tend to study subjects that they are interested in, and minority scientist support will help to encourage research on challenges that might be more likely to affect those underrepresented communities. Improved communication of additional research and implications for people’s behavior also is needed. Currently, African American and Hispanic American researchers comprise a small percentage of all Ph.D. graduates, and there is very little minority and female representation on medical school faculties, where research is performed and the next generation of physicians and clinicians are trained.

Dr. Malcom explained that stories have a lot of power to build awareness. A difficult problem to tackle is to enable people to understand the need for adherence and prevention and take control of their own lives. The AAAS works to engage individuals with stories and then provides them with information to help them make more informed choices. One scenario is “Half is Not Enough,” based on the misperception that an individual can take half as much medication to make it last longer. This behavior results in negative outcomes. The AAAS Black Church Health Connection Project created booklets containing hands-on activities to do in a church setting. The booklets focus on the relationship between structure and function of different body systems (e.g., high blood pressure and kidney disease). There was a great response to the project, and people improved their understanding of why a particular organ or system functions the way that it does. Some churches set up health ministries, nurses in the congregations volunteered to take blood pressure readings from the attendees, and exercise classes were developed.

The AAAS also developed a series of books titled, “The Science Inside” that address topics such as diabetes, high blood pressure, asthma, and fitness. The books are written at an 8th grade reading level. A community in Pittsburgh, Pennsylvania, modified the maternal and child health books to a 4th grade reading level that references local resources. The booklets are small enough to fit in a purse; women can take the booklets with them to the doctor to record information and write questions. The AAAS also worked with doulas and other groups in the community to supplement the booklets with human interactions. To address the biological concept of genetics and inheritance, a scenario was presented, “Running in Families,” to dispel the myth that one is predisposed to develop high blood pressure no matter what if it runs in their family. Another scenario introduced was, “I Feel Better Now,” which focuses on the biological concept of evolution to inform people of the harm in stopping medicine prior to dosage completion.

Understanding how the body works is fundamental in knowing how to manage personal health, and so many people do not have that knowledge. An important component of the research agenda going forward has to address how to present information to people in a format where it can be understood and behavioral implications can be communicated.

Discussion

In response to a question, Dr. Malcom acknowledged that it is difficult to secure funding for community-based participatory research. The AAAS efforts presented today were funded through an NIH grant. Although it is difficult within the federal structure to receive funding, community foundations might be interested in providing support to improve health outcomes in a region. There might be opportunities to perform a community intervention and study it concurrently or to obtain funding for pilot programs in libraries or churches. Dr. Malcom clarified that the AAAS is not a funding source, but seeks grants to carry out its efforts in the same way as independent investigators.

A participant commented on the delay in teaching biology until high school. A program was initiated in Rochester, New York, to use zebrafish to educate children in kindergarten through middle school, and it has been successful in improving children's understanding of biology and increasing the likelihood of enrolling in a biology class in high school. Dr. Malcom agreed that although health classes are taught at earlier ages, scientific concepts are not associated with health concepts until much later. Another issue is that life science classes tend to be taught like a foreign language, with a focus on terminology rather than concepts. A change in approach is needed to focus on basic concepts first—such as evolution, the transformation of matter and energy, and the relationship between structure and function—before concentrating on the details of the subject.

A participant suggested that Public Service Announcements (PSAs) might be an efficient way for the AAAS to disseminate information. Dr. Malcom commented that the number of people watching television is decreasing as more people access information online. PSAs, however, might build awareness. Ultimately, scientific concepts must be taught in schools, churches, and other community locations to reach people directly.

INTERACTIVE WORKSHOPS

Workshop 1: Transitioning to Leadership/ Administrative Positions in Academia

Carlos Isales, M.D., Professor; Vice Chairman, Translational Research; Director, Institute of Regenerative and Reparative Medicine; Georgia Regents University

Dr. Isales acknowledged that people have different affinities for administration: some individuals strive to be the president of an organization, while others actively avoid the administrative career track. He commented that many leaders did not plan to become an administrator, but the opportunity was presented and grasped. Dr. Isales encouraged the participants to make decisions based on what would be best for their career. Approximately 50,000 chair positions become available each year in the United States, and faculty need to be prepared for the opportunity. Dr. Isales suggested that participants strengthen their curriculum vitae to increase the likelihood of success when an administrative opportunity is presented.

Additional leadership training is useful, and Dr. Isales provided a list of available resources, many of which are free of charge. The five most helpful experiences for transitioning from faculty to department chair include completing a Doctoral degree, teaching and clinical experience, committee work, involvement in university governance, and participation in national associations. Dr. Isales explained that the transition to becoming an administrator is characterized by nine distinctions: from solitary to social, focused to fragmented, autonomy to accountability, manuscripts to memoranda, private to public, professing to persuading, stability to mobility, client to custodian, and austerity to prosperity. Those who once spent time in the laboratory now attend social functions and must remember the names of other important people. Department chairs are accountable to everyone—including the faculty in the department as well as the administrators above. The average lifespan of a dean is 3 years, indicating the lack of stability as one enters the administrative tract. Furthermore, an administrator must be very careful with his or her words—an offhand remark can induce stress and anxiety in the faculty.

Dr. Isales indicated that pursuing an M.B.A. would be helpful, as many administrators have the degree. He emphasized, however, that it is a personal decision. Dr. Isales encouraged the participants to explore available leadership training resources. Many universities are supportive of taking such classes and realize that they contribute to success. Dr. Isales also encouraged the participants to learn from others' mistakes to improve their administrative leadership.

Discussion

A participant commented on the difficulty in pursuing leadership training because of the lack of formal leadership education for researchers and professors. In response to his question, Dr. Isales indicated that the Association of American Medical Colleges (AAMC) offers many leadership training classes. He addressed the misperception that administration is "easy" and "common sense." Department chairs carry a lot of responsibility; 80 percent of decisions are made at that level. Dr. Isales commented that professors dislike administrators who are micromanagers or absentee landlords. Micromanagers are ineffective leaders and create frustration in the faculty. Chairs who listen to faculty and are supportive of them are in general well liked.

In response to a question, Dr. Isales commented that regional variation might explain the average lifespan of 3 years for a dean at colleges across the United States, while some institutions retain the same dean for 20 years or more. Deans possess tremendous power, but might want to continue progressing up the career ladder themselves. Difficulties arise when a new dean initiates particular programs but leaves prior to full implementation.

Workshop 2: Strategies for Conflict Resolution

Sharon Milgram, Ph.D., Director, Office of Intramural Training and Education, NIH

Conflict is a disagreement between two or more people over needs, resources, beliefs, values, perceptions, or expectations. Conflict often arises from ineffective and unclear communication. Because people are all different, variations in perspective are inevitable in the workplace and beyond. Dr. Milgram described the three perspectives of conflict: some people see conflict as a dysfunctional, destructive, and irrational process to be avoided; a natural product of groups, teams, and organizations to be tolerated; or a positive event that drives creativity and productivity to be embraced. Conflict is constructive in that it drives creativity, generates new solutions, increases engagement, improves communication, and helps individuals and teams grow. Destructive outcomes of conflict involve reduced productivity, diverted energy, decreased morale, polarized groups, and poor behavior. Effective conflict resolution can make the difference between the positive and negative outcomes.

Conflict is personal, and typically learned from one's family and culture. It is important to understand how one typically responds to conflict to identify and address what should be changed. The key principles to address conflict in a functional way is to understand oneself and appreciate that others might have different needs and approaches, develop verbal and nonverbal communication, improve listening skills, and apply emotional intelligence. Dr. Milgram described the Thomas-Kilmann Conflict Mode Grid, which describes five distinct conflict resolution styles. Although most individuals tend to prefer one style, all of them can be appropriate depending on the situation. The two dimensions of the grid include assertiveness, or the level of motivation for the individual to achieve their own goals and objectives, and cooperativeness, or the willingness of the individual to allow the other party to achieve their goals and objectives. None of the styles are appropriate when it is the only style an individual uses. The five modes of conflict resolution include:

- **Avoiding.** The avoiding mode is low on the assertiveness and cooperativeness scales. Usually, this method means that the problem is not directly addressed or resolved. Avoiding is appropriate when one does not care highly about the situation, the conflict is likely to be short lived, time is needed to

collect information and prepare or allow the parties to “cool off,” addressing the issue might cause more disruption, or when a win is not possible. Avoiding is not appropriate when one cares about the issue, it will cause more trouble long term, or others might learn from a constructive confrontation.

- **Competing.** The competing mode is low on cooperativeness and high on assertiveness; an individual seeks to reach his or her preferred outcome at the expense of the other party. The competing style is appropriate in an emergency, when an individual is sure that he or she is correct and the relationship is not important, the issue is critically important, or when ethics and principles are at stake. It is an inappropriate mode when the issue is trivial and the relationship important, one is trying to build a team, or the self-respect of others is diminished unnecessarily.
- **Accommodating.** The accommodating mode is characterized by low assertiveness and high cooperativeness. Many students favor this style, where their own needs are put aside to favor the needs of others. This style encourages people to become more creative to solve problems. It is appropriate when any solution will be adequate, one’s needs are less important than the other person, or one intends to build social capital. Accommodating is not the best mode when an individual is likely to harbor resentment or it results in a lack of self-respect and personal growth. This is the easiest strategy, but it is risky to apply all of the time because it can be damaging to one’s confidence.
- **Compromising.** The compromising mode is characterized by equal and moderate levels of cooperation and assertiveness. This method is applied when there is a need to find a timely solution and both parties have similar goals. It is appropriate when finding some solution is better than a stalemate, working together is important but the time or resources to fully satisfy both parties are limited, or one receives nothing if one does not compromise. Compromising is inappropriate when finding the most creative solution is very important, the compromise masks important issues, deep principles are at stake, or one cannot accept the consequences of getting less than one needs.
- **Collaborating.** The collaborating mode is high on assertiveness and cooperativeness. In this scenario, both sides work creatively toward an outcome that meets the needs of all parties involved. Collaborating is appropriate when issues and the relationship matter, a creative outcome is important, there is a lot of time and energy for discussion, or teams need to perform optimally. It is inappropriate when time is limited, the issues are trivial, or one party is tired or stressed.

Building conflict management skills involves choosing the right mode for the situation, implementing the mode effectively, and normalizing the relationship after the conflict. Optimal negotiation requires knowledge of one’s own triggers and issues. One must learn to monitor and moderate one’s own behavior in tense and emotional situations, as well as be able to recognize the needs and perspectives of all parties involved. The five key questions include: How important is my relationship with the other person? How important is the issue to me? Am I certain which solution or outcome is best? How much time do we have? How is the power distributed? The conflict should be analyzed from the perspective of each party involved. Possible solutions should be considered, and all available resources (e.g., the institution’s conflict management office) should be applied to move toward a resolution. Constructive approaches include calm and respectful conversation, appropriate body language, acknowledging emotions, allowing others to speak, paraphrasing to ensure comprehension, and normalizing relationships. Destructive approaches include yelling or threatening, using disengaged body language, employing sarcasm or talking over others, demeaning other parties, and avoiding the other party following the conflict.

Discussion

Dr. Young asked if it was useful to know the preferred conflict resolution mode of the other party, and Dr. Milgram said that it was helpful if the long-term relationship was important. Most people can use all of the styles but prefer one. The avoiding style is the most common.

In response to a question, Dr. Milgram suggested sending an email with a written account of the discussion following a meeting. The end of the email should indicate that if the other person does not respond, agreement with the content of the email is assumed. This often elicits a response. Power differentials are evident in many conflicts. People tend to accommodate those with more power than themselves, but accommodating too often risks the loss of self-esteem. If an issue will matter in 1 year, it should be addressed. Support networks and mental health professionals can help deal with disappointment.

A participant asked for advice given her conflict-adverse institution that often mistakes her passion for anger or hostility. Dr. Milgram acknowledged that academic environments often misinterpret passionate women and minorities, and it can be frustrating to try to be an agent of change. She suggested using the written word to effect change through calm and thoughtful letters to the dean and chairs. Written letters, however, can be set aside easily and are not as satisfying.

An attendee mentioned that she preferred the accommodating and avoiding styles of conflict resolution and asked how she should deal with parties that use a competing style. Dr. Milgram suggested attending a conflict resolution seminar with the party in question. She encouraged all of the participants to explore leadership and conflict resolution workshops, such as the 2-day NIH leadership course. Although trainees and faculty dislike the time spent away from the laboratory, every person who has taken the course recognizes the utility and value of the skillset. Team conflict training is another useful avenue, and many universities have resources for it.

Dr. Milgram emphasized the valuable contributions of leadership styles brought to science by minorities, who have different cultural backgrounds and experiences.

Workshop 3: Writing for Success: How to Develop an Award-winning Publication **Bessie Young, M.D., M.P.H., Associate Professor, University of Washington**

Dr. Young explained that publications are important as the “Coin of the Realm” and are necessary for grants, obtaining an academic position, and promotion. Manuscripts also allow people to determine how a researcher thinks and writes. The number of papers necessary for promotion varies depending on a scientist’s career path: physicians and basic researchers need as many as possible to be published in high-impact factor journals, while clinician educators can do more reviews. Research results should be written and submitted to a journal because otherwise, a mentor, collaborator, or competitor will do so. If one’s results are not published, it is as if the experiment was never performed. Publications are a sign of productivity and accomplishments. Dr. Young described the basic outline for a great paper as AIMRaD, consisting of an abstract, introduction, methods, results and discussion, and conclusion.

The abstract can be easy or difficult to write, depending on the situation. The abstract is very important because it often is the only component of the paper read by editors prior to making a decision to review the paper. When an abstract is written early in the process, it is important to review it prior to submission to ensure that the data are consistent with the results and conclusions sections. The abstract should contain the background and rationale for the study, a brief description of methods, the concise results, a summary, and conclusion to indicate why the results are important. Common mistakes include an abstract that is too long (aim for 250 words), using a meeting abstract for the manuscript, or including complicated details.

The introduction is usually three paragraphs and consists of background, gaps in the literature, and a brief explanation of the study objective. The introduction also should state the hypothesis and the experiments that were conducted to answer the research question. Dr. Young presented an introduction checklist to ensure that the four main elements (background, existing research, problems with that research, study improvements) are present as well as determine whether it is comprehensible to someone unfamiliar with the study, presented with an objective tone, and clearly addresses previous gaps in the literature.

The methods section describes the “who, what, where, and how” of the research. The methods differ depending on the field—a clinical epidemiology or health services paper will describe the study subjects, type of study, primary predictors, covariates, primary outcome variables, statistical analysis, and IRB information. A basic science research paper would include a descriptive summary of all materials used and the experimental methods. Sections should be labeled according to the experiments, and all materials should have references to their origin. The experiments should be written such that someone could reproduce the results.

The results section should describe the results and not contain references or interpretation, just the research data. Tables and figures can be included to clarify the results. Clinical research papers should include a table of population demographics as well as the results from the statistical analyses, and basic research papers should present original data.

The interpretation of the results is described in the discussion section. The first paragraph of a clinical epidemiology or health services paper should briefly describe the research findings, and the next two to four paragraphs should be used to compare the results to the literature. Potential mechanisms describing the results should be postulated, and limits of the study should be acknowledged. The basic research discussion section should begin with an interpretation of the findings and whether the hypothesis was proven or rejected. Additional paragraphs should compare the results to existing literature, outline the conclusions, and discuss the next steps. The conclusions section should briefly confirm the findings of the study and discuss future studies. Importantly, do not provide too many details to prevent a competitor from stealing the ideas.

Collaborators who assisted with the research but did not contribute enough to be an author are indicated in the acknowledgements section. Each journal has authorship criteria, and the contribution of each author might need to be described. Anyone that is acknowledged should be informed. The title, which should be finalized after it is written, needs to be interesting but not too journalistic. There are several types of titles, including the description, topic/description, statement, and question. With regard to the reference section, a reference library such as Endnote, for example, may be used to add references to the paper; this facilitates reference formatting for submission to specific journals.

Dr. Young presented her rules for paper writing. First, an author must allow enough time to write the paper, even if it means blocking time on the schedule. Start with an outline of the sections and then complete them. One strategy is to write the introduction and methods sections of the paper prior to starting the experiments. Give the manuscript to colleagues for feedback and editing, and give the mentor enough time to read the paper and respond. Writing well does not come easy to most people; read the draft and revise it prior to giving it to colleagues to review. Make the sentences clear, and use linking words where applicable to transition between paragraphs. Importantly, use the correct verb tense in each section. The introduction uses the present tense, while the methods, results, and discussion section use the past tense. Writer's block can be overcome with a systematic approach. Set aside time every day to write, and write the easy sections first. Procrastination behavior can be related to the fear of rejection, so it is important to develop a thick skin and work through those issues. Dr. Young suggested that participants consult style guides to help with grammar.

Discussion

A participant commented that the University of Maryland suggests that investigators write proposals that can facilitate the development of a manuscript. Dr. Young commented that often, an investigator will hear quickly after submitting a manuscript to a high-impact journal if the paper is not to be reviewed. It is useful for the manuscript to be reviewed, even if ultimately it is not accepted, because the reviewers' comments can be addressed prior to submission to the next journal (which might choose the same reviewer).

Dr. Greene commented that from the perspective of a journal editor, it is extremely important to submit carefully edited and strong manuscripts. The rationale and innovative value of the study should be clear. Grammatical, technical, or formatting errors are a large impediment. Dr. Young agreed that grammatical errors reflect poorly on the research quality of the paper.

Dr. Young stated that many papers take between 6 months and 1 year to get published, and patience is necessary.

WRAP-UP, NEXT STEPS, ADJOURNMENT

Lawrence Agodoa, M.D., Director, OMHRC, NIDDK, NIH

Dr. Agodoa thanked the Planning Committee, led by Dr. Castaneda-Sceppa, for the great program. The Planning Committee was helpful in developing financial solutions to the budget limitations to allow the workshop to occur. Dr. Agodoa reiterated the need to collectively identify ways to continue with the Network and overcome the financial restrictions. He expressed appreciation for the attendance and participation of the NMRI members, especially the gracious senior members for their mentoring efforts. Maintaining the participation of the senior NMRI members has been challenging; Dr. Agodoa solicited ideas from the senior members that would add value to their experience and keep them participating in the Network. When junior members are successful because of the mentoring efforts of the senior members, the Network is successful. Dr. Agodoa said that he would inform the NMRI members of the exact date of the following year's meeting when it is scheduled. He solicited closing comments or questions.

Discussion

A participant suggested that the NMRI could staff kiosks at national meetings; members could be used as the face of the NMRI. Dr. Agodoa agreed that it was a great idea. Dr. Romero welcomed ideas for venues where the NMRI could be represented.

Dr. Agodoa mentioned that the NIDDK released an RFA to invite professional societies to present a plan that would mentor minorities in leadership positions. Five grants have been awarded to professional societies to develop minority programs, which will be evaluated for success in 5 years.

A participant asked about the travel awards for the future meeting. Ms. Martinez explained that information related to travel awards will be forthcoming.

Dr. Romero congratulated the participants on a fantastic meeting despite the difficulties in arranging support. He expressed appreciation for Dr. Agodoa's and Ms. Martinez' strong support for the NMRI.

Dr. Agodoa elaborated that ICs were invited to join the NIDDK in initiating the Network 11 years ago, and most declined. Since the publication of the NIH Diversity Task Force Report, however, the NIH has initiated a mentoring project called Building Infrastructure Leading to Diversity (BUILD) to develop a mentoring network. The funding will support BUILD scholars as well as graduate stu-

dents, postdoctoral fellows, and junior faculty. The NIDDK's successful NMRI and STEP-UP programs will continue, but additional resources will be provided for an NIH-wide program.

A participant thanked the Oversight Committee and commented on the inspiring presentations and positive experience. He opined that it was a great conference for graduate students and thanked the organizers for the invitation to attend.

In closing, Ms. Martinez encouraged the participants to submit their conference evaluations at the registration desks and update their directory information. Dr. Agodoa thanked everyone again. Hearing no more comments or questions, he adjourned the workshop.

APPENDIX

NMRI Questionnaire Results From April 2012 to March 2013

The survey included 19 questions, and 27 attendees responded.

(Note: All participants did not answer every question and totals may not add to 100% due to rounding.)

A. Academic Status of Respondents:

Faculty member – 23 (85.2%)
Post doc – 0 (0%)
Researcher – 1 (3.7%)
Student – 0 (0%)

B. Status of 32 Faculty Members

Professor – 1 (3.7%)
Assistant Professor – 10 (37.1%)
Associate Professor – 11 (40.75%)
Instructor – 1 (3.7%)

C. Tenure Status

n = 27
Tenured = 11 (40.7%)
Non-tenured = 16 (59.3%)

D. Question: What motivates you to attend NMRI? (May choose more than one answer.)

Networking opportunities – 25
Mentorship opportunities – 19
Identifying collaborations – 18
Leadership opportunities – 13
Opportunities for oral or poster presentations – 11
Assistance in applying for promotion or tenure – 11
Enhancing grant or manuscript writing skills – 11
Developing management skills – 10
To enhance my evaluation portfolio – 1
Interacting with NIH staff – 1
Opportunity to advise young researchers – 1

E. Question: How has NMRI helped with career development and mentoring?

Found collaborator(s)
Found mentor(s)
Helped with success in grant application
Helped with success in manuscript publication
Helped develop management skills
Assisted in applying for promotion or tenure
Motivation by seeing role models of people from my ethnic group
Moral support
Identifying a grant
Diversity supplement
Networking and developing leadership skills
Inspirational to meet other minority faculty doing wonderful things
Encouragement for research endeavors
Help to identify mentoring opportunities

F. Question: On a scale of 1 to 10, 10 being the most opportunity for professional growth, rate your professional development associated with the annual NMRI meetings.

n = 26

Total score = 7.1/10.0

G. Question: Are you willing to be a mentor?

Yes – 12 (44.4%)

No – 14 (51.9%)

No answer – 1 (3.7%)

H. Research topics identified for mentorship:

Abstract writing
Adrenal function
Anticancer activities of natural compounds
Applying for training grants
Bacterial gene regulation
Behavior change interventions
Cellular and molecular biology
Chronic kidney disease
Clinical pharmacology
Clinical research
Community engagements/partnerships
Community-based Participatory Research
Complications of cirrhosis
Cultural competency
Developing confidence in networking among other research professionals
Diversity and inclusion
Drug metabolism and drug transport
Endocrinology
Entering a new research field
Epidemiology
ER stress signaling
Ethnicity and metabolic syndrome
Ethnicity and cardiovascular risk factors
Ethnicity and glucoregulation
Fatty liver
Finding a mentor
Grant administration
Grant writing
Health disparities
Health empowerment technology
Hemophilia
Hepatic encephalopathy
Hepatocellular carcinoma
Hypertension
Latino health
Leadership and professional development skills and knowledge
Long-term outcomes studies for pipeline programs
Metabolism
Mineral and bone disease
Minimal hepatic encephalopathy
Molecular endocrinology
Nephrology
Nonalcoholic fatty liver disease

Nutrition
Obesity
Obesity in anesthesia
Patient-health care provider relationships
Pharmacogenetics
Pharmacokinetics
Physiology
Prevention of diabetes and obesity
Prevention of diabetes complications
Promotion and tenure process
Proteomics
Qualitative interviewing; cognitive interviewing
Renal carcinoma
Renal physiology
Reproduction
Research collaboration
Starting a laboratory
Type 2 diabetes
Vascular biology
Vascular calcification
Vitamin D
Women scientists and their role in diversifying the higher education workforce

I. Question: Which area do you need the most assistance?

Alcohol
Cancer
Cancer control and prevention and intersection of nutrition and physical activity to reduce risk for pre/diabetes
Clinical Pharmacology
Diabetes and CKD disease management
Enhancing promotion portfolio
Getting articles published
Grant opportunity
HCV
HIV
Infectious Diseases
Leadership
Nutrition and physical activity intervention research
Obesity
Pediatrics
Pharmacogenetics
Promotion
Renal physiology
Sickle cell disease
Submitting a successful research grant proposal
Translational research

J. Have any grants or publications resulted from your NMRI membership in 2012?

Yes – 14 (51.9%)

No – 11 (40.7%)

No answer – 2 (7.4%)

K. Presentations – 2012

Oral/podium/poster: 118 from 27 members = 4.4 average number presentations/posters

