

UPDATES FROM US HEALTH AGENCIES

Recent activity in government and non-government agencies may affect readers of *Ethnicity & Disease* and other healthcare professionals working with ethnic minority and under-served populations. Below are some current items of interest.

FROM THE OFFICE OF MINORITY HEALTH (OMH)

Federal Health Leaders Unveil New Programs to Recruit More Minorities into Clinical Trials

With mounting evidence that minorities and the poor are the least likely to have access to clinical trials, the US Department of Health and Human Services' OMH announced the inauguration of two complementary initiatives designed to accelerate the participation of under-served populations in these research studies.

The two projects are CLAS-ACT (Culturally and Linguistically Appropriate Standards and Clinical Trials) and Backpack (a set of tools for researchers). The projects will be part of a four-year initiative, Eliminating Disparities in Clinical Trials (EDICT), which is conducted jointly by the Chronic Disease Prevention and Control Research Center at Baylor College

of Medicine and the Intercultural Cancer Council, a national organization based in Houston that seeks to eliminate the unequal burden of cancer among ethnic minorities and medically under-served populations.

Intended to provide new recommendations and materials for health professionals by April 2008, the projects will be conducted simultaneously by two separate research teams. Through CLAS-ACT, 1 research team will develop new guidance so that scientists and health professionals will be able to use CLAS standards when designing and recruiting minority patients into new clinical trials. This project will be complemented by the Backpack project, which will identify and make available

vetted resources, examples, models, and policies that will help those who conduct clinical trials to reduce ethnic disparities in recruitment and retention.

In addition to applying the federal CLAS standards to clinical trial design and recruitment, the new EDICT projects reflect a growing consensus that disparities in clinical trials remain a serious problem for the medically under-served. According to statistics compiled by the Intercultural Cancer Council, 88.8% of those enrolled in clinical trials between January 2003 and June 2005 were Whites, compared to 8% who were African Americans, 2.8% who were Asians/Pacific Islanders, 0.5% who were Native Americans/Alaska Natives, and 0.1% who were other races. Only 5.6% of all patients were Hispanics, compared with 94.4% who were non-Hispanics.

Nearly two thirds of cancer patients are ≥ 65 years of age, but this age group accounts for less than one third of clinical trial enrollees. Regardless of ethnicity, low socioeconomic status has a negative effect on clinical research participation.

"Without adequate representation of ethnic and racial minorities and other under-served populations in clinical trials, patients suffer and so do researchers, who are hindered in their assessment and generalization of clinical trial results," said Armin Weinberg, PhD, director of the Chronic Disease Prevention and Control Research Center at Baylor College of Medicine and co-founder of the Intercultural Cancer Council. "The goal of these projects is to equip researchers, advocates and providers with the tools to affect meaningful change."

FROM THE NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

A Brief Skill-Building Program Can Reduce Risk for Sexually Transmitted Diseases among Inner-City African American Women

A brief skill-building program on practices to reduce exposure to sexually transmitted disease (STD) and HIV improved the self-reported protective beha-

viors of inner-city Black women for up to one year and actually decreased their risk of acquiring an STD. The women received the program from specially

trained nurses either individually or in small group sessions at an inner-city women's health clinic. The study was conducted as part of "Sister to Sister: The Black Women's Health Project," funded by the NINR.

The findings address a significant area of health disparity.

According to lead investigator Loretta Sweet Jemmott, PhD, African American women in the United States suffer disproportionately high rates of several STDs. In addition, African American women have an elevated incidence of HIV/AIDS, a disease often transmitted to

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women through heterosexual contact and the leading cause of death among African American women age 25–34 years.

The study was designed to identify effective single-session STD or HIV risk reduction interventions for inner-city African American women. Researchers evaluated four separate behavioral interventions among a group of 564 sexually experienced African American women from an inner-city women's health clinic. The women ranged in age from 18 to 45 years, and nearly 90% reported being sexually active within the last 3 months. At

baseline, less than one quarter reported consistent use of condoms, and 1 in 5 tested positive for an STD, either gonorrhea, trichomoniasis, or chlamydia.

The nurse-led interventions were presented in two formats: information-only or information plus behavioral skill-building. The information-only intervention involved reviewing and discussing a brochure on STD/HIV prevention and safe sex practices. The behavioral skill-building program included review of the STD/HIV brochure and added video clips, practice with applying a condom, and role-playing negotiations for

condom use with a sexual partner. Participants received the interventions either in one-on-one sessions lasting 20 minutes or in small group sessions lasting roughly three hours.

At a 12-month followup, women who received the skill-building program, either individually or in a group, reported a higher proportion of condom use during sexual intercourse over the previous three months and were more likely to report using a condom during their most recent sexual episode than women who received information only. In addition, compared to

a control group, women from the skill-building groups were less likely to test positive for an STD.

Dr. Jemmott recently received funding from the Replicating Effective Programs initiative of the Centers for Disease Control and Prevention. This initiative promotes the translation of effective programs into clinical practice. Dr. Jemmott and her team are now collaborating with family planning clinics in Philadelphia to determine the feasibility of integrating their 20-minute, one-on-one STD/HIV intervention into these clinical sites.

FROM THE NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD)

New Spanish Publication Gives Evidence-Based Parenting Guidelines

The National Institutes of Health has released *¿Qué Significa ser Padres?* (What Does It Mean to Be Parents?), a free Spanish-language publication

geared toward Hispanics who are seeking advice on parenting.

¿Qué Significa ser Padres?—a Spanish-language version of the NICHD's *Adventures in*

Parenting booklet—offers parenting strategies based on scientific research that can be used for children of any age. The booklet gives practical suggestions for successful parenting that parents can adapt for their own lives and situations. It also includes real-

life examples of how some parents have incorporated these strategies into their own day-to-day parenting activities.

For free copies of *¿Qué Significa ser Padres?* call 1-800-370-2943 or visit <http://www.nichd.nih.gov/significapadres>.