

# THE N I H R E C O R D

Still The Second Best Thing About Payday

*Nurses' Week, May 6-12*

## Role of Nurse Practitioners Expands at NIH

By Marianna L. Crane and Cathryn Lee

Nurses' Week, celebrated this year from May 6 to 12, is a time not only to recognize the contributions of nurses at NIH, but also to appreciate a subtle shift that has taken place within nursing ranks. Over the last few years there has been a steady growth of skilled nurses with advanced degrees. In 1996, there were approximately seven nurse practitioners at NIH. In just 4 years, that number has grown to 43. Twelve are working in the Clinical Center and 31 are employed within seven of the institutes.

### What is a Nurse Practitioner?

In general, nurse practitioners are nurses who hold a master's degree in nursing. Most are credentialed by the American Nurses Credentialing Center in specialty areas such as adult, pediatrics, family and acute care. Different states have different

SEE NURSE PRACTITIONERS, PAGE 4

## Lunch Kicks Off Bond Drive

A pizza luncheon will be held for NIH U.S. Savings Bonds canvassers on Friday, May 5, at noon in Wilson Hall, Bldg. 1. The lunch is part of the U.S. Savings Bonds campaign kick-off ceremony.

The National Institute of General Medical Sciences will host this year's bonds campaign. NIGMS Executive Officer Martha Pine will briefly address the lunchtime gathering. For more information about purchasing savings bonds, contact your area savings bonds canvasser. Should you have general questions about the campaign, contact the NIGMS executive office at 594-2755.

## HIGHLIGHTS

**1**  
NIH Mounts Drive To End Disparities

**NPs Gain New Caregiving Role**

**2**  
Screening for Anxiety Disorders

**3**  
Mendis To Give Gorgas Lecture

**7**  
FARE Competition Open During May

**10**  
Check Your Personnel Benefits

**12**  
Cogeneration Plant Coming to Campus

U.S. Department of Health and Human Services National Institutes of Health

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Agency-Wide Action Plan Due by June

## Health Disparities Research Tops NIH Agenda

By Carla Garnett

Some disturbing trends have surfaced in the nation's health: Rates for blindness due to glaucoma in African Americans are six times higher than the rates for whites. American Indians and Alaska Natives are nearly three times as likely as whites to have diagnosed diabetes; Hispanics and Latinos are almost twice as likely. African Americans and Native Americans show increased susceptibility to kidney complications of diabetes. Death rates from heart diseases are disproportionately high among blacks. Native Americans have a higher incidence of meningitis due to *Haemophilus influenzae* B. Stroke, a major health problem for the entire country, disproportionately affects minority citizens—particularly African Americans. Sudden infant death syndrome is more prevalent in minority populations—two and a half times more prevalent in blacks and three to five times more prevalent in Native Americans. In 1998, blacks were nearly 10 times more likely than whites to be diagnosed with AIDS.

SEE HEALTH DISPARITIES, PAGE 8

## NEI Introduces Low Vision Education Program

By Mike Coogan

For about 14 million Americans—one of every 20—the inability to see well makes doing things difficult. They have trouble recognizing the faces of friends. Seeing the TV is harder, and reading price tags becomes an ordeal. Walking around the



Low Vision Traveling Exhibit debuts in Birmingham shopping mall.

neighborhood presents a challenge. What can be done?

Plenty. The National Eye Institute recently launched a Low Vision Education Program that outlines steps people can take to make the most of their remaining vision.

The new program brings the message that information and help are available to people with low vision and their families.

“People with low vision have difficulty with everyday activities

SEE LOW VISION, PAGE 6



*Dr. Julian Azorlosa has joined the Center for Scientific Review as the scientific review administrator of the behavior and biobehavioral processes-1 study section, which provides initial scientific review of clinical and pre-clinical research grant applications pertaining to psychopharmacology and basic behavioral processes. Azorlosa comes to CSR from Southeastern Louisiana University, where he was associate professor of psychology from 1996 through 1999. He received Faculty Development Awards for his work on conditioned morphine tolerance and withdrawal. He has published extensively in this area in peer-reviewed journals, and has made numerous scientific presentations at meetings.*

### Anxiety Disorders Screening for NIH'ers

Do any or several of these sound like you: sudden racing or pounding heartbeat; repeated checks before leaving the house such as door locks or the oven; fear of harming a loved one; frequent nightmares; avoidance of places reminiscent of a traumatic experience; fear of embarrassing yourself; worry about things without signs of trouble; frequent aches and pains that can't be traced to an illness or injury?

If so, you may be suffering from a treatable anxiety disorder. To find out more about anxiety disorder symptoms you may be experiencing, attend the brief, walk-in, anonymous screening that the Quality of Work Life Initiative is sponsoring, with the support of the NIH Employee Assistance Program and NIMH, from 8 a.m. to 4 p.m., Wednesday, May 3, which is National Anxiety Disorders Screening Day.

People being screened will view a short video on anxiety disorders, complete a questionnaire, and meet privately (and confidentially) with a mental health professional for results. Free materials and information about community resources that provide referrals will also be available.

Walk-in screening will be held at four NIH locations: Bldg. 31, Rm. B2B57; Bldg. 10, Rm. 6C306; Natcher Bldg., Rm. 1B17; and Executive Plaza North, Rm. 103. Employees may also reach screening sites by taking the NIH shuttle bus.

If you are suffering from an anxiety disorder, you are not alone. Anxiety disorders are one of the most common mental health problems in the United States, affecting more than 16 million adults each year. Without treatment, these illnesses—panic disorder; obsessive-compulsive disorder; post-traumatic stress disorder; phobias, including social phobia; and generalized anxiety disorder—can fill people's lives with chronic and unremitting fear that is often debilitating, overwhelming and can grow worse.

But the good news for individuals with anxiety disorders, despite their often-disabling symptoms, is that available treatments work. Seeking help is the first step to feeling better again.

If you need reasonable accommodation to participate in this activity, call Bronna Cohen, 496-3164, to set up an appointment so that screening can occur with a sign language interpreter or with other accommodation. ■

### High Cholesterol Study Recruits

The Cardiology Branch, NHLBI, is recruiting patients with high cholesterol levels (250 mg or higher) who have no other medical problems to be included in a 3-day outpatient study. Participants will be paid. Call 496-8739. ■

### Frederick Festival Connects Science, Health

Mark your calendars now for the fourth annual NCI-FCRDC-Fort Detrick Spring Research Festival on May 17-18. The NCI-Frederick Cancer Research and Development Center and the U.S. Army Medical Research and Materiel Command at Fort Detrick invite all NIH employees and Frederick County residents to participate. Events of interest to both scientists and the public are planned from 10 a.m. to 4 p.m. on both days.

Poster presentations on current research at NCI-FCRDC and Fort Detrick and demonstrations showing the wide range of biomedical research activities under way are planned. A scientific instrumentation expo will be featured from 10 a.m. to 3 p.m. There will be oral presentations by postdoctoral fellows each day from 9 to 11 a.m. in Bldg. 549, and there will also be a public lecture on Wednesday at 4 p.m. in Bldg. 549. This lecture/video on emerging infectious diseases will be given by scientists from USAMRIID. A health fair will also take place providing tips, advice and information on cancer, AIDS and other diseases, as well as offering free services such as health screenings, body fat analysis and health risk appraisals.

A career fair will be offered to festival attendees from 3 to 7 p.m. on Wednesday, May 17.

The festival will take place on the Fort Detrick parade grounds inside the main entrance. For more information, contact Dr. Howard Young at [youngh@ncifcrf.gov](mailto:youngh@ncifcrf.gov), Elynor Sass at [e\\_sass@ncifcrf.gov](mailto:e_sass@ncifcrf.gov) or visit the festival web site at <http://www.ncifcrf.gov/conference/2000springfest>. ■

## N I H R E C O R D

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*Gorgas Memorial/Leon Jacobs Lecture*

## Kamini Mendis To Discuss Malaria Rollback Project

“Roll Back Malaria: Is It Doable?” is the subject of the upcoming Gorgas Memorial/Leon Jacobs lecture on Monday, May 8 at 4 p.m. in Wilson Hall, Bldg. 1. The speaker, Dr. Kamini Mendis, senior advisor to the World Health Organization’s Roll Back Malaria Project, has made major contributions to malaria research. She oversees WHO’s role in this project in Asia and the Americas, and also heads the research and development components of the program.



*An Anopheles mosquito, which carries the malaria parasite and transmits it to people*

She began her career in medical research in Sri Lanka as a malariologist working on the immunologic aspects of malaria, including vaccine development. Within a few years, Mendis had expanded her focus to look at the broader impact of malaria in Sri Lanka, where she recognized the country’s need

for expertise in malaria epidemiology, clinical research and pathogenesis. Supported by the University of Colombo in Sri Lanka, she began programs in these fields, including projects to reduce transmission of malaria and studies to evaluate the effectiveness of these disease-control measures. This work was made possible through collaborations she established with the Ministry of Health in Sri Lanka.

Her efforts led to the establishment of a Malaria Research Unit within the university’s faculty of medicine.

During her 17 years as head of the Malaria Research Unit, she collaborated with medical researchers within Sri Lanka and overseas to run a Ph.D. program that trained more than 20 young physicians and scientists. The result was an established group of young malariologists now working in Sri Lanka. The unit has made significant original contributions to our knowledge of malaria and functions as an important source of expertise on the disease.

Mendis obtained her bachelor of medicine degree from the University of Ceylon in 1972; earned her Ph.D. at the University of London in 1980; and her M.D. in microbiology from the University of Colombo, in 1989. She has received several prestigious national and international awards for her contributions to tropical medicine including the National Presidential Award for outstanding citizens (Sri Lanka, 1983), the Chalmers Medal of the Royal Society of Tropical Medicine (U.K., 1991), and the Bailey K. Ashford Medal of the American Society of

Tropical Medicine (1993). For many years she has served on international scientific review boards and committees on malaria and on international health.

Her campaign to expand malaria control measures and health care systems for malaria patients led to her current position with Roll Back Malaria. She will work closely with NIAID’s International Centers for Tropical Disease Research program and scientists around the world on the development efforts. The talk is sponsored by NIAID’s Laboratory of Parasitic Diseases. ■

### NIH Asian/Pacific Islander American Heritage Program

This year, the NIH Asian/Pacific Islander American Heritage Program will celebrate its 28th anniversary. All are invited to join the festivities, which consist of a lunchtime program of Asian food and demonstrations of Asian arts and crafts on Friday, May 12 and an evening program of Asian music and dance on Friday, May 26.

For the May 12 event, lunchtime festivities will take place between 11:30 a.m. and 1:30 p.m. on the patio of Bldg. 31A. There will be a calligraphy demonstration and an exhibition of Indian rugs. The Mitra Kusuma Quartet will play Balinese music. Luncheon sales will consist of food from China, India, Japan, Korea, the Philippines and Thailand. A percentage of the proceeds will be donated to the scholarship fund of the NIH Asian/Pacific Islander American Organization. Details of the evening program on May 26 will be provided in the next issue of the *NIH Record*.

The program is sponsored by the NIH Asian/Pacific Islander American heritage committee, the NIH Asian/Pacific Islander American Organization, a number of institutes and centers, the NIH Federal Credit Union and the R&W Association. For more information, contact (preferably by email) Victor Fung, [vf6n@nih.gov](mailto:vf6n@nih.gov), 496-1625.

### Buses Help Beat Beltway Blues

A new express bus service became available May 1 and will run during the Maryland Beltway Bridge Reconstruction Project. The bridge project will begin in mid-May and last until fall 2001. It will affect some 2.7 miles of the Beltway from Georgia Ave to Route 29 in each direction. NIH, working with various other federal, state and local agencies, has been instrumental in establishing bus service to assist commuters traveling to the east of NIH. There will be free parking at two Park & Ride lots for 300 vehicles. The buses for this new service will be supplied by Dillon Bus Service. In the morning, there will be 30 minutes between buses, beginning at 6:30 and ending at 8:30. Afternoon buses will start at 4 and the last bus will depart at 6:30. Fares are \$1 each way. For up-to-date information about this service, visit the web site [www.mtmaryland.com](http://www.mtmaryland.com) and choose the Express Bus icon. ■

**NURSE PRACTITIONERS**, CONTINUED FROM PAGE 1

statutory definitions of a nurse practitioner. Nurse practitioners can perform history and physical exams, diagnose disease, order, perform and interpret laboratory, radiographic and other diagnostic tests and prescribe and dispense medications. In some states, nurse practitioners can practice independently. Historically, nurse practitioners have filled the gap in health care delivery to the underserved such as those living in rural areas, on



*The Internal Medicine Consult Service includes nurse practitioners Laura Shay (l) and Tracy MacGregor, and Dr. Fred Gill.*

reservations and in the inner cities. More recently, nurse practitioners may be found in acute care settings, health

maintenance organizations, private physician practices and NIH.

**History of Nurse Practitioners at NIH**

The Pediatric Branch of the National Cancer Institute was the first to hire nurse practitioners in the early 1980's. Their primary role was and continues to be management of pediatric oncology patients. They also help provide continuity of care in a setting that consists of rotating clinical fellows.

Several years later, the AIDS epidemic led to an expansion of the pediatric program. With this came the hiring of more nurse practitioners. These NPs work in collaboration with a senior attending and a full-time pediatrician to provide medical care for all the children enrolled in HIV treatment protocols in both the clinic and inpatient setting.

In 1992, NCI's Medicine Branch integrated nurse practitioners into its clinical fellowship program. With downsizing of the fellowship program, more nurse practitioners were hired. As with pediatric NPs, each one medically manages a population of patients, provides continuity of patient care, and assists in the education of clinical fellows. They also perform all necessary procedures such as lumbar punctures and bone marrow biopsies.

Over the next few years, NPs were established in a variety of settings including: gynecology, rheumatology, endocrinology, pulmonology, cardiology, psychiatry, nuclear medicine and infectious disease. Each new NP brings to the role a unique variation in

his or her practice.

**Recently Emerging Roles**

In the summer of 1998, the National Heart, Lung, and Blood Institute decided to phase out the Clinical Associate Program. The clinical associates were third-year residents responsible for the day-to-day clinical care of patients. The associates were here for a limited amount of time, causing a lack in continuity of patient care. By July 1999, each of the four NHLBI branches had hired nurse practitioners to replace the third-year residents. The Hematology Branch has three NPs that care for bone marrow transplant patients: Jeanine Superata, Martha Marquesen and Donna Chauvet. The NPs are skilled in doing bone marrow biopsies, thoracentesis, and will eventually learn to do lumbar punctures. Dr. Neil Young, chief of the Hematology Branch, says NPs "become quite expert at the problems that we deal with; provide continuity (and are) very responsible colleagues."

While in some institutes the NPs are a replacement, in other areas they play a consulting role. The Internal Medicine Consult Service, an innovative program that started in November 1998, pairs a physician, Dr. Fred Gill, with nurse practitioners Laura Shay and Tracy MacGregor. The program functions within the Clinical Center and the team is consulted by other institutes for problems that arise in protocol patients such as hypertension, hyperthyroidism and hyperglycemia. In addition, the service often helps manage patients with extremely complex medical problems. They coordinate all necessary testing and referrals for comprehensive work-up and management of the problem. Gill says, "This allows



*NPs Donna Chauvet (l) and Jeanine Superata care for bone marrow transplant patients in the Hematology Branch.*

the attending research team to focus on protocol issues." The NPs add an extra dimension of coordinating followup care. "This extra dimension would not be as effective if the team were composed of all physicians. In this context, the nurse practitioner often fulfills the role of both nurse and physician."

Gill adds, "The team is working very well and I hope we are contributing to the high quality of patient care at the Clinical Center."

In other settings, the NP may fill in for a temporary need and/or provide services that the principal investigator may routinely do in assessing patients. Karen Baker is employed by the Clinical Center and has been a nurse at NIH for 15 years. She wears many hats. She works as a clinical nurse specialist in performance improvement for the nursing department and is an NP who works with the Internal Medical Consult Service when they need an extra hand. She also provides surgical clearance for patients undergoing dental procedures in the National Institute of Dental and Craniofacial Research and within the same institute does histories and physicals on patients with Sjogren's disease. Baker is a member of a team comprised of the principal investigator, research nurse and herself. Their goal is to identify patients eligible for several protocols for the treatment and evaluation of Sjogren's. Baker says the "principal investigator is free to do more of the bench research while the nurse practitioner obtains the clinical data base."

#### The Nurse Practitioner and Research

NPs would like to initiate more nursing research but they cite time and a hectic work schedule as obstacles. Dr. Anne Thomas, a nurse practitioner and Ph.D., joined the National Institute of Nursing Research in October 1999 as its clinical director for the Division of Intramural Research. One of her goals is to "promote nurses' involvement in their own clinical studies." Because Thomas is an NP, she will be able to provide clinical oversight for nursing research protocols. She will open a Health Promotion Clinic at the Clinical Center 2 days a week. In this clinic, she and Rose May, also an NP, will be conducting research on health promotion in the geriatric population. One of the major reasons Thomas decided to join NIH was recent growth in the number of NPs here. She notes, "There is a wealth of nursing talent and expertise here that cannot be found elsewhere."

#### The Future

Nurses' Week provides an opportunity to recognize the contributions of all nurses at NIH, and offers a chance to view the future of nurse practitioners. This advanced practice group has gained inroads into research programs and specialty services here in areas never dreamed possible years ago. This clinically rich environment has many possibilities to offer as new roles are developed. Clearly, NPs are making a difference within NIH today. Their contributions will continue to grow and support excellent research and patient care at NIH. ■

#### NEI Sponsors International Symposium

The National Eye Institute recently sponsored an international symposium on eye care research and service delivery at the Lawton Chiles International House. Along with 24 invited guests, NEI director Dr. Carl Kupfer and NEI associate director Dr. Leon Ellwein reviewed institute collaborations over the past 5 years with the World Health Organization and physician investigators in China, India and Nepal.

The symposium addressed cataract blindness prevention, cataract surgery outcomes, and visual functioning and quality of life assessment in cataract patients.

Significant progress has been made in developing countries such as India in increasing the number of cataract surgeries performed to address the cataract blindness "backlog." However, results from recent research collaborations have shown that patients are not realizing the full, sight-saving potential of modern day cataract surgery.

The symposium also addressed recent collaborative surveys of vision impairment among school-age children in Nepal and China. Findings from these surveys have clarified the extent of age- and sex-specific impairment related to refractive error and lack of corrective glasses among children in need.

The symposium ended with discussion of priorities and strategies for service delivery. Participants included representatives from WHO, the World Bank, and the ministries of health in China and India. ■



*Among attendees at a recent international symposium on eye care research and service delivery at Lawton Chiles International House were (from l) NEI associate director Dr. Leon Ellwein, FIC director Dr. Gerald Keusch and NEI director Dr. Carl Kupfer.*

#### APAO Career Workshop, May 24

All are invited to attend a career seminar/workshop sponsored by the NIH Asian/Pacific Islander American Organization (APAO) on Wednesday, May 24 from noon to 4 p.m. in Wilson Hall, Bldg. 1. The program consists of two topics: Taking Charge/How To Jumpstart Your Career, and How To Prepare Better Federal Application Materials.

The first session features Brian Easley from the NIH Work and Family Life Center and includes a motivational video and techniques to manage your career. The workshop will also address the concept of career development and how to develop a career strategy.

After a short break, the second session will be led by Charly Wells from NIH's Office of Equal Opportunity, who will review the federal application process, including how to prepare the SF-171, OF-612, federal resumé and KSA statements. The workshop will also cover tips on improving your interview skills.

If you plan to attend, notify Lucie Chen, 496-5684, or Joanne Wong, 496-9147. ■

**LOW VISION**, CONTINUED FROM PAGE 1

such as reading the newspaper, recognizing familiar faces, or working at their jobs," said NEI director Dr. Carl Kupfer. "Many people with low vision become socially isolated because they can no longer enjoy social activities such as playing cards or going to a movie. The health of people with low vision may be compromised when they cannot recognize medications or read labels or nutritional information on food packages. Daily life becomes complicated when people are unable to travel alone or lose interest in cooking because the microwave panel or stove dials are hard to see. The impact of low vision on a person's quality of life can be devastating.

"But people should not accept the statement that nothing can be done about their low vision," he said. "The fact is that they can do something about it. The Low Vision Education Program will help educate people with low vision that they can

improve their quality of life and learn how to use their remaining vision more effectively. Vision rehabilitation services and a variety of visual and adaptive devices may bring back or help them keep their independence. The program fills an information gap that causes people who have low vision to feel they have no hope for improving their daily lives."

Low vision is broadly defined as a visual impairment not corrected by standard glasses, contact lenses, medicine, or surgery, that interferes with the ability to perform everyday activities. Most people develop low vision because of eye diseases such as cataracts, glaucoma, diabetic

retinopathy, or age-related macular degeneration, the leading cause of severe visual impairment and blindness in Americans 60 years of age and older. Low vision primarily affects people over age 65 and other higher risk populations such as Hispanics and African Americans.

"Too often, our patients become very discouraged when they feel that they no longer can be helped with their vision challenges," said Dr. Robert M. Christiansen, chairman of the American Academy of Ophthalmology's vision rehabilitation committee at

*Cover of NEI's new brochure, What you should know about low vision.*

### What you should know about low vision.



National Eye Institute • National Institutes of Health

a press conference announcing the program. "As vision rehabilitation specialists, we offer help to those who need to continue functioning in their homes, families, schools and work. We are committed to assist those who need magnifiers, other

#### How Do I Know If I Have Low Vision?



There are many signs that can signal vision loss. For example, even with your glasses, do you have difficulty:

- ◆ Recognizing faces of friends and relatives?
- ◆ Doing things that require you to see well up close, like reading, cooking, sewing, or fixing things around the house?
- ◆ Picking out and matching the color of your clothes?
- ◆ Doing things at work or home because lights seem dimmer than they used to?
- ◆ Reading street and bus signs or the names of stores?

If you answered "yes" to any of these questions, see your eye care professional immediately. Vision changes like these could be early warning signs of eye disease. Usually, the earlier your problem is diagnosed, the better the chance of successful treatment and keeping your remaining vision.

#### Low Vision Exhibit Tours Malls Nationwide

To help provide important information to people with low vision and their families and caregivers, the National Eye Institute has introduced a Low Vision Traveling Exhibit that will make its way to shopping malls around the country during the next few years.

The exhibit, part of NEI's Low Vision Education Program, contains an interactive multimedia touchscreen program; provides information on low vision materials and local services and resources; and displays aids and devices that help people with low vision live full lives. The exhibit includes five colorful kiosks and is designed to attract a cross-section of the population, from the young to senior citizens. Volunteers from the hosting grantee organizations and community groups staff the exhibit and help answer questions.

"The exhibit shows how an increasing number of people are living successfully with low vision," said Judith Stein, NEI's associate director for communication, health education, and public liaison.

"What can people do about their low vision? What can they do to maintain their quality of life? How can they make the most of their remaining vision? This exhibit can help answer these questions."

A highlight of the exhibit—an innovative interactive multimedia touchscreen program—explains the causes of low vision; offers personal accounts of people living with low vision; and provides a self-assessment to help people determine if they or someone they know may have low vision. An animated character guides the audience through the

devices and training to assist weakened eyes.” Christiansen’s comments were echoed by Dr. Larry Spitzberg, immediate past chairman of the low vision section of the American Optometric Association. “We’re enthusiastic that this education program will teach both the public and the professions about vision rehabilitation,” he said. “There are those physicians who may tell patients ‘There is nothing more that can be done.’ But something can be done. With vision rehabilitation services, people with low vision can read, sometimes drive, sew, use a computer and do many other activities of daily living.”

The Low Vision Education Program includes a broad-based consumer media campaign that involves public service announcements for television, radio and print; educational materials such as a large-print brochure, audio tape and videotape; and an outreach program aimed at health care professionals and social service organizations. The program also includes traveling exhibits, which tour shopping malls nationwide and increase public

awareness about low vision through interactive displays (see sidebar).

“People with low vision often accept their condition and do not seek help,” said Rosemary Janiszewski, director of NEI’s National Eye Health Education Program, a partnership of over 60 public and private organizations united behind a nationwide effort to educate people about the importance of good eye health. “This frustration and uncertainty can lead to profound lifestyle, physical, economic and psychological stresses on them and their families. We want to take the notion that low vision cannot be helped and replace it with messages of hope. The Low Vision Education Program encourages people who cannot see well to continue leading independent and full lives.” ■

#### FARE Competition Set, May 1-31

The seventh annual Fellows Award for Research Excellence (FARE) 2001 competition will again provide recognition for outstanding scientific research performed by intramural postdoctoral fellows. Winners of FARE will each receive a \$1,000 travel award to use for attending and presenting their work at a scientific meeting.

Fellows who apply to FARE submit an abstract of their research, which will be evaluated anonymously on scientific merit, originality, experimental design and overall quality/presentation. The travel award must be used between Oct. 1, 2000, and Sept. 30, 2001.

The FARE 2001 competition is open to postdoctoral IRTA’s, visiting fellows, and other fellows with less than 5 years total postdoctoral experience in the NIH intramural research program. In addition, pre-IRTA’s performing their dissertation research at NIH are also eligible to compete. Visiting fellows/scientists must not have been tenured at their home institute. Questions about eligibility should be addressed to your institute’s scientific director.

Fellows are asked to submit their application, including abstract, electronically, from May 1-31 via <ftp://helix.nih.gov/felcom/index.html>. Those who cannot access the electronic application in their laboratory can find additional computers at the Scientific Computing Resource Center in Bldg. 12A, Rm. 1018, the User Resource Center in Bldg. 31, Rm. B2B47, as well as the NIH Library in Bldg. 10. Winners will be announced by September 2000. Information will also be available on the web site above. Questions may be addressed to your institute’s fellows committee representative or to [FARE2001@nih.gov](mailto:FARE2001@nih.gov). FARE 2001 is sponsored by the NIH fellows committee, scientific directors, Office of Research on Women’s Health, and Office of Education. The FARE 2001 award is funded by the scientific directors and ORWH. ■

#### Female Volunteers Needed

The Behavioral Endocrinology Branch, NIMH, seeks female volunteers ages 18-55 to participate in a 6-month study investigating the effects of aging and reproductive hormones on measures of cerebral activity, blood flow, and stress hormone production. Volunteers must have regular menstrual cycles with no changes in mood in relationship to menses, be free of medical illnesses, and not taking any hormones or medication on a regular basis. Payment will be in accordance with the duration of each visit and the type of protocol. For more information, call Linda Simpson-St. Clair, 496-9576.

Main menu for exhibit’s interactive touchscreen program



program, and short videos provide “hands-on” advice. The multimedia touchscreen program recently received an award for “improving access and eliminating health disparities” at Technology Games 2000, a national competition for developers of interactive health applications. Judges called NEI’s interactive program “an accessible application, with clean graphics and material at appropriate reading levels for its audiences.” The Technology Games are sponsored by DHHS, the Annenberg Public Policy Center, and the Annenberg School for Communication of the University of Pennsylvania. NEI is looking at other ways the interactive program could be made accessible to consumers such as through a stand-alone CD-ROM format and NEI’s web site.

For more information about the Low Vision Traveling Exhibit, contact Jean Horrigan, 496-5248 or search the Low Vision Education web site at <http://www.nei.nih.gov/nehep/lowvis.htm>.

**HEALTH DISPARITIES, CONTINUED FROM PAGE 1**

In fact, certain sectors of the nation do not enjoy the same benefits of health and increased life expectancy that the majority of Americans do.

**NIH Responds**

Recognizing these differences—commonly called health disparities—Secretary of Health and Human Services Donna Shalala launched a department-wide initiative to eliminate or reduce six specific health gaps by 2010. The six areas are cancer screening and management, infant mortality, HIV/AIDS, heart disease, diabetes and immunizations. The initiative, involving every agency in the department, also serves as the DHHS response to President Clinton's Race Initiative.

Last September, NIH director Dr. Harold Varmus answered the secretary's initiative by establishing an NIH-wide working group to develop a strategic plan for tackling health disparities; in January, NIH acting director Dr. Ruth Kirschstein elevated membership on the working group to IC director level, effectively putting the initiative on the fast track and giving it teeth.

"NIH has a central role in eliminating persistent health disparities through medical research, research



*NIH acting deputy director Dr. Yvonne Maddox and NIAID director Dr. Anthony Fauci, who cochair the trans-NIH working group to develop a strategic plan on health disparities research, recently introduced the initiative to NIH's Council of Public Representatives.*

training, and dissemination of scientifically sound medical information," Kirschstein said, in her opening statement to Congress earlier this year. In fiscal year 2001, NIH will allocate \$20 million to establish a new Coordinating Center for Research on Health Disparities within the Office of the Director. In addition, a new trans-NIH working group will develop a strategic plan to eliminate or reduce health disparities among different segments of the American population. The plan will include goals, timetables and ways to track budgets and accomplishments.

**All Aboard**

Going beyond the six areas identified by the Secretary's initiative, NIH expects each institute to develop its own strategic plan for addressing disparity in the disease areas it studies. These individual plans will help determine the priorities and emphasis areas in the total NIH strategy.

NIH acting deputy director Dr. Yvonne Maddox and NIAID director Dr. Anthony Fauci, who now cochair the trans-NIH working group, recently introduced the initiative, "Addressing Health Disparities: NIH Program of Action," to the agency's Council of Public Representatives (COPR).

"Initially, NIH will focus on racial and ethnic minority populations including African Americans, Asians, Pacific Islanders, Hispanics and Latinos, Native Americans and Native Alaskans," said Maddox, who also represents NIH on the DHHS disparity initiative panel. "Additionally, research on health disparities related to socioeconomic status will be included."

The NIH initiative's goals are to develop a 5-year strategic research agenda encompassing all institutes, improve recruitment and training of minority investigators, expand outreach and communication efforts in target communities, form new partnerships

*Getting the Message Out on Health Disparities***Student Symposium and Health Fair Scheduled, June 2-3**

NIH will host a 2-day Student Symposium and Health Awareness Fair on June 2-3 to highlight the agency's commitment to closing health gaps in minority and underserved populations. Three key goals of the trans-NIH initiative, "Addressing Health Disparities: NIH Program of Action," are to reach targeted communities with disease prevention messages, to recruit minorities to participate in clinical trials, and to increase training and career development for minority scientists.

On June 2, 30 to 40 invited minority medical and dental students will meet with several NIH branch chiefs at the Fogarty International Center for briefings about the research process here. They will also take part in a grantsmanship workshop and tour campus labs and the Clinical Center.

The fair will be held on June 3 at the Natcher Center from 9 a.m. to 4 p.m. There, the medical and dental students will work side by side with NIH physicians and staff. They will encourage the estimated 500 middle school and high school attendees to consider careers in the health sciences. They will also answer questions about their personal medical school experiences.

"We made children ages 12 to 17 and their parents and teachers the target of the health fair because we believe there are childhood indicators of adult disease," said NIH acting deputy director Dr. Yvonne Maddox, who serves with NIAID director Dr. Anthony Fauci as cochair of the NIH-wide working group to develop the agency's strategic plan to attack health disparities. She has also served as deputy director of the National Institute of Child Health and Human Development since 1995. "We must begin early with youngsters, making them aware of disease prevention strategies," Maddox stated.

with other federal and private organizations with similar interest in addressing health gaps, and get more minority participants into clinical trials.

**Next Steps**

Maddox said before the strategy can move forward, it will have to pass muster with NIH associate director for research on minority health Dr. John Ruffin and his advisory committee as well as Kirschstein. Several ICs have had their advisory councils review their individual plans; NIH will also confer on the plan with COPR members. Since Kirschstein put the initiative atop NIH's agenda in January, "individual institutes developed their plans and submitted them to working group cochairs in remarkable response time," Maddox reported.

"If you look carefully," Fauci explained, "virtually every disease that we study has a disparate nature—particularly if we are talking about racial and ethnic populations. Now, that disparate nature may not always be something that we here at NIH can do research on. For instance, it may have to do with socioeconomic factors and other aspects. But there are things we can address from a research standpoint and from a research training standpoint. That is what the charge to the individual institutes was. It goes way beyond saying, 'This disease has a health disparity. We are studying this disease, so therefore, we are studying health disparities.' It is much deeper than that." ■

**Wednesday Afternoon Lectures**

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Richard H. Scheller on May 10. He is an HHMI investigator and professor, department of molecular and cellular physiology, Stanford University Medical Center. His topic is "Molecular Mechanisms of Membrane Trafficking and Exocytosis."

On May 17, Dr. Cornelia I. Bargmann will give an NIH Director's Lecture. She is vice chair, department of anatomy, and an HHMI investigator at the University of California, San Francisco. She will discuss "Mechanisms of Odor Discrimination in *C. Elegans*."

For more information or for reasonable accommodation, call Hilda Madine, 594-5595. ■

**Calling Computer Users in Offices**

Individuals working full time and using a computer keyboard a minimum of 3-4 hours a day are needed for a research study on the role of workstyle in occupational health. Volunteers with and without upper extremity symptoms (fingers, hands, wrists, forearms, elbows, shoulders and neck) are needed to participate in 2-hour focus group interviews. Focus groups are being conducted by researchers at Georgetown University Medical Center. Compensation will be provided and groups will be scheduled at convenient times and locations. For more information, call Stacy Chambers at (202) 687-2392. ■

**Chung Retires from CSR After 18 Years**

Dr. Anthony Chung retires from federal service this month after 18 years as a scientific review administrator in the Center for Scientific Review. He was SRA, first of the cardiovascular and pulmonary study section, and then of the cardiovascular and renal study section in the cardiovascular sciences integrated review group.

He received his Ph.D. from the University of Maryland in 1958, specializing in dairy husbandry, chemistry and the biological sciences. He then became a research assistant at New York University, Goldwater Memorial Hospital, working in the field of atherosclerosis. During his next position as a research associate for the department of biochemistry, Lankenau Hospital in Philadelphia, his responsibilities broadened significantly, and he was principal investigator of a grant from the National Heart, Lung, and Blood Institute titled "Arterial Metabolism of Glycerol-Containing Lipids."

Chung moved to the Washington, D.C., area in 1962 as acting director, and later associate director, of the surgical metabolic research laboratory at Georgetown University Medical School. Between 1964 and 1978, he held several research positions at George Washington University, at Children's Hospital, and at Georgetown University Medical School. In 1978, he entered the federal government as a chemist in the division of chemistry and physics, Food Additive and Animal Drug Chemistry Evaluation Branch, Food and Drug Administration. His principal responsibilities were to review applications in the areas of feed additives and drugs for animals, to draft regulations, and to help formulate guidelines for science policy related to animal drugs. Four years later, he moved to CSR and became an SRA, managing the reviews of special study sections. When the position became vacant, Chung became SRA of the cardiovascular and pulmonary study section.

He plans to enjoy the leisure of a retired life and the opportunity to spend more time with his family. However, he will miss interactions with reviewers, as well as the opportunity to help applicants gain a better understanding of what is required in submitting an application to NIH. ■



*Dr. Anthony Chung retires this month after 18 years as a scientific review administrator in the Center for Scientific Review.*



*Dr. Michael Kozak recently joined the Center for Scientific Review as scientific review administrator of study section 5 of the behavior and biobehavioral processes integrated review group. The section reviews applications in the areas of adult psychopathology, aging and treatment development. For the past 17 years, Kozak has combined clinical practice with his interest in research. He was a clinical psychology intern at Rush-Presbyterian-St. Luke's Hospital in Chicago, and since 1994, had been clinical director for the Center for the Treatment and Study of Anxiety, Medical College of Pennsylvania. Kozak has been co-investigator and project coordinator for several grants, including grants from NIMH.*

## Benefits Reminders for All NIH Employees

### Post '56 Military Service Deposits

Did you know that if you performed active duty military service after 1956 (after June 30, 1960 in the Commissioned Corps), then you may need to pay a deposit (including interest) to DHHS in order to receive retirement credit for the military service (FERS employees) at the time of retirement or to retain the credit when you reach age 62 and become eligible for Social Security benefits (CSRS employees)? See your personnel office for details.

### Temporary Continuation of Health Benefits Coverage

Did you know that when your child reaches age 22 (or marries before age 22) he or she is no longer eligible to be covered under your health benefits enrollment? This is true even if your child is still in school. You have 60 days from the date he/she gets married or turns age 22 (whichever occurs first) to notify your personnel office. That office will give you information on how your child may enroll in his/her own right for temporary continuation of coverage (TCC). The enrollment will be for up to 36 months and the child will have to pay the full premium (no government contribution), plus a 2 percent administrative charge.

TCC enrollments are also available to you should you leave the government (coverage is for up to 18 months) and for a former spouse should you get divorced (coverage is for up to 36 months). See your personnel office for details.

### Changes You May Make in Your Health Benefits Enrollment

Outside of the annual open season there are only certain events (such as marriage, birth of a child, loss of private-sector coverage) that allow you to enroll or make a change in your health benefits enrollment. Did you know that you may change your enrollment from family to self-only coverage at any time? This is of particular importance to you when the last member of your family ceases to be eligible for coverage under your plan (for instance, when your youngest child turns age 22 and you are divorced or widowed). See your personnel office for details.

### Spouse's Eligibility to Continue Health Benefits Coverage After Your Death

Did you know that you must be enrolled in family coverage at the time of death in order for your spouse to continue coverage? Also, when you retire you must elect a survivor annuity for your spouse in order for him/her to continue coverage after your death.

### Changes You May Make in Your Life Insurance Coverage

Did you know that you may elect or increase your

Option B - Additional coverage if you marry or acquire a child? You may also elect option C - Family coverage if one of these events occurs. If you already have Option C coverage and your last family member ceases to be eligible for coverage (youngest child turns age 22, etc.) you should complete an SF 2817 declining Option C coverage. See your personnel office for details.

### Election of Living Benefits and Assignment of Life Insurance

Did you know that if you are diagnosed as having a terminal illness you may be eligible to elect living benefits? This would allow you to receive up to the full amount of your basic life insurance coverage while you are still alive instead of payment going to your survivors after your death. You may, instead, assign all of your life insurance coverage to a viatical settlement firm in return for a payment equal to a portion of your coverage (usually 50-80 percent, depending on life expectancy). That firm would then be paid your life insurance after your death.

You may also assign your life insurance to another person or persons, including an individual, a corporation or an irrevocable trust in order to satisfy the requirements of a court order upon divorce, for inheritance tax purposes, or to satisfy a debt. See your personnel office for details.

### Designations of Beneficiary

Did you know that you may complete a Designation of Beneficiary form for Unpaid Compensation, Life Insurance, Retirement, and the Thrift Savings Plan if you want the payment upon your death to go to someone other than the person(s) entitled under the normal order of precedence? Do you know if your designations are up to date? Did you know that a designation may still be valid, even if your family situation has changed? For instance, if you designated your spouse and you have since gotten divorced, your former spouse is still your beneficiary unless you file a new Designation of Beneficiary, either canceling the previous one or designating someone else.

If you are not sure of the status of your Designations of Beneficiary, see your personnel office. ■

### Hypertension Study Needs Vols

The Cardiology Branch, NHLBI, is recruiting patients with high blood pressure for a 3-day outpatient study. Volunteers should not have any other medical problems and should not have a cholesterol higher than 200 mg/dL. Participants will be paid. Call 496-8739. ■



### HRDD Training Tips

The Human Resource Development Division, OHRM, will offer the courses below. Hands-on, self-study, personal computer training courses are available through the HRDD's User Resource Center at no cost to NIH employees. For details, visit HRDD online at <http://trainingcenter.od.nih.gov/> or call 496-6211.

#### Career Transition

NIH Retirement Seminar - FERS 5/22

#### Administrative Skills

Creating and Maintaining Filing Systems 5/18

#### Administrative Systems

Travel for NIH Travelers (a.m. & p.m.) 5/25

#### Computer Applications and Concepts

Introduction to Adobe PhotoShop 5/17

Advanced Corel Word Perfect 8.0 5/17

Advanced MS Access 97 (Office 97) 5/17

Introduction to Macintosh 5/22

Adobe PageMaker Production I 5/23

Windows Intermediate: Customizing your System 5/24

Advanced MS Word 97 (Office 97) 5/25

Introduction to MS Excel 97 (Office 97) 5/25

#### Financial & Procurement Management

Professional Service Orders (a.m. & p.m.) 5/17

#### Management, Supervision & Professional Development

Facilitation Skills 5/15

How to Plan and Run Productive Meetings 5/17

How to Foster Creative Thinking 5/18

Creative Problem Solving (Frederick) 5/22

Introduction to Strategic Planning 5/23

Successful Management at NIH 5/25



NIDCR recently welcomed three new members to its National Advisory Dental Research Council. They are (from l) Dr. Samuel Dworkin, professor in the department of oral medicine, School of Dentistry, University of Washington, Seattle, and professor, department of psychiatry and behavioral sciences in UW's School of Medicine, whose research focuses on orofacial pain; Kim Ubrich, a social worker who is a clinical instructor in the division of plastic and reconstructive surgery, School of Medicine, University of North Carolina, Chapel Hill; and Dr. Joan Reede, associate dean of faculty development and diversity, assistant professor of medicine at Harvard Medical School, and assistant professor of maternal and child health at Harvard's School of Public Health, who has published extensively on diversity in medicine.

### CIT Computer Classes

All courses are on the NIH campus and are given without charge. For more information call 594-6248 or consult the training program's home page at <http://training.cit.nih.gov>.

Unix Systems Administration Concepts	5/5
Data Warehouse <i>Query</i> : Research Contracts & Grants	5/8
LISTSERV Electronic Mailing Lists	5/9
WIG - World Wide Web Interest Group	5/9
Creating Composite Images with Photoshop	5/10
NIH Enterprise Directory (NED): Administrative Officer and Technician Training	5/11,12
Hands-On Introduction to Tango	5/11
Using Secure Email in the Exchange Messaging Environment	5/11
LAN Concepts	5/11
Developing Information Technology Performance Measures	5/12
C Language Fundamentals	5/15-19
Programming with Perl Objects	5/15-23
Fundamentals of Unix	5/16-18
Color Control for Scientific Images	5/17
FileMaker Pro on the Web - Real World Examples	5/18
Data Warehouse <i>Analyze</i> : Human Resources	5/18

### Mammography Screening Offered

The George Washington University Breast Care Center's mobile mammography screening van visits NIH in the coming weeks. All NIH'ers, their families, and others associated with NIH (such as IRTAs, visiting scientists, contractors, volunteers) are eligible to participate. The screening dates and van locations are as follows: Bldg. 31 (Lot 31D), May 18; Bldg. 10 (Lot 10H), May 10, 17; EPN/EPS (parking lot behind complex), May 16; Rockledge (visitor parking behind RKL 1), June 7; Bldg. 45 (front of building), May 9, July 12.

The van will be onsite from 9:30 a.m. to 3:45 p.m. taking prescheduled appointments. Appointments should take about 20 minutes and will cost \$138. GW will bill some insurance companies directly or payment can be made by cash or check at the screening (check with your insurance company for reimbursement). To see if your insurance is accepted or to make an appointment call (202) 994-9999. **R**

### BLT Presents Spring Musical

The Bethesda Little Theatre will present its spring musical, *A Lovely Evening in Camelot*, featuring the music of Lerner & Loewe. The show opens Friday, May 5 and will continue for three weekends. Friday and Saturday evening performances will be May 5, 6, 12, 13, 19 and 20 at 8 p.m. Sunday matinee performances will be May 7 and 14 at 3 p.m. All performances are in Masur Auditorium, Bldg. 10. Ticket prices are \$10 for adults, \$8 for seniors and \$5 for children 12 and under. Tickets may be purchased at NIH R&W stores or at the door. For more information, call Elaine at (301) 589-0720 or see <http://www.recgov.org/r&w/blt>.