

The UC San Diego Comprehensive Research Center in Health Disparities (CRCHD)

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The UC San Diego CRCHD provides the leadership, infrastructure and resources to achieve the following goals:

- Expand minority health and health disparities research activities by conducting interdisciplinary biomedical, clinical, behavioral, and community-based applied research that advances the understanding of the development and progression of HIV, Cardiovascular, Liver, Hypertension and Glomerular Disease and improves the diagnosis and treatment of these diseases in Hispanic, African American and other populations at risk for health disparities.
- Prepare new investigators to conduct culturally-relevant meritorious research in minority health and health disparities.
- Support minority community-based efforts to disseminate research-based health information that highlights minority health issues and promotes the participation of health disparity groups in biomedical and behavioral research, prevention, intervention, and dissemination activities.

CRCHD is currently funding 2 research studies: 1) Pharmacogenomics of Hypertension in Minority Populations; 2) Diabetic Cardiomyopathy and diastolic dysfunction: molecular mechanisms; and 3 pilot studies: 1) Managing the Medical Side Effects of Antipsychotics in Community Mental Health Centers; 2) MR Evaluation of Ultrashort TE Pulse Sequences; 3) Assessing Barriers to Treatment for HIV African Americans in San Diego. Five of seven investigators who received funding to conduct pilot research have obtained independent extramural funding totaling \$4.5 million.

CRCHD supports minority junior faculty development in partnership with the UC San Diego National Center for Leadership in Academic Medicine (NCLAM). The CRCHD provided support to 27 minority scientists who participated in the UC San Diego National Center of Leadership in Academic Medicine (NCLAM) faculty development program. Twenty-four have completed the program and 21 out of the 24 faculty (88%) have remained in academic medicine and are progressing to senior rank at UC San Diego and are teaching, working with populations at risk, and/or conducting research in health disparities. The UCSD School of Medicine has also implemented a five-year Program in Medical Education-Health Equity (PRIME-HEq) curriculum, which prepares medical students in becoming physicians who provide healthcare to underserved and at-risk populations as physicians/advocates, physicians/scholars, and physicians/healers. CRCHD begins working with students as early as middle school by placing disadvantaged students (grades 7-16) into the UCSD Research Methodology Training Laboratory (RMTL). Two hundred and thirty seven students have participated to date. All students in the RMTL are progressing to senior rank.

CRCHD supports outreach efforts to increase the number of individuals from health disparity groups who participate in biomedical and behavioral research and clinical trials. From 1/2003 – 12/2008, CRCHD has referred 1,783 individuals to research projects; and 697 have enrolled in one of the studies. In order to further disseminate information on health disparities, the CRCHD Public Information Internship trains University students to investigate health disparity topics and write culturally sensitive articles for dissemination in underserved communities. Since the program's inception in 2002, articles published in local media outlets have reached an estimated 325,000 readers.

The CRCHD has established minority health and health disparities research as a competitive part of the basic science, behavioral and applied research enterprise at both universities and in the community. The Center has increased the pool of scientists working in the areas of health disparities, not only in HIV, Cardiovascular, Liver, and Hypertension and Renal diseases but in all areas designated in Health People 2010. Approximately 50% of the faculty and staff involved in the Research Center are from minority backgrounds. The Center has already made great strides in empowering communities by using non-traditional mechanisms to inform and engage community residents to participate in research, intervention and prevention activities. While expanding its research, the UC San Diego CRCHD continues to be a place where community priorities and assets are linked to university resources to impact health disparities in San Diego.

San Diego County

Ethnic Diversity. The U.S. Census population estimates for San Diego County in 2007 reported a total population of 2,974,859 making it the second largest county in California. The County of San Diego is geographically 4,200 square miles, the size of the State of Connecticut. San Diego has a large ethnically diverse population. Major non-European populations include Hispanic (29%; largely Mexican-American and Central American); Asians (10%; Chinese, Filipino, Hmong, Korean, Vietnamese); Black-Americans (5.7%; including new refugees from Somalia and Ethiopia), Native Americans (1%); and Pacific Islanders (0.6%). More than one-fifth of residents are foreign born. Over 100 languages are spoken throughout the County; with over one-third of residents using one of 50 languages as their primary language at home and 5% of the region's residents are considered linguistically isolated (i.e., no one at home speaks enough English to conduct daily activities).

Health Indicators. Health indicators for San Diego region come from a variety of sources, including a triennial San Diego County Health Needs Assessment published by San Diego Community Health Improvement Partners and the "San Diego County Report Card on Children and Families", both in partnership with the county health department, and UC San Diego faculty input. These assessments reveal that San Diego County is distinguished from the rest of the US in regards to certain health problems. Furthermore, there are wide disparities within San Diego County itself. For example, the Mid-City region, the neighborhood where the main administrative offices of the UC San Diego CRCHD, has an unusually high teen birth rate (39.2/1,000 at 15-17 years old, compared to an overall county rate of 24.3/1000) and comparatively high infant mortality rates. The border region has an unusually high incidence of tuberculosis (32.4/100,000, compared to overall County rate of 12.1/100,000). This problem is compounded by the fact that many of these residents lack adequate medical insurance. San Diego County has one of the highest uninsured rates in the state, with an estimated 430,000 residents (12% of children and 19% of adults) having no health insurance. As expected, low wage averages and high average home costs have combined to create socio-economic pressures.

In San Diego, there are no county-owned and -operated general primary care clinics or hospitals, so community health centers and community clinics are the main sources of primary care for the county's large uninsured populations. Over 35 years ago, UCSD School of Medicine leaders were involved in establishing these community health centers. Now, throughout San Diego and Imperial counties, a network of 17 community clinic and health center organizations operate 75 care sites, providing vital primary and preventive health care services to more than 400,000 patients with more than one million patient-visits each year. San Diego County thus leads other state counties and most other national counties in establishing an organized, multi-agency collaborative infrastructures that involve most hospitals and health

plans, the county health department, and numerous non-governmental organizations, all of which have UCSD faculty playing a leadership role. These include: Community Health Improvement Partners (www.sdchip.org), County Obesity Initiative, Diabetes Coalition, and an Immunization registry.