

THE HEALTH DISPARITIES PULSE

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National Institute on Minority Health and Health Disparities • National Institutes of Health • Department of Health & Human Services

DIRECTOR'S WELCOME

Dear Colleagues,



Welcome to the inaugural issue of *The Health Disparities Pulse*, a quarterly newsletter on minority health and health disparities produced by the National Institute on Minority Health and Health Disparities (NIMHD), at the National Institutes of Health. The mission of the NIMHD is to lead scientific research to improve minority health and eliminate health disparities. Today, health disparities is a burgeoning scientific field, that has developed over the past two decades, through the evolution of the NIMHD from an Office

to a Center, and now an Institute, providing leadership for the NIH's health disparities research agenda. After many years of trying to convince people that health disparities are real, our investment in research has yielded the knowledge base that has ignited attention among multiple disciplines, that health disparities demands urgent action. The hallmark of our strategy has been collaborations and partnerships that have stimulated national and international momentum and created a platform of public and private sector partners eager and committed to address health disparities.

Each year, the NIH invests approximately \$2.8 billion in health disparities through the various Institutes and Centers working with individuals, communities, institutions and organizations. Across the federal government, among our partner agencies within the Department of Health and Human Services, and agencies that comprise the Federal Collaboration on Health Disparities Research (FCHDR), there is a growing interest and emphasis on enhancing coordination, collaboration and visibility around health disparities activities. The biological and non-biological pathways that lead to poor health outcomes and health disparities and the linkage between both are the underlying focus of investments and involvement in health disparities, through the application of multiple methodologies, models and approaches. In addition, there are several roadmaps in place to guide our strategic direction in synchronizing our efforts and actualizing the vast interest in health disparities that has emerged, and these include *Healthy People 2020*, *the National Prevention Strategy*, *the HHS Action Plan to Reduce and Eliminate Health Disparities*, and our own *NIH Health Disparities Strategic Plan and Budget*.

A core element of our mission at the NIMHD is the dissemination of information to our diverse constituency. Through *The Health Disparities Pulse*, our goal is to bring you highlights of some of the innovative and promising research advances to address health disparities; connect you with some of the work being done in health disparities and underserved communities; keep you informed with helpful resources, programs, policies, upcoming and past events, and funding opportunities relevant to minority health and health disparities. In this issue, some of the highlights include a recap of the 2012 Science of Eliminating Health Disparities Summit; on page 3 we feature the work of a NIMHD-funded policy intervention to address the social determinants of health in Bernalillo County, New Mexico, and on page 5, an innovative web-based software service used by healthcare professionals and facilities to deliver medication instructions in different languages.

We are excited to communicate with you and invite your feedback and ideas for future issues, as we seek to keep our pulse and yours on what's happening in minority health and health disparities. Thank you for your continued support of NIMHD and all that you do to improve minority health and eliminate health disparities.

John Ruffin, Ph.D.
Director
National Institute on Minority Health and Health Disparities
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Summit Aims to Build a Healthy Global Society



Summit participants engage in a question and answer dialogue during a concurrent session.

Eliminating health disparities is not a simple task. Tackling this complex issue requires active partnership, open communication, and the fluid exchange of ideas among numerous, diverse stakeholders, including research scientists, community advocates, healthcare professionals, government and business leaders, public health experts,

and policymakers at all levels. To foster such widespread collaboration, the U.S. Department of Health and Human Services (HHS), under NIMHD's leadership, convened the 2012 Science of Eliminating Health Disparities Summit from December 17-19, 2012 in National Harbor, Maryland.

The numbers demonstrate the remarkable success of 14 of 15 federal executive departments, under the rubric of the Federal Collaboration on Health Disparities Research (FCHDR), working together to convene a multi-disciplinary platform of individuals, communities and groups from the public and private sectors around health disparities. The largest scientific conference on health disparities with more than 3,000 attendees, hundreds of national and international speakers, and close to 2,000 abstract submissions that served to shape the agenda with approximately 100 sessions organized into three tracks and 14 themes, and more than 800 scientific posters. The Summit provided an update on progress, challenges, opportunities and best practices aimed at eliminating health disparities. It underscored the tremendous need and value of collaborations and partnerships in enhancing the integration of not only science, practice, and policy, but also community and other disciplines with the potential to strengthen efforts to address health disparities.

In his welcoming remarks, John Ruffin, Ph.D., NIMHD director, challenged Summit participants. "We've been at this for far too long," he said. "While we are making incremental progress, it is time to accelerate the pace. It is a daunting challenge, but it is surmountable if you take your role seriously and make your contribution to win this race."

Keynote speakers included David Satcher, M.D., Ph.D., former Surgeon General and director of the Satcher Health Leadership Institute, and Gail Wilensky, Ph.D., economist and senior fellow at Project HOPE. Dr. Satcher discussed the importance of our ability to apply the science of health disparities to better inform policy. He noted, "we must improve the conditions of daily life, tackle the inequitable distribution of power and wealth, and measure and expand programs focused on eliminating disparities." He emphasized the critical role and benefit of leaders who care and

are willing to ensure that all people have the opportunity to lead healthy lives. Dr. Wilensky provided a framework for improving the efficiency of delivery systems in addition to addressing the social determinants of health. She pointed out that increasing access to healthcare through broader coverage is a critical first step. The challenge is to improve quality and slow spending also in order to reduce disparities. Building a strong, robust economy is crucial to this effort.

Sessions covered topics of national and international interest including global health; social determinants of health; community and health workforce capacity-building; prevention; partnerships; the interplay of science, policy and politics; and integrating biological, behavioral, social and environmental determinants of health.



Plenary speakers discuss working together to implement the National Prevention Strategy.

Some of the presentations highlighted ideas for improving health outside of the traditional healthcare setting, for example, bringing physicians and patients together in a race to promote healthy living; and the importance of fostering collaboration among cultural competency and health literacy experts to inform policy. Others examined integrative approaches to health through strategies aimed at workplace wellness programs, safe housing and access to affordable healthy food. One model looked at a successful community-based intervention to promote health in public housing sites. Another best practice showed how coordinated care was been undertaken between community clinics, legal and other referral agencies, workers' compensation system and hospitals to address occupational health disparities. Several country-specific projects demonstrated how the transformation of social and economic sectors to reduce poverty positively impacted population health.

Among the recommendations that emanated, there was a call for: increased community participation and leadership in health interventions; linking health promotion to social determinants of health; strengthening recruitment and retention of minority health professionals and health disparities researchers; new techniques for observational research that connect social factors and health; exploration of non-traditional venues for screening, intervention and treatment for alcohol problems; active engagement of non-health sector policymakers in activities to address health disparities; testing multi-level interventions to reduce effects of implicit bias on processes of care and outcomes; maintaining a balanced approach to funding global projects that produce research data on "non-communicable" as well as "communicable" diseases; increasing awareness and research on health literacy in reducing health disparities; focus on addressing social and economic policies that perpetuate

health disparities; more research to establish the specific mechanisms by which environmental exposures affect human health; and implementing long term strategies that address power imbalances, poverty, political marginalization, racism, and classism to improve health.

The Summit tackled an ambitious and comprehensive agenda to advance the science of eliminating health disparities and

to identify successful policies and best practices nationally and globally. Results and recommendations generated from the sessions will serve as a roadmap for improving the health of all Americans. The ongoing challenge for NIMHD and the FCDHR is to maintain the momentum of the 2012 Summit by mobilizing their various partners to translate and implement the recommendations into effective action towards eliminating health disparities and building a healthier global society.

NIMHD IN FOCUS

Policy Interventions to Address the Social Determinants of Health in Local Communities

Where we live, work, learn, play and worship are intricately connected to our quality of health. This is a part of the reason Healthy People 2020 has identified the social determinants of health and specifically, “create social and physical environments that promote good health for all” as one of its overarching goals. A priority for the NIH research agenda on health disparities as well, the NIMHD supports several projects through its various programs aimed at bolstering the burgeoning field of the social determinants of health. NIMHD-funded research collectively examines and addresses multilevel effects not only of biological determinants, but also of the social factors (such as economic security, financial resources, educational status, safe and affordable housing, transportation, environmental quality, food stability, social stress and physical exposures). These NIMHD-funded studies can set quantifiable objectives and a systematic methodology for ongoing health disparities research.

The PLACE MATTERS Initiative of the Joint Center for Political and Economic Studies is one example of NIMHD-funded research that works at the community level to examine social issues that can be improved through policy interventions. The PLACE MATTERS teams developed and disseminated 8 locally-tailored Community Health Equity Reports (CHER) to identify and assemble indicators of health status, and community conditions in targeted geographic areas. The overall goal was to promote health disparities science as the means to inform policy within health disparity communities and to deepen understanding of the interconnections between the local social environment and health disparities.

The South Valley region of Bernalillo County in New Mexico was one of the geographic areas studied. Bernalillo County’s South Valley is a predominantly minority, low-income community overwhelmed by poverty, unemployment, and inadequate access to health care. In particular, the residents

bear a disproportionate burden of pollution produced by emissions from heavy industry as compared to residents living in other neighborhoods in Bernalillo County. The proximity of homes to industry is a leading concern of area residents. The team analyzed data from the New Mexico Tumor Registry that showed residents of the Mountain View neighborhood in the South Valley had higher rates of lung, bladder, brain, and thyroid cancer and leukemia as compared to the rest of Bernalillo County. In addition, the New Mexico Department of Health data revealed high rates of hospitalization for asthma among 5- to 14-year-olds, the highest in the South Valley’s major zip code of 87105. Among the report’s key findings: life expectancy varies by as much as 21 years depending on zip code, and areas with the highest levels of respiratory risk have the highest percentage of Hispanic residents (55%), while areas with the lowest level of respiratory risk have the lowest percentage of Hispanic residents (38%).

The report bolstered the Bernalillo County PLACE MATTERS team to promote practices that ensured sound land-use, environmental, and social policies that resolve the disproportionate environmental burdens placed on members of the community as a consequence of stress from environmental and social conditions. The team, which consisted of community partners from the Bernalillo County Office of Environmental Health, County Planning Commission, New Mexico Department of Health, Office of Community Assessment, South Valley Partners for Environmental Justice and the Southwest Network for Environmental and Economic Justice, among others, developed an epidemiologic surveillance tool based on the Connecticut Association for Directors of Health (CADH) Health Equity Index. The tool will enable analysts and community members to further explore the relationships between social determinants of health and health status in small geographic areas. Support for this project was made possible through NIMHD funding under the American Recovery and Reinvestment Act.

Exploring the Role of the Environment in Public Health and Health Disparities

The unique contribution of the environment to health disparities was the focus of the Environmental Health Disparities and Environmental Justice Meeting held July 29-31, 2013 in Research Triangle Park, North Carolina. This highly collaborative meeting was convened by a cross-agency partnership of NIMHD, the National Institute of Environmental Health Sciences, the Environmental Protection Agency (EPA), the Centers for Disease Control and Prevention, the Office of Minority Health, and the Indian Health Service.

John Ruffin, Ph.D., NIMHD Director, helped to welcome a diverse group of researchers, community residents, healthcare professionals, and federal agency representatives to the meeting. “We are as healthy as the physical and social milieu in which we exist,” he said. “For that reason, we are committed to fostering partnerships to examine the impact of environmental challenges, stressors and influences to better understand and address environmental health disparities.” More than 230 participants from across the country met with the goals of promoting best practices in environmental health disparities (EHD) and environmental justice (EJ) projects and identifying emerging issues and new directions in the field. The meeting offered a variety of presentations, workshops, and poster sessions that were designed to foster lively interaction and communication among the participants and to support the development of an action agenda for EHD and EJ research.

During the session, “Examining Environmental Determinants of Health and Engaging Communities around Environmental Public Health Issues Using Geographic and Spatial Analysis,” a panel of experts the use of community-level mapping of geographic information system (GIS) data in environmental public health (EPH) research. GIS data include socioeconomic and demographic indicators (e.g., income levels, housing), natural and built environment characteristics (e.g., air and water quality, food safety), local environmental health risk factors (e.g., vehicle emissions, pesticide use), and other factors that affect environment-related health outcomes and disparities. Mapping these data can help researchers develop interventions that mitigate negative health effects of the environment and assist local communities to increase public awareness of EPH issues and advocate for change. Beverly Xavier Watkins, Ph.D., director of the NIMHD/EPA-funded Environmental Health Core of the Center for Excellence in Health Disparities Research and Community Engagement at Weill Cornell Medical College contributed to this session panel.



Attendees meet in small groups at the Environmental Health Disparities and Environmental Justice Meeting held in July 2013. *Photo credit: Steven McCaw.*

Dr. Watkins also co-presented a workshop entitled “Using Research Data to Educate, Advocate, and Organize: Community-Academic Collaboration as a Way to Enhance EJ Campaigns” along with Damaris Reyes, executive director of Good Old Lower East Side (GOLES) and chair of the Community Steering Committee of the NIMHD/EPA-funded Environmental Health Core at Weill Cornell Medical College, and David Shuffler, Jr., executive director of the Youth Ministries for Peace and Justice in the South Bronx, NY. This interactive workshop examined best practices that community-based organizations can use as a blueprint for engaging in environmental health research. Participants were taught how to: assess the risks and benefits of collaborating with researchers; define the community’s EJ issues; create an EJ campaign work plan; build a base through community outreach; and develop an EJ campaign toolbox.

Additional meeting topics included: translational research to address health disparities and environmental inequities; research on culturally appropriate communication strategies and tools; environmental justice from a Native American perspective; the role of epidemiology in elucidating environmental contributions to health disparities; community training to inform policy makers about environmental exposures and health; and other EHD- and EJ-related issues.

By encouraging active engagement of participants throughout the meeting, NIMHD and its co-sponsors hoped to foster the development of new multidisciplinary partnerships among communities and researchers at the local, state, regional, tribal, and national levels. These partnerships are expected to explore innovative approaches and engage scientists from untapped disciplines, such as anthropology, sociology, and economics, for the common purpose of addressing the most critical EHD and EJ issues facing communities across the nation.



Web-Based Software Assists Limited English Proficiency Patients with Medications



The familiar proverb, “Necessity is the mother of invention,” means that difficult situations or problems often inspire creative solutions. This was the case for Dr.

Charles Lee, president and founder of Polyglot Systems, Inc. (www.pgsi.com), which creates technology solutions for language access in health care.

Dr. Lee, who moved to the United States from Korea at age 7, saw that his grandmother’s pill bottles had instructions written in English that she was unable to read. He saw how frustrated she became and recognized that this must be a common occurrence for those with limited English proficiency.

“To me it’s just common sense,” said Dr. Lee, a board certified internal medicine physician. “If patients have difficulty understanding the English language, how are they expected to follow instructions if they cannot read or understand the instructions? How many medication errors are caused by language barriers?”

Last year, there were about four billion prescriptions written, not including over-the-counter medications, according to Dr. Lee. “Considering that almost 10 percent of our population has limited English proficiency, that would mean about 400 million prescriptions were given to patients who are limited English proficient,” he explained. “If you include English-speaking patients who have difficulty understanding health information, which is almost one-third of the population, this number approaches 1.5 billion prescriptions. The need and the benefits are obvious.”

Through the NIMHD Small Business Innovation Research (SBIR) and Small Business Technology Transfer Programs (STTR), a unique federal program that provides the opportunity for entrepreneurs to research and develop their innovative ideas and bring them to the commercial market, Dr. Lee’s firm received a grant to develop Meducation®. It is a web-based software service that allows healthcare providers and pharmacists to generate medication instructions and educational materials, such as visual medical demonstrations, in 18 languages and easy-to-read formats. Approximately 38 customers use this product, including hospitals, health centers, retail pharmacies and

clinicians, and it is available at more than 1,200 locations. Two studies from health facilities that use Meducation® demonstrated dramatic improvements in patient satisfaction and adherence to their medication when simpler instructions written in the patient’s preferred language were provided.

“Although we didn’t start our company with SBIR funding, our company wouldn’t have been able to develop our suite of technology solutions to reduce health disparities without it,” said Dr. Lee. “The SBIR program allowed us to try innovative ideas that would have been difficult to fund and create otherwise. It gave us credibility with customers, and provided networking opportunities with others within the minority health and health disparities community.”

As part of the Small Business Innovation Research (SBIR) Program and the Small Business Technology Transfer (STTR) Program, each year, NIMHD and other designated federal departments and agencies award a reserved portion of their research and development (R&D) funds to U.S. small businesses and to partnerships between small businesses and nonprofit research institutions to bring innovative technologies to market.

The objectives of this highly competitive program are to increase the participation of small businesses in federal R&D; to increase private sector commercialization of technology developed through Federal R&D; and to foster and encourage participation by socially and economically disadvantaged small businesses and women-owned business in the program. An overarching objective of NIMHD’s investments in SBIR/STTR programs is to ensure health disparity populations benefit from innovations leading to improved health outcomes.

NIMHD SBIR/STTR initiatives include the NIMHD Technologies for Improving Minority Health and Eliminating Health Disparities Initiative aimed at stimulating a partnership of ideas and technologies between small business concerns (SBCs) and nonprofit research institutes; and the Development and Translation of Medical Technologies that Reduce Health Disparities Initiative a partnership with the National Institute of Biomedical Imaging and Bioengineering (NIBIB) to support medical technologies that are effective, affordable, culturally acceptable and deliverable to those who need them.

For more information on the Small Business Innovation Research and Small Business Technology Transfer Research Programs visit the NIMHD website at www.nimhd.nih.gov or NIH website at www.nih.gov.

PA-13-234/PA-13-235

Reissue PHS 2013-02 Omnibus Solicitation for Small Business Innovation Research: This FOA supports eligible United States small business concerns (SBCs) that have the research capabilities and technological expertise to contribute to the Research & Development mission(s) of the awarding components of National Institute of Health, Centers for Disease Control and Prevention, the Food and Drug Administration or the Administration for Children and Families based on the identified topics in the FOA.

Application Due Date: December 12, 2013; April 12, 2014; August 12, 2014

PA-13-347

NIH Support for Scientific Conferences & Meetings: This funding opportunity supports high quality conferences that are relevant to the public health and to the scientific mission of the participating Institutes and Centers.

Application Due Date: December 12, 2013; April 12, 2014; August 12, 2014

PA-13-352

Translational Research to Improve Diabetes and Obesity Outcomes (RO1): Supports research to test strategies or approaches for the prevention or reversal of obesity, prevention of type 2 diabetes, improved care of type 1 or type 2 diabetes, or the prevention or delay of the complications of these conditions.

Application Due Date: February 5, June 5, and October 5, 2014

PA-13-292

Behavioral and Social Science Research on Understanding and Reducing Health Disparities (RO1):

This FOA supports behavioral and social science research on the causes and solutions to health and disabilities disparities in the U.S. population with an emphasis on public policy, health care, and disease/disability prevention.

Application Due Date: February 5, June 5, and October 5, 2014

PA-13-328

Health Promotion Among Racial and Ethnic Minority Males (RO1): Supports research projects that will develop and test culturally and linguistically appropriate health-promoting interventions to reduce health disparities among racially and ethnically diverse males.

Application Due Date: February 5, June 5, and October 5, 2014

PA-13-248

Research to Characterize and Reduce Stigma to Improve Health (RO1): This FOA supports research that will characterize the role of stigma in health, life course development and aging, and will test interventions to prevent or reduce the impact of stigma at the individual, community, health care system, and policy levels.

Application Due Date: February 5, June 5, and October 5, 2014

PA-13-363

Research on the Health Determinants and Consequences of Violence and its Prevention, Particularly Firearm Violence (RO1): Supports research projects that will examine the etiology and consequences of violence as they relate to the health of individuals and communities.

Application Due Date: February 5, June 5, and October 5, 2014

PAR-11-346

Interventions for Health Promotion and Disease Prevention in Native American Populations (RO1):

Supports research that will develop, adapt, and test the effectiveness of culturally appropriate health promotion and disease prevention interventions in Native American populations.

Application Due Date: May 15, 2014

RFA-EB-13-002

Development and Translation of Medical Technologies to Reduce Health Disparities (SBIR) (R43/R44):

Encourages Small Business Innovation Research (SBIR) grant applications from small business concerns (SBCs) that propose to develop and translate medical technologies aimed at reducing disparities in healthcare access and health outcomes. Responsive grant applications must involve a formal collaboration with a healthcare provider or other healthcare organization serving one or more health disparity populations during Phase I and Phase II.

Application Due Date: May 23, and September 23, 2014

To learn more about any of these funding opportunity announcements, visit <http://grants.nih.gov/grants/guide>



UPCOMING EVENTS

National Health Policy Conference

February 3-4, 2014

Grand Hyatt Washington

Washington, DC

www.academyhealth.org/Events/content.cfm?ItemNumber=1551&&navItemNumber=532

UNC Chapel Hill 35th Annual Minority Health Conference

Innovative Approaches to Youth Health: Engaging Youth in Creating Healthy Communities

February 28, 2014

Chapel Hill, NC

www.minorityhealth.web.unc.edu

2014 Association for Community Health Improvement National Conference

March 5-7, 2014

Wyndham Orlando Resort International Drive

Orlando, FL

www.communityhlth.org/communityhlth/conf2014/2014Main.html

Xavier University of Louisiana College of Pharmacy Seventh Health Disparities Conference

March 10-12, 2014

Sheraton New Orleans Hotel

New Orleans, LA

www.xula.the1joshuagroup.com

37th Annual Rural Health Conference

April 22-25, 2014

Paris Las Vegas

Las Vegas, NV

www.ruralhealthweb.org/annual

Community Campus Partnerships 13th International Conference

From Rhetoric to Reality: Achieving Authentic, Equitable & Transformative Partnerships

April 30 - May 3, 2014

Holiday Inn Chicago-Mart Plaza

Chicago, IL

www.depts.washington.edu/ccph/conf14-overview.html



NEWS AND RESOURCES

Modifications to NIH's Planned and Cumulative Inclusion Enrollment Forms

The NIH is required by law to ensure the inclusion of women and racial/ethnic minorities in clinical research in a manner that is appropriate to the scientific question under study. In July 2013, NIH announced the modification to the planned and cumulative inclusion enrollment forms that are used to provide information on individuals involved in clinical research studies on the basis of sex/gender, race, and ethnicity.





Key changes are (1) the Planned Enrollment Report now includes the “More than one race” category; (2) the layouts of both the Planned Enrollment Report and the Cumulative Inclusion Enrollment Report have been modified to reduce confusion about racial and ethnic information being distinct concepts; and (3) the modified forms are structured data forms, and thus replace the need to attach enrollment tables as PDF files on competing grant applications. The policies for the inclusion of women and minorities in clinical research and the required collection of participants’ sex/gender, race, and ethnicity have not changed. To access NIH resources regarding the modified forms, visit the NIH Office of Extramural Research at <http://grants.nih.gov/grants>.

OMH Expanded CLAS Standards in Health and Healthcare

The Office of Minority Health in the U.S. Department of Health and Human Services, recently released the expanded National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice (The Blueprint). The National CLAS Standards are intended to advance health equity, improve quality and help eliminate health care disparities by providing a blueprint for individuals, as well as health and health care organizations to implement culturally and linguistically appropriate services. The enhanced National CLAS Standards were developed in response to health and health care disparities, changing demographics, and legal and accreditation requirements. This resource and others relating to the National CLAS Standards are available at www.ThinkCulturalHealth.hhs.gov.

2012 National Healthcare Disparities Report and National Healthcare Quality Report

The National Healthcare Disparities Report and National Healthcare Quality Report are published annually by the Agency for Healthcare Research Quality. The reports

measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care. The National Healthcare Disparities Report summarizes health care quality and access among various populations such as racial, ethnic, and other priority populations including residents of rural areas and people with disabilities. The reports are now available online at www.ahrq.gov/research/findings/nhqrdr/index.html.

Impact of Sequestration on NIH

Sequestration requires the National Institutes of Health (NIH) to cut 5 percent or \$1.55 billion of its fiscal year (FY) 2013 budget. NIH must apply the cut evenly across all programs, projects, and activities (PPAs), which are primarily NIH institutes and centers. As a result of sequestration, NIH will fund about 700 fewer grants in fiscal year 2013 than in 2012 and will cut existing noncompeting awards by about 5 percent. For more information, read the Factsheet: Impact of Sequestration on the National Institutes of Health at www.nih.gov/news/health/jun2013/nih-03.htm.

Building Trust Between Minorities and Researchers

Building Trust Between Minorities and Researchers is a new on-line program of the Maryland Center for Health Equity, supported through funding from the NIMHD, which seeks to close the gap in racial and ethnic health disparities. The program provides culturally tailored information and skills to minority communities on how to become an informed decision maker for participation in research, including clinical trials. For more information, visit www.buildingtrustumd.org.

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