

Intro:

I am Henry Unger and I represent Cary Urology.

I want to thank the members of the SHCC for donating their time. As a member the the North Carolina Medical Care Commission for over ten years, I personally know how important this work is and how time consuming it can be. Our goal is to improve the health of our citizens and constantly improve its delivery. Our task is made easier by the very competent, dedicated staff, whose insight I have come to appreciated and respect.

On August 1, we will submit a revised proposal for a multidisciplinary prostate cancer demonstration project in Service Area 20 incorporating a linear accelerator. This proposal will incorporate staff recommendations not in our original proposal. Other entities in our area claim to have a multidisciplinary approach. Even a superficial look at these as being exposes them as mere shell games. The current delivery system is not doing a credible job at lowering the prostate cancer death rate. We think it is time to try a different approach. On the national level, dedicated prostate cancer centers are having uniform better outcomes, including lower complication. As a

DFS Health Planning
RECEIVED

JUL 25 2008

Medical Facilities
PLANNING SECTION

practicing Urologist, I can attest that we are reluctant to refer prostate patients to Radiation Oncology for primary therapy. We live with their complications – and it is not pretty.

We are currently in consultation with a nationally recognized epidemiologist to develop metrics to prove we can do it here, if given the chance.

African American men have a higher incidence of prostate cancer, contract it earlier and it tends to be more aggressive. Cary Urology, for over twenty five (25) years has done outreach programs to the African American community. We intend to have a very aggressive screening program for this at risk community.

Please fairly evaluate our proposal. You will come to the conclusion that it is reasonable, it is doable and it has merit. The state is doing a poor job in lowering the prostate cancer deaths and its morbidity. I am ashamed to admit, the Service Areas I practice in has one of the worst results. I know we can and must do better.

JUL 30 2008

Service Area 20 Special Need for a Linear Accelerator in a Prostate Health Center
July 30, 2008 Speech – Charlotte

MEDICAL FACILITIES
PLANNING SECTION

Thank you, my name is Kevin Khoudary and I am a member of Cary Urology, a four-urologist practice in Cary North Carolina. Most of the committee has heard my request for a prostate health center before. So, today I am going to tell you why it is so important in Wake, Harnett and Franklin Counties now.

First, the patients we see. In our Cary and Clinton offices, we treat about 150 prostate cancer patients a year. The prostate gland is highly vulnerable to cancer. One in six men will get the disease in their lifetime. For African American men in North Carolina the numbers are much higher. We can treat about half of them with surgery and/ or brachytherapy. Both effectively remove the cancerous gland or kill the cancerous tissue, and preserve urologic and sexual function in the complex network of nerves and tissues that surround the gland.

We are concerned about the other half, those for whom the best option requires linear accelerator treatment. Many of them are coming back to us after those treatments with irreversible damage to tissues in other organs. As clinicians are trained to do, we have asked why and what can we do? We considered what we learned when we brought brachytherapy into our office. Almost immediately we noticed the value of combining the skills of the radiation oncologist with the skills of the urologist. Then we looked around the country and found nationally recognized cancer treatment centers that had taken the combination of skills to the next step. Many North Carolinians who can afford to and who know about it go to the MD Anderson Cancer Center in Texas, where the urologist and radiation oncologist and other specialists work as a team to customize each treatment to each patient. This is possible, because they are focused on one area of cancer. Their outcomes are good because they focus on tissue sparing approaches. Ten years ago, you went to Johns Hopkins in Baltimore for the same tissue sparing approach to surgery. Now, with the DaVinci robots and more urologists trained in Dr. Walsh's techniques, you can get comparable results at home in the Triangle. Linear accelerator radiation treatment is where surgery was ten years ago and it is time to bring it up to date.

Second is the Linear accelerator Service Area, Service Area 20. It is the only service area in the state where the ratio of patients to approved linear accelerator is more than 120,000. It is 129,000. Even with two teaching institutions, it has about half the capacity of the Winston Salem area. In this environment, where radiation oncologists working with the eight linear accelerators are responding to needs of brain, stomach, lung, breast, kidney and other cancers it is not surprising that prostate cancer is not a high focus area. A few of the medical school-based hospitals in the Triangle advertise prostate centers, but they are

either concerned primarily with disease risk communication, or they involve a consult with a urologist in selecting the treatment to be used. None does with the MD Anderson Center does. Service Area 20 presents a unique opportunity to focus one linear accelerator on prostate / urological cancers. It has a significant number of community urologists, who are willing to participate in a new approach to treatment. Why? Because most of the 20 community urologists share my concerns. If you have never tried to get specialist physicians to agree on anything, you cannot appreciate the significance of this statement. It is impossible for us to interact consistently with eight linear accelerators at four locations, do surgery at two to three hospitals and see patients, much less participate in five or six different tumor boards that are also dealing with multiple cancer types and communicate with one another about best practices.

Service Area 20 is unique in other ways. It has more than enough new prostate cancer patients every year – almost 500 reported, according to the Cancer Registry - to support a center. One in five men in the area is African American. North Carolina African American men have one of the highest rates of prostate cancer death in the United States. We have approached African American support groups like the African American Prostate Cancer Support Group and the National Association for the Advancement of Colored People (NAACP) and received enthusiastic support. Getting to all of these public hearings on the State Medical Facilities Plan is not easy; we do not have a public relations office or a bus; but we have letters from many such groups.

The Proposed 2009 Plan does not show a need in Service Area 20 because one of the linear accelerators is not yet operational, so the ESTV per linear accelerator is below the 6750 threshold that is the second requirement for showing need. The proponent for that linear accelerator argues that it will fill quickly to 6750 ESTV's . Yet, while wait for that event, people in a fast growing service area will continue to

Finally the payment system - Check the web site for the Wake County Health Department, the largest in the service area. You will find clinics for breast cancer, maternal and child health, social diseases and travelers immunizations. You will not find anything for male health. We are willing to make a unique commitment to that untouched area of public health and work with the support group and church / community infrastructure to provide correct information, outreach and screening clinics. We already do the screening clinics, so we are not talking about a big stretch.

I ask that you seriously consider this request for a special need allocation for a linear accelerator in Service Area 20 focused on multidisciplinary care for urological and prostate cancers.

Thank you for your time and attention. I am willing to entertain any questions you may have.

Kevin Khoudary

Kevin Khoudary, MD
Parkway Urology, PA, d/b/a Cary Urology, PA (Cary Urology)
105 SW Cary Parkway, Suite 300
Cary, NC 27511
khoudary@caryurology.com
Ph: 919-467-3203

Z:\Client Projects\Cary Urology\2008 IMRT Petition\Summer\Hearing Presentations\July 30 Speech.doc

CRESTVIEW BAPTIST CHURCH

1001 Plain View Highway • Dunn, NC 28334

(910) 892-2099

Don Davis ~ Pastor

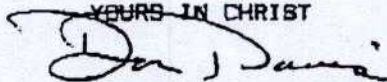
JULY 17, 2008

TO: STATE HEALTH COORDINATING COUNCIL AND
MEDICAL FACILITIES PLANNING SECTION
DIVISION OF HEALTH SERVICES REGULATION
2714 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-2714

REF: LETTER IN SUPPORT OF PETITION REGARDING RADIATION
ONCOLOGY-LINAC ACCELERATORS FOR THE 2009 STATE MEDICAL
FACILITIES PLAN.

I AM THE PASTOR AT CRESTVIEW BAPTIST CHURCH, DUNN
NORTH CAROLINA. PROSTATE CANCER AFFECTS ONE IN SIX MEN
NATIONALLY. NORTH CAROLINA, HOWEVER, HAS ONE OF THE HIGHEST
DEATH RATES IN THE COUNTRY FOR MEN, ESPECIALLY INDIGENT
AFRICAN-AMERICANS. WE ARE AWARE AND VERY CONCERNED ABOUT
THE DISEASE AND THE UNDERSERVED POPULATIONS INVOLVED. A
PROSTATE CANCER CENTER WILL HOPEFULLY HELP CHANGE THESE DEMOGRAPHICS.
WE LOOK FORWARD TO WORKING WITH THE PROSTATE CENTER AND
BRINGING THESE GENTLEMEN IN FOR SCREENING AND THERAPY. PLEASE
CONSIDER THIS LETTER OF SUPPORT FOR A PROSTATE CENTER IN
OUR AREA. THANK YOU.

YOURS IN CHRIST



DON DAVIS
PASTOR



*"Carrying the Sword Against Prostate Cancer for the
Next Generation"*

July 7, 2008

Kevin Khoudary, MD
Parkway Urology, P.A., d/b/a Cary Urology
105 SW Cary Parkway, Suite 300
Cary, NC 27511

Re: Proposed Prostate Cancer Center in Wake County

Dear Dr. Khoudary,

Thank you for taking the time to explain your vision for a prostate cancer center in Raleigh. I know from your commitment to the Action Team that you are passionate about reducing the morbidity and mortality of prostate cancer among African American males. The Action Team continues to see far too many men coming into treatment in the late stages of the disease. This is why we see screenings as a major tool in reducing the number of black men coming into treatment in the later stages of this disease. Many men still see this disease as a death sentence and this is far from the truth if the disease is caught early.

We must still overcome myths that are rooted in decade's old wrong information. We as an Action Team are vocal in our belief that black males must be part of clinical trials and the old concerns of harmful experimental treatments are not reality. We are particularly interested in your plans for active outreach that will aid our mission of getting accurate information into the community. Beyond the outreach, I am encouraged by your plans to offer a full range of options in one location: surgery, radiation and chemotherapy, along with post treatment therapies to help overcome some of the side effects of treatment. I particularly want our community to enjoy the benefits of having the radiation oncologist work directly with the urologist during radiation cancer treatment.

We support your efforts and we hope that the State Health Coordinating Council includes a Comprehensive Prostate Cancer Center in the 2009 State Medical Facilities Plan, allowing your vision to become a reality.

Sincerely,

James A. Smith, III / pp

James A. Smith, III, MD, DFAPA
President, NC Minority Prostate Cancer Awareness Action Team
"Carrying the Sword against Prostate Cancer for the Next Generation"

July 15, 2008

To: State Health Coordinating Council, and
Medical Facilities Planning Section
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Re: Letter in support of Petition Regarding: Radiation Oncology - Linear
Accelerators For the 2009 State Medical Facilities Plan

I am the Pastor at Trinity A. M. Zion Prostate cancer affects one in
six men nationally. North Carolina, however, has one of the highest death rates in the
country for men, especially indigent African-Americans. We are aware and very
concerned about the disease and the underserved populations involved. A prostate cancer
center will hopefully help change these demographics. We look forward to working with
the prostate center and bringing these gentlemen in for screening and therapy. Please
consider this letter of support for a prostate center in our area. Thank you.

*always in chest
Pastor Ed*

515 S.E. BLVD
Greater Mt. Calvary

July 15, 2008

To: State Health Coordinating Council, and
Medical Facilities Planning Section
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Re: Letter in support of Petition Regarding: Radiation Oncology – Linear
Accelerators For the 2009 State Medical Facilities Plan

I am the Pastor at Greater Mt. Calvary. Prostate cancer affects one in six men nationally. North Carolina, however, has one of the highest death rates in the country for men, especially indigent African-Americans. We are aware and very concerned about the disease and the underserved populations involved. A prostate cancer center will hopefully change these demographics. We look forward to working with the prostate center and bringing these gentlemen in for screening and therapy. Please consider this letter of support for a prostate center in our area. Thank you.

Sincerely in Christ,
Pastor Ruby T. Boykin
Pastor Ruby T. Boykin

July 15, 2008

To: State Health Coordinating Council, and
Medical Facilities Planning Section
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Re: Letter in support of Petition Regarding: Radiation Oncology - Linear
Accelerators For the 2009 State Medical Facilities Plan

I am the Pastor at Faith Temple. Prostate cancer affects one in six men nationally. North Carolina, however, has one of the highest death rates in the country for men, especially indigent African-Americans. We are aware and very concerned about the disease and the underserved populations involved. A prostate cancer center will hopefully help change these demographics. We look forward to working with the prostate center and bringing these gentlemen in for screening and therapy. Please consider this letter of support for a prostate center in our area. Thank you.

Pastor Vincent Gunn

February 1, 2008

Ms Lee Hoffman
Chief, CON Section
Division of Facility Services
701 Barbour Drive
Raleigh, NC 27603

RE: Letter in support of Parkway Urology, PA dba Cary Urology, PA (Cary Urology) proposed Certificate of Need application to acquire and operate a linear accelerator in Wake County

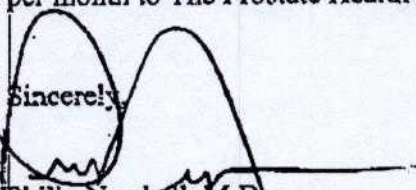
Dear Ms. Hoffman,

My name is Philip Newhall, M.D. I am a urologist and have been in practice in Raleigh for over 10 years. I am writing this letter to express support for Cary Urology's proposed Certificate of Need application to acquire and operate a linear accelerator at The Prostate Health Center in Wake County, for Service Area 20 (Wake, Harnett and Franklin County).

Cary Urology has been providing brachytherapy treatment services for prostate cancer in Wake County for two years and has a strong reputation for delivering quality services. External beam radiation therapy services will enhance the brachytherapy services allowing The Prostate Health Center to offer a full range of services for prostate health at one convenient location.

If The Prostate Health Center application is approved, I expect to direct 2 to 3 patients per month to The Prostate Health Center for prostate external beam radiation treatment.

Sincerely,



Philip Newhall, M.D.



**North Carolina National Association
For The Advancement Of Colored People**

Post Office Box 305
Clinton, NC 28329

June 25, 2008

To: State Health Coordinating Council and
Medical Facilities Planning Section
Division of Health Services Regulation
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Re: Letter in Support of Petition Regarding: Radiation Oncology – Linear
Accelerators For the 2009 State Medical Facilities Plan

I am William T. Stokes, the President of the Sampson County NAACP Unit # 5446 and the Executive Committee of this Unit supports your cause. Prostate cancer affects one in six men nationally. We are aware that North Carolina has one of the highest death rates in the country for men, especially indigent African-Americans. We are aware and very concerned about the disease and the underserved populations involved. A prostate cancer center will hopefully help change these demographics. We look forward to working with the prostate center and bringing these gentlemen in for screening and therapy. Please consider this letter of support for a prostate center in our area. Thank you.

Sincerely,
William T. Stokes
William T. Stokes
President

Lisbon Street Missionary Baptist Church

501 Liston Street P O Box 271

Clinton, North Carolina 28329-0271

Rev H. R. Cogdell, Pastor

910 592-3554—Office

910-592-5692—(Pastor's Study)

910-592-5155--(Fax)

July 15, 2008

To: State Health Coordinating Council, and
Medical Facilities Planning Section
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Re: Letter in support of Petition Regarding: Radiation Oncology—Linear
Accelerators for the 2009 State Medical Facilities Plan

I am the Pastor at Lisbon St. Bap Church. Prostate cancer affects one in six men nationally. North Carolina, however, has one of the highest death rates in the country for men, especially indigent African-Americans. We are aware and very concerned about the disease and the underserved population involved. A prostate cancer center will hopefully help change these demographics. We look forward to looking to working with the prostate center and bringing these gentlemen in for screening and therapy. Please consider this letter of support for a prostate center in our area. Thank you.

Rev H R Cogdell, Pastor



Compassionate Medical Care for
Our Working Neighbors

ALLIANCE MEDICAL MINISTRY

May 30, 2008

Dear Dr. Khoudary,

I was excited to hear about your desire to develop a *prostate center* for both insured and uninsured men in downtown Raleigh and am thrilled to tender you my full support on behalf of Alliance Medical Ministry.

Our medical clinic serves working, uninsured adults throughout Wake County. Our providers statistically see a large number of patients with acute and chronic issues- including cancer. Men are less likely to come to our clinic than women; however, our goal is to eventually offer a well-man clinic that will focus on providing physicals and various screenings. To have a neighboring center such as yours to refer men to with prostate-related health needs would be a huge benefit to this population who often avoid medical care because of cost-related issues or pride.

In my role as Program Director, I am planning to provide a community prostate-testicular screening this fall targeting 100 underserved men over the age of 45 who have never been screened or have lapsed in being screened. In my 20 years of nursing (the past 17 in oncology and outreach), I know that such screenings can and do detect a number of prostate-related problems that men are often unwilling to talk about or seek medical attention for. Having a facility such as yours would lift a huge barrier because it is a community specialty center catered to men that is willing to accept men of all racial backgrounds, regardless of their ability to pay.

I hope to tap into your expertise for our fall screening and look forward to hearing more about future developments for your center. Do not hesitate to call me if I can be of any assistance or serve as a resource for your endeavor.

My best to you and your efforts!

Regina Heroux, RN, MS, OCN
Director of Programs & Outreach
Alliance Medical Ministry
101 Donald Ross Drive
Raleigh, NC 27610
Ph: 250-3582, ext. 422
Fax: 250-3322
www.alliancemedicalministry.org



Compassionate Medical Care for
Our Working Neighbors

ALLIANCE MEDICAL MINISTRY

May 30, 2008

Dear Dr. Khoudary,

I was excited to hear about your desire to develop a *prostate center* for both insured and uninsured men in downtown Raleigh and am thrilled to tender you my full support on behalf of Alliance Medical Ministry.

Our medical clinic serves working, uninsured adults throughout Wake County. Our providers statistically see a large number of patients with acute and chronic issues- including cancer. Men are less likely to come to our clinic than women; however, our goal is to eventually offer a well-man clinic that will focus on providing physicals and various screenings. To have a neighboring center such as yours to refer men to with prostate-related health needs would be a huge benefit to this population who often avoid medical care because of cost-related issues or pride.

In my role as Program Director, I am planning to provide a community prostate-testicular screening this fall targeting 100 underserved men over the age of 45 who have never been screened or have lapsed in being screened. In my 20 years of nursing (the past 17 in oncology and outreach), I know that such screenings can and do detect a number of prostate-related problems that men are often unwilling to talk about or seek medical attention for. Having a facility such as yours would lift a huge barrier because it is a community specialty center catered to men that is willing to accept men of all racial backgrounds, regardless of their ability to pay.

I hope to tap into your expertise for our fall screening and look forward to hearing more about future developments for your center. Do not hesitate to call me if I can be of any assistance or serve as a resource for your endeavor.

My best to you and your efforts!

Regina Heroux, RN, MS, OCN
Director of Programs & Outreach
Alliance Medical Ministry
101 Donald Ross Drive
Raleigh, NC 27610
Ph: 250-3582, ext. 422
Fax: 250-3322
www.alliancemedicalministry.org

101 Donald Ross Drive • Raleigh, North Carolina 27610 • (919) 250-3320 • Fax (919) 250-3322
www.alliancemedicalministry.org

POPLAR GROVE MISSIONARY BAPTIST CHURCH

**P. O. BOX 746
FAISON, NORTH CAROLINA 28341
(910) 267-8411 Church
(910) 590-6483 Pastor
Senior Pastor: Rev. Willie C. Alford
Associate Ministers
Rev. Jackie Alford
Rev. Lenwood C. Pigford
Rev. Viva M. King**

June 08, 2008

State Health Coordinating Council, and
Medical Facilities Planning Section
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

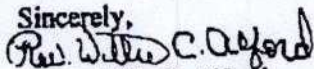
Re: Letter in support of Petition Regarding: Radiation Oncology - Linear
Accelerators for the 2009 State Medical Facilities Plan

To Whom It May Concern:

I greet you in the matchless name of my Lord and Savior Jesus Christ.

I am the Senior Pastor of Poplar Grove Missionary Baptist Church of Faison, North Carolina. Prostate cancer affects one in six men nationally. North Carolina, however, has one of the highest death rates in the country for men, especially indigent Black Americans. We are aware and very concerned about the disease and the underserved populations involved. A prostate cancer center will hopefully help change these demographics. We look forward to working with the prostate center and bringing these gentlemen in for screening and therapy. Please consider this letter of support for a prostate center in our area.

Sincerely,


Rev. Willie C. Alford
Senior Pastor

Visit Decision Map for a New Prostate Cancer Diagnosis

THE UNIVERSITY OF TEXAS
MD ANDERSON
CANCER CENTER

Multidisciplinary Prostate Cancer Clinic (MPCC)

If you...

Do not know what all your treatment choices are

Want a thorough evaluation and discussion of all the options available to you by a MDACC specialist

Want guidance on making the best choice from the treatment options that are available to you

Are undecided about your choices or find the many choices overwhelming

Urology Clinic or GU Radiation Oncology Clinic or Medical Oncology Clinic

If you...

Have already made an informed decision and would like a consultation with one of our specialists

Getting Started

All patients should contact GU Access Specialist at 713-745-7020

Provide requested medical records and outside studies for review

Provide demographic and insurance information

Read the new patient information you'll receive in the mail before your scheduled appointment

Your MPPC Visit (One Day)

GU Center Registration Exam and consultation with a Urologist and Radiation Oncologist

Medical Oncology consult as necessary

Complete recommendation of additional lab/diagnostic testing

Completing Your MPCC Visit

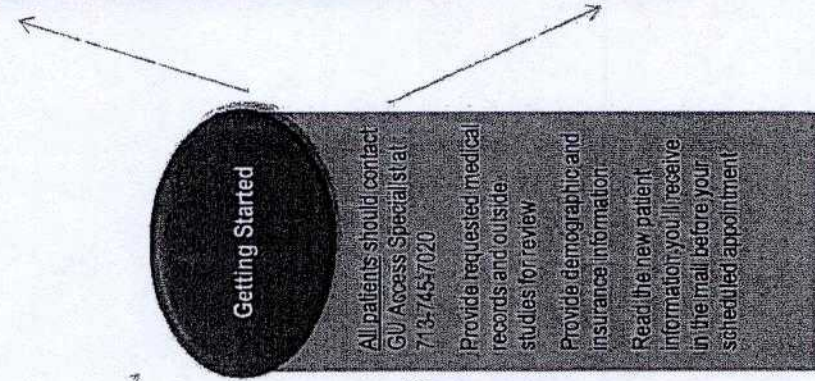
Receive a treatment recommendation summary

Receive a follow-up call from the MPCC Nurse

Continue Treatment at M.D. Anderson Cancer Center

Home/Community Treatment

Appointment with your Requested GU Specialist



Daniel L. Howard, Ph.D. is a Professor of Health Policy and Director of the Institute for Health, Social, and Community Research at Shaw University www.ihsr.org. Dr. Howard received his Bachelor's Degree in Economics from the University of Michigan College of Literature, Sciences, and Arts in 1987 and his Ph.D. in Policy Development and Program Evaluation at Vanderbilt University Peabody College of Education and Human Development in 1992. He completed two-year postdoctoral training at the University of Michigan School of Public Health and School of Social Work as a Paul Cornely and Ford Foundation Postdoctoral Scholar in 1994. He also completed two-year postdoctoral training at the University of North Carolina at Chapel Hill (UNC-CH) Cecil G. Sheps Center for Health Services Research (Sheps Center) as a Health Services Research Postdoctoral Fellow funded by the Agency for Healthcare Research and Quality (AHRQ) National Research Service Award in 1998. He has been appointed (2002-2007) and re-appointed (2007-2012) as a Research Fellow at the UNCCH Sheps Center.

Dr. Howard's research interests include the examination of epidemiologic patterns of health outcomes that disproportionately affect African Americans; minority health and health disparities; health services; and, health policy. He has numerous scientific, peer-reviewed manuscripts in prominent journals such as *Academic Medicine*, *African American Research Perspectives*, *American Journal of Men's Health*, *American Journal of Obstetrics/Gynecology*, *American Journal of Public Health*, *Family Medicine*, *Harvard Health Policy Review*, *Health Services Research*, *Hispanic Journal of Behavioral Sciences*, *Humboldt Journal of Social Relations*, *Journal of Health Disparities Research and Practice*, *Journal of the Medical Library Association*, *Journal of the National Medical Association*, *Journal of Substance Abuse*, *Journal of Substance Abuse Treatment*, *Medical Care*, *Nursing Research*, *Public Health Reports*, *Research on Aging*, and *Substance Use and Misuse*.

Dr. Howard has actively participated as a Principal Investigator, Co-Principal Investigator, and Co-Investigator on grant research funded by the National Institutes of Health (NIH): National Center on Minority Health and Health Disparities (NCMHD), National Center for Research Resources (NCRR), National Institute on Drug Abuse (NIDA), and, National Institute on Aging (NIA); the United States Department of Health and Human Services (DHHS): Centers for Medicare and Medicaid Services (CMS), and, AHRQ; and, the United States Department of Defense (000), which pertain to health services, minority health, and racial health disparities research. He has received grant awards that have totaled over \$20 million dollars.

Dr. Howard is a founding member of the executive committee for the Academy for Health Equity www.academyforhealthequity.org, a national organization dedicated to creating a social movement designed to ensure equal opportunity for health. In 2008, he was invited to serve on the editorial board of the journal, *Risk Management & Healthcare Policy*. He was invited to serve on and elected chairman of the external advisory board of the Winston-Salem State University Center of Excellence for the Elimination of Health Disparities, funded by the NIH NCMHD P20 Project EXPORT, 2007-2012. In 2007, he was invited to serve on the editorial board of the *Journal of Multidisciplinary Healthcare*. In 2006, he received the *National Role Model Researcher Award* from Minority Access, Inc., a 501(c) (3) non-profit organization with a cooperative agreement with the U.S. DHHS to increase the pool of minority biomedical researchers by identifying individual and institutional role models. In 2001, he received the *Historically Black College and University Spotlight on Excellence Administrator/Faculty Award* from Black Voices Quarterly Magazine www.blackvoices.com and General Motors Corporation.

In 2002, Shaw University, with Dr. Howard as Principal Investigator, was the only university in the nation to hold two NIH NCMHD Project EXPORT grants (P60 and R24). It was noted by the 2004 P60 external scientific program advisory committee of national experts that the "UNC-CH-Shaw Partnership should be viewed as the "showcase" model for addressing health disparities." In 2007, Shaw University, with Dr. Howard as Principal Investigator, was the only university in the nation to partner with two NIH NCMHD Project EXPORT P60 Centers of Excellence (UNC-CH and Johns Hopkins University).