

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

Fiscal Year 2005 Budget Request

Witness appearing before the
Senate Subcommittee on Labor-HHS-Education Appropriations

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National Center on Minority Health and Health Disparities

April 1, 2004

William Beldon, Acting Deputy Assistant Secretary, Budget

Mr. Chairman and Members of the Committee:

I am pleased to present the President=s budget request for the National Center on Minority Health and Health Disparities (NCMHD) for fiscal year 2005, a sum of \$196,780,000, which represents an increase of \$5,324,000 over the comparable fiscal year 2004 appropriation.

A STRATEGIC APPROACH TO ELIMINATE HEALTH DISPARITIES

Unprecedented scientific advances in biomedical research over the last several decades dramatically improved public health. However, racial and ethnic minorities and other populations that experience disparities in health status have not benefitted equally from our nation=s progress in scientific discovery.

The NIH supports a comprehensive research program to better understand why a broad spectrum of diseases disproportionately impact racial and ethnic minorities and the urban and rural poor. No other scientific area so thoroughly transcends so many diverse areas of science and involves all of the NIH Institutes and Centers (ICs).

The NCMHD plays a key role in framing the NIH health disparities research agenda by conducting and supporting basic, clinical, social sciences, and behavioral health disparities research; developing research infrastructure and training programs; reaching out to and disseminating health information to minority and other health disparity populations; stimulating scientific programs within the NIH ICs to uncover the causes of health disparities and eliminate their impact on society; and developing and updating the NIH Health Disparities Strategic Plan.

This past year, the NCMHD, in collaboration with the NIH Director, every NIH IC, and the National Advisory Council on Minority Health and Health Disparities,

completed the first comprehensive NIH Health Disparities Strategic Plan, based on scientific priorities and opportunities that will lead to new therapies and prevention strategies that will ultimately eliminate health disparities in America. This evolving plan will guide future NIH health disparities research efforts.

INNOVATIVE EFFORTS TO COMBAT HEALTH DISPARITIES

The NCMHD has accomplished much since its creation. Today, the NCMHD has 60 Health Disparities Centers of Excellence spread across the nation. These Centers of Excellence, now located in 23 states, the District of Columbia, and Puerto Rico, support health disparities research, research training, and community involvement to identify factors that contribute to health disparities and to develop and implement new diagnostic, treatment, and prevention strategies.

The NCMHD addresses the national need to develop a diverse, strong, and culturally competent scientific workforce by eliminating barriers that prevent racial and ethnic minority students and students from disadvantaged backgrounds from pursuing research careers. Currently, the NCMHD supports about 300 researchers from 38 states through its two Loan Repayment Programs, which help to level the playing field and make it possible for under represented individuals to enter the scientific, technological, and engineering workforce. These AHealth Disparities Ambassadors are key to creating the culturally competent scientific and clinical research workforce of the future.

The NCMHD has also created a one-of-a-kind Research Endowment Program. Unique at the NIH, this program addresses the national need to build research and training capacity in institutions that make significant investments in the education and training of minority and disadvantaged individuals. This program is making it possible for 13 institutions located in 11 states and Puerto Rico to establish health disparities endowed chairs and programs; enhance student recruitment efforts; provide merit-based

scholarships; recruit and retain faculty; develop innovative instruction delivery systems in minority and health disparities research areas; and access emerging technologies.

The NCMHD Research Infrastructure in Minority Institutions Program, born out of a partnership between the National Center of Research Resources and the Office of Research on Minority Health, (the predecessor to the NCMHD) is making it possible for institutions to target research efforts on health disparities that exist in the Southwest Border States; in rural communities, such as the Appalachia Region, the Mississippi Delta, and the Frontier States; and in urban centers of the nation. Currently, 11 institutions in eight states benefit from this program.

In addition to using its core programs, the NCMHD strategy to eliminate health disparities also includes leveraging NIH dollars and expertise by creating partnerships with the NIH ICs and other agencies within the Department of Health and Human Services (DHHS) to fund health disparities research, training, and outreach programs. Over the past two years alone, the NCMHD forged many new partnerships, supporting more than 400 research projects to combat health disparities in our nation.

CLOSING THE HEALTH DISPARITY GAP

Racial and ethnic minorities and other health disparity populations experience a disproportionate burden of illness, disability, and premature death due to cancer, cardiovascular disease and stroke, diabetes, HIV/AIDS, infectious diseases, infant mortality, and other diseases. The DHHS, through its a Closing the Gap Initiative, designates these areas as major research priorities. NCMHD programs focus on these priorities and many others. The following initiatives represent a small sampling of the richness and diversity of NCMHD activities.

Cancer

Cancer deaths vary by gender, race, and ethnicity. Certain racial and ethnic groups have lower survival rates than whites for most cancers. Colorectal cancer rates among Alaska Natives are higher than the national average and Asian Americans suffer disproportionately from stomach and liver cancers. African American men have the highest rates of colon, rectum, prostate, and lung cancers (*Healthy People 2010*).

NCMHD Health Disparities Centers of Excellence in 12 states across the nation are bringing to bear their state-of-the-art research and outreach programs to eliminate the impact of cancer on diverse populations. These efforts take place in Alabama, Arizona, California, Colorado, Georgia, Maryland, Mississippi, New York, Pennsylvania, Tennessee, Texas, and Virginia. One example of this intense effort is the American Indian and Alaska Native Health Disparities Center in Colorado, which conducts cancer research to address the needs of Native American and Alaska Native populations.

The NCMHD Research Infrastructure in Minority Institutions program, which focuses on building research capacity at minority serving institutions, also addresses cancer health disparities. The Charles R. Drew University is working to improve the detection and characterization of brain tumors, and researchers at San Francisco University are examining the impact of social support, spirituality, and depression on quality of life among breast cancer survivors from diverse populations.

Forty-five Health Disparities Ambassadors supported by our Loan Repayment programs have also set their sights on combating cancer health disparities in 17 states including Alabama, California, Colorado, Georgia, Illinois, Kansas, Massachusetts, Maryland, Michigan, Minnesota, North Carolina, New York, Pennsylvania, Tennessee, Texas, Virginia, Wisconsin, and in the District of Columbia. Their exciting work includes a community-based health promotion project to prevent cervical cancer in Vietnamese-American women; research studies on racial differences and barriers in

obtaining breast, cervical, and colon cancer screening; and a population-based study that examines the variation in outcomes of colorectal cancer between African Americans and whites.

Collaboration with the other NIH Institutes and Centers has allowed the NCMHD to extend the reach of its scientific expertise to tackle cancer health disparities in rural populations. For example, the Appalachia Cancer Network, cosponsored by the NCMHD and the National Cancer Institute, addresses cancer in rural and medically underserved Appalachian residents in West Virginia, Kentucky, Tennessee, Virginia, Ohio, Pennsylvania, Maryland, and New York. The goal of this network is to reduce cancer incidence and mortality and to prevent future increases; to increase cancer survival; and to stimulate greater coordination and participation among regional, state, and community cancer control networks throughout Appalachia.

Cardiovascular Disease & Stroke

Cardiovascular disease takes a heavy toll on certain populations. Heart disease rates have been consistently higher in the African American population than in whites (*Healthy People 2010*). Data on stroke risk factors are sparse for most racial and ethnic populations, except for African Americans whose stroke deaths, when adjusted for age, are almost 80 percent higher than in whites (*Healthy People 2010*).

Today, 13 NCMHD Health Disparities Centers of Excellence, located in nine states across the nation, including California, Georgia, Hawaii, Maryland, Mississippi, North Carolina, New York, Pennsylvania, and Texas focus on eliminating disparities due to cardiovascular disease. Three Health Disparities Centers of Excellence in Georgia, Mississippi, and New York focus on stroke research. The NCMHD also supports 20 Health Disparities Ambassadors spread across 11 states, including California, Florida, Illinois, Indiana, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, and Texas, who have set their sights on eliminating health disparities due to

cardiovascular disease.

The NCMHD Health Disparities Center of Excellence at Jackson State University in Jackson, Mississippi is built on a partnership with the University of Mississippi Medical Center, the University of Pittsburgh, and the Jackson Medical Mall Foundation. This Center's research agenda focuses on cardiovascular disease, stroke, and cancer in the African American population in Mississippi.

The NCMHD also partners with its fellow NIH ICs, in the battle against cardiovascular disease and stroke disparities. The NCMHD partners with the National Heart, Lung, and Blood Institute to support the Jackson Heart Study. This study evaluates the environmental and genetic factors contributing to the disproportionate incidence of cardiovascular disease in African American men and women living in Mississippi. To date, almost 5,000 participants have benefitted from the program by visiting the clinic, with an average of 25 participants per week.

The NCMHD and the National Institute of Neurological Disorders and Stroke partner to support two Specialized Neuroscience Research Programs at the Morehouse School of Medicine and at the University of Texas at San Antonio. This funding allows institutions to develop state-of-the-art neuroscience research programs; strengthen collaborations and resource-sharing between minority medical and graduate schools, community-based organizations, and leading neuroscience laboratories; expand training opportunities for minority students to access and prepare for careers in neuroscience research; and build new stroke research capacity.

Diabetes

Certain communities, including Hispanics, American Indians, African Americans, and certain Pacific Islanders and Asian populations, as well as economically disadvantaged and older people suffer disproportionately from diabetes (*Healthy People*

2010). Diabetes is the target of 27 Health Disparities Centers of Excellence in 17 states including Alabama, Arizona, California, Colorado, Georgia, Hawaii, Illinois, New York, North Carolina, North Dakota, Maryland, Mississippi, Oklahoma, Pennsylvania, South Carolina, Texas, and Wisconsin, as well as the District of Columbia. These programs include the University of Hawaii at Manoa, where efforts are underway to reduce and eliminate the major complications of diabetes in Pacific Islanders. The University of Pennsylvania is developing behavioral strategies for reducing obesity, a major factor contributing to diabetes in Latino and African American communities.

The NCMHD has also deployed 15 Health Disparities Ambassadors to 10 states, including Alabama, California, Florida, Georgia, Illinois, Massachusetts, New Hampshire, New York, Texas, and Virginia in the effort to eliminate diabetes-related health disparities. These individuals are conducting several important projects including reducing obesity in diabetic African American women in the state of Georgia and conducting educational interventions to prevent type 2 diabetes in middle school children in Alabama. Under the NCMHD Research Endowment program, Xavier University of Louisiana is increasing the diabetes research capability of its College of Pharmacy, promoting health disparities research, and increasing the pool of well educated under represented minorities who pursue advanced education in biomedical and behavioral research.

New NCMHD partnerships are also playing a significant role in eliminating diabetes health disparities. The NCMHD and the Indian Health Service recently formed a partnership to develop the Tribal Epidemiology Centers Program to address and eliminate health disparities, including diabetes disparities, experienced by American Indians and Alaska Natives. Recent NCMHD support enabled the creation of a new Northern Plains Tribal Epidemiology Center in Rapid City, South Dakota, continued funding for the other six existing EpiCenters, and the development of a summer training institute for Indian Health professionals. The funding will assist the EpiCenters to carry out their training program for local health staff, and expand their outreach activities to

include a community-based research training program.

HIV/AIDS

The disproportionate impact of HIV/AIDS on certain populations underscores the importance of sustained research and prevention efforts. In 2002, the AIDS diagnosis rate among African Americans was almost 11 times the rate among whites. African American women had a 23-times greater diagnosis rate than white women. African American men had almost a nine-times greater rate of AIDS diagnosis than white men. (Centers for Disease Control and Prevention B Division of HIV/AIDS Prevention 2003). In 2000, the AIDS incidence among Hispanics was 22.5 per 100,000 population, more than three times the rate for whites (Centers for Disease Control and Prevention B Division of HIV/AIDS Prevention 2002:1).

In its fight against HIV/AIDS health disparities, the NCMHD partners with the Centers for Disease Control and Prevention to support the Racial and Ethnic Approaches to Community Health (REACH) Program. REACH serves African American, Asian American, Pacific Islander, Hispanic American, American Indian, and Alaskan Native populations at increased risk for HIV/AIDS, cardiovascular disease, breast and cervical cancer, diabetes and infant mortality. REACH develops, implements, and evaluates innovative community level intervention demonstrations that could be effective in eliminating health disparities by 2010.

With the Agency for Healthcare Research and Quality, the NCMHD supports the EXCEED Program to examine the underlying causes and contributing factors for racial and ethnic disparities in health care and to identify and implement strategies for reducing and eliminating those disparities. Under this initiative, the Medical University of South Carolina is examining strategies to address HIV/AIDS disparities in health status between African Americans and whites, and the Baylor College of Medicine is assessing the extent to which problems in doctor-patient communication contribute to racial and ethnic disparities in health care use.

Infant Mortality

In recent years, infant mortality rates in the United States have steadily declined; yet the rate of Sudden Infant Death Syndrome among African Americans is still twice that of whites. African American women continue to be three to four times more likely than white women to die of pregnancy-related complications. Hispanic women are less likely than whites to enter into early prenatal care. Fetal Alcohol Syndrome disproportionately impacts American Indian, Alaska Native, and African American babies. (Healthy People 2010).

The NCMHD has Health Disparities Centers of Excellence in six states including Alabama, Florida, Georgia, Texas, Iowa, and Wisconsin that focus their efforts to improve the health of mothers and their infants. One of these, the Mexican-American Women's Health Project Center at the University of Texas, El Paso, partners with established Hispanic health disparities researchers at the University of Arizona. Their research efforts focus on modifying behaviors of Mexican-American women relating to alcohol use; maternal health and nutrition; smoking cessation; and the pursuit of recommended Pap and HPV screening tests. Another Center at the University of Northern Iowa focuses on maternal and child health disparities to address the special health needs of Iowa's minority groups, which include urban African Americans, members of the Meskwaki Indian Tribe, rural families, growing populations of Latino and East African immigrants, and refugees from Bosnia and the former Soviet Union.

The NCMHD also supports six Health Disparities Ambassadors through its Loan Repayment Programs, who are focusing their attention on infant mortality health disparities. These efforts are take place in Florida, Maryland, Michigan, Missouri, North Carolina, and Pennsylvania. Ongoing efforts include evaluating the link between sexually transmitted diseases and infant mortality; determining leading health indicators for women and girls; and creating logic models for maternal, child, and family health programs.

RURAL HEALTH

Another top priority of the NCMHD is improving rural health across the nation. In pursuit of this goal, the NCMHD established an innovative Health Disparities Center of Excellence partnership between Clemson University and Voorhees College, a Historically Black Institution in South Carolina. This partnership will build capacity for research, training, and outreach to address health disparities in rural Hispanic and African American communities in South Carolina. The Tuskegee University and the University of Alabama, Tuscaloosa Health Disparities Center of Excellence partnership, in conjunction with the University of Alabama Institute for Rural Health Research and community organizations, focuses on adult immunization, infant mortality, cancer, and diabetes.

Over the past year, the NCMHD also created opportunities to include the expertise of other NIH ICs in addressing the needs of rural communities, forming 16 new rural health partnerships with the NCI, NHLBI, NIAAA, NIDA, NIEHS, NIMH, and the NINR. Examples of these new projects include the Appalachia Cancer Network; the Deep South Network for Cancer Control; the Rural Caregiver Telehealth Intervention Trial; and studies on the effects of alcohol and violence on rural women; coronary artery disease in Alaska Natives; migrant worker health and the environment; mental health treatment for rural Mexican Americans, African Americans, women, and the poor; cardiovascular health training and outreach in Latino communities; and substance abuse among Ojibwe children and youth.

CONCLUSION

The diversity of the American population is one of the greatest assets of the nation. One of the greatest challenges facing the nation is reducing and eliminating the

profound disparity in health status that exists for many of its populations. Without decisive action now, the health challenges of the 21st century will expand along with the increasing number of racial and ethnic minorities, inhabitants of rural areas, and low socioeconomic populations.

The NCMHD will continue to combat health disparities through our flagship programs. We will explore new opportunities to support academic development for the health disparity researchers of tomorrow. We will seek to create innovative programs to serve as a bridge between NCMHD capacity building programs and an investigator's first independent research effort. Cognizant of the value of engaging communities in the elimination of health disparities, we will lead efforts to conduct effective community-based outreach and research to our numerous constituents. We will continue our legacy of creating and nurturing partnerships to further increase the reach of our activities to eliminate health disparities and we will encourage our fellow NIH ICs to join the core health disparities programs of the NCMHD. The NIH Roadmap Initiative should also provide opportunities for the NCMHD constituent populations and research community to participate in interdisciplinary research, clinical research, and technology.

Our vision of the future is a collective one that is embodied in the NIH Health Disparities Strategic Plan. With leadership, commitment, and strong scientific partnerships the NIH can advance scientific discovery to ensure the health of all Americans. Working together, we can turn the vision of an America where all citizens have an equal opportunity to live long, healthy, and productive lives into reality.

BIOGRAPHY

John Ruffin, Ph.D.

Director

National Center on Minority Health and Health Disparities

Dr. John Ruffin has devoted his professional life to improving the health status of minority populations in the United States and to developing and supporting educational programs for minority researchers and health care practitioners. In collaboration with the National Institutes of Health (NIH), and various federal, state, community, and private-sector leaders, he has developed over 100 collaborative research studies and 30 research training programs.

On January 9, 2001, Dr. Ruffin was appointed as the first director of the National Center on Minority Health and Health Disparities (NCMHD) at the NIH. In this role, he leads a national program of: (1) biomedical, behavioral, and social sciences research; (2) research training; (3) dissemination of health information and (4) outreach to communities. He manages the NCMHD's staff, a budget in excess of \$191 million research programs, and statutorily mandated health disparities programs which include:

- Awarding research endowments to selected Centers of Excellence;
- Providing loan repayment awards to over 300 individuals who engage in health disparities research; and
- Establishing Centers of Excellence at over 40 minority serving institutions or consortia of institutions to conduct research, research training and information dissemination.

Dr. Ruffin is the former director of the NIH Office of Research on Minority Health, the predecessor to the NCMHD. Prior to joining the NIH, he was Dean of the College of Arts and Sciences at North Carolina Central University. A native of New Orleans, Louisiana, Dr. Ruffin received his baccalaureate degree from Dillard University and a master's degree from Atlanta University. He earned a Ph.D. at Kansas State University in systematic and developmental biology and then pursued postdoctoral studies at Harvard University.

Dr. Ruffin's life-long commitment to academic excellence and to the promotion of numerous partnerships with government, private industry, and academic institutions to support minority health research and research training has earned him national recognition. He has received: the Samuel L. Kuntz Award for his significant contribution to increasing minority access to organ and tissue transplantation; the NIH Director's Award; National Hispanic Leadership Award; Beta Beta Beta Biological Honor Society Award; the National Medical Association Award of Appreciation; the DHHS Special Recognition Award; and

most recently the Presidential Merit Award.

**Department of Health and Human Services
Office of Budget**

William R. Beldon

Mr. Beldon is currently serving as Acting Deputy Assistant Secretary for Budget, HHS. He has been a Division Director in the Budget Office for 16 years, most recently as Director of the Division of Discretionary Programs. Mr. Beldon started in federal service as an auditor in the Health, Education and Welfare Financial Management Intern program. Over the course of 30 years in the Budget Office, Mr. Beldon has held Program Analyst, Branch Chief and Division Director positions. Mr. Beldon received a Bachelor's Degree in History and Political Science from Marshall University and attended the University of Pittsburgh where he studied Public Administration. He resides in Fort Washington, Maryland.