

Written Statement of
John Ruffin, Ph.D.
Director, National Center on Minority Health and Health Disparities
National Institutes of Health
April 6, 2006

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 (FY) 2007, a sum of \$194,299,000, which represents a decrease of \$1,106,000 over the comparable fiscal year 2006 appropriation.

The overall health of the general American population has improved; yet as a Nation we continue to be challenged by disparities in health among racial and ethnic minority and other health disparity populations. There continues to be a disproportionate burden of illness, disability and premature death resulting from diseases and health conditions such as cancer, cardiovascular disease, HIV/AIDS, stroke, obesity, mental illness and diabetes, in these communities.

The cause of health disparities is multi-factorial in nature. The complexity of health disparities merits a strategic, innovative, and multi-faceted attack. Genes, biology, culture, race environment, socioeconomic, and health behaviors all contribute to this complex public health crisis. Biomedical research is essential in transforming the health of this Nation. In order to have the greatest impact on improving the health of America's underserved populations, at NIH, we believe a new biomedical research paradigm is needed –one that is predictive, personalized and preemptive. We need a well-coordinated, interdisciplinary effort involving traditional as well as non-traditional partners to get to the crux of the health disparities crisis.

The National Center on Minority Health and Health Disparities was established in 2000 to lead the Federal effort in health disparities research, research capacity building, and outreach. The NCMHD has always recognized the significance of partnerships in resolving health disparities. Our programs embody a strategy that emphasizes our efforts to build a biomedical research enterprise that is diverse, predictive, personalized, and preemptive.

The NCMHD is committed to training a diverse biomedical research workforce to examine issues relevant to the disparities in health of America's rapidly increasing racial and ethnic minority populations. More than 600 promising research scientists across the country have received NCMHD loan repayment awards to conduct health disparities research and clinical research. Institutional capacity building has been an important area of focus. Through our endowments and research infrastructure program, we have funded almost 40 academic institutions –more than half being minority-serving institutions. The funding is helping to equip the institutions, their faculty and students to engage in avant-garde biomedical research and training. Another integral element of our strategy is community participation. Our aim is to empower the community to address its own health problems. Our communities should include individuals other than patients, who must be actively engaged in research intervention and

ultimately the translation and dissemination of research results into practical community tools.

Advancements in science and technology offer hope for the future. The NCMHD has supplied more than 100 individuals, institutions, and small businesses with resources to conduct research to help answer some of the perplexing issues in health disparities. NCMHD is one of the few NIH Institutes or Centers (IC) that focuses on populations and not specific diseases or health conditions. Consequently, we have had the unique opportunity of partnering with all of the ICs over the past five years in our quest to eliminate health disparities. Our partnerships and our programs have allowed us to support research into many of the diseases and health conditions affecting racial/ethnic minority and other health disparity populations. It is through these programs and partnerships, that the NCMHD has been able to have far reaching effect in improving the health of the Nation's health disparity populations. We have made progress, but there is much more to be achieved.

HEALTH DISPARITIES RESEARCH AGENDA

A national health disparities research agenda is fundamental in eliminating health disparities. Healthy People 2010, the prevention strategy for the Nation, identified a number of health objectives to be achieved over a 10-year period. The elimination of health disparities among different segments of the population in the United States is one of the goals. We have five years left as a Nation to demonstrate how far we have come in attaining that goal. The NIH through the leadership of the NCMHD has been a principal player in advancing the goals of Healthy People 2010. The NCMHD coordinates the development of the evolving NIH health disparities research agenda –the NIH Health Disparities Strategic Plan. The Plan represents the trans-NIH health disparities vision and strategy. Through the Strategic Plan, the NIH can aggressively address health disparities by fostering pioneering partnerships and initiatives. The NCMHD, through the Institute of Medicine (IOM), initiated the five-year evaluation of the NIH Health Disparities Strategic Plan. The NCMHD, in collaboration with NIH leadership and the Secretary of Health and Human Services will address the recommendations of the IOM report in implementing and reshaping the NIH health disparities research agenda.

NCMHD HEALTH DISPARITIES EFFORTS

At the NCMHD, we are working to build an inclusive, collaborative, and adaptive biomedical and behavioral research enterprise to identify innovative diagnostics, treatments, and preventive strategies that will eliminate health disparities. NMCHD activities have been numerous and far-reaching. The newest NCMHD initiative is the Community-Based Participatory Research (CBPR) Program, which supports 25 institutions nationwide. The CBPR exemplifies a predictive, personalized and preemptive approach to eliminating health disparities. It is a three-part program that engages the community in all phases of the research process and is directed to a specific disease/health condition in a particular minority population. It starts with a three-year planning grant, followed by a five-year grant to conduct intervention research, and concludes with a three-year grant to disseminate the research information. The CBPR is a novel approach for the biomedical research enterprise, and we anticipate its potential in addressing health disparities through projects such as: *Project GRACE: A Participatory Approach to*

Address Health Disparities in HIV/AIDS among African American Population; Partnership to Overcome Obesity in Hawaii; Project AsPIRE (Asian American Partnership in Research); The Healing of the Canoe (is aimed at planning, implementing and evaluating a community-based and culturally competent intervention to reduce health disparities and promote health in the Suquamish Tribe reservation community); and Partnership for a Hispanic Diabetes Prevention Program in Washington.

The Centers of Excellence Program, “Project EXPORT” has been key in leading our effort in supporting the advancement of medical research and the transformation of the health care system. The program is creating new partnerships to enable institutions at all levels of capability to maximize their health disparities research, research training and community outreach efforts. The 73 Project EXPORT grantees have had a tremendous influence on creating more than 100 unique partnerships focused on health disparities. We have created an array of partnerships with entities such as hospitals; tribal groups; health plans; health centers; community and faith-based organizations; civic and non-profit health organizations; and local, city, and state governments. Biomedical research is important in understanding the underlying causes of health disparities, and how to prevent, diagnose and treat disease and disability. The research conducted by our Centers of Excellence will help to increase that understanding through projects such as: *Perceived Discrimination in Healthcare among American Indian/Alaska Natives; Religious Outlook on Organ and Tissue Sharing; Inflammation and Asthma; Impact of Coronary Heart Disease Risk Perception on Health Behaviors and Physical Activity Assessment in Multi-Ethnic Women.*

The NCMHD Loan Repayment Programs support the goals of the new *NIH Pathway to Independence Program* by increasing the number of qualified health care professionals who conduct health disparities and clinical research. The programs promote a diverse and strong scientific workforce. Since its establishment, the Loan Repayment Program has made more than 600 new awards to researchers in research disciplines such as epidemiology, pharmacology, linguistics, etiology, health policy, and behavioral science. The program is fulfilling its Congressional intent with the majority of award recipients being from a health disparity population. The NCMHD is training research scientists and health professionals not only to deal with health disparities on the domestic level, but also globally. Through the Minority Health and Health Disparities International Research Training Program (MHIRT), 24 academic institutions have developed international training opportunities in health disparities research for faculty and students. MHIRT participants will be exposed to research areas including cancer epidemiology, reproductive biology, parasitology, and ethnopharmacology in countries such as Ethiopia, Ghana, Jamaica, Dominican Republic, Australia, and Spain.

The NCMHD commitment to enhancing research capacity at academic institutions is best demonstrated through its Research Endowment Program and its Research Infrastructure in Minority Institutions (RIMI) Program. The RIMI program is building research capacity in 21 predominantly minority-serving academic institutions. The NCMHD provides endowment grants to eligible institutions to build minority health and other health disparities research and training capacity. The Endowment program has funded 16 institutions to strengthen teaching programs in the biomedical and behavioral sciences; establish endowed chairs and programs; obtain state-

of-the-art equipment for instruction and research; and enhance the recruitment and retention of student and faculty from health disparity populations.

RESEARCH COLLABORATIONS

The health disparities phenomenon is almost incomprehensible until it is humanized. Hurricane Katrina demonstrated the underlying national health crisis that continues to plague America's racial and ethnic minority and low-socio economic communities. In some cases, evacuees received medical treatment for the first time for chronic and life-threatening diseases, such as hypertension, cardiovascular diseases, diabetes, and mental health disorders.

Community involvement and partnerships are critical to redress the devastation experienced by individuals caught in the path of Hurricane Katrina. The NCMHD is collaborating with the HHS Office of Minority Health on a HHS \$12 million initiative to bring desperately needed health care services, information, and hope to racial and ethnic minority populations in the Gulf Coast region. The NCMHD provided \$5.2 million in funding to support that initiative. Our Centers of Excellence have also been mobilized to participate in the initiative to create a *Regional Coordinating Center* to build a research infrastructure for on-going efforts to eliminate health disparities in the hurricane-ravaged communities. Such an infrastructure would integrate research-based academic facilities, public health, primary care, and specialty care officials to engage in innovative approaches to relief activities, including developing and testing culturally relevant telemedicine response to mental health needs, and other acute and chronic diseases; instituting electronic health records for individuals in the region through partnerships with academic experts in practice-based research; and establishing effective community-based screening and surveillance systems to monitor health needs of individuals evacuated from hurricane-ravaged communities, as well as those returning to communities as they are re-built, with a special focus on exacerbations of existing health disparities.

The NCMHD *Visiting Faculty Program* is a new program that is assisting researchers displaced by the hurricane. The program will help to bring displaced scientists who were employed at institutions in the Gulf Coast states to the NIH, so that they can continue their research efforts.

CONCLUSION

During its initial five years the NCMHD has strived to be inclusive, creative, and adaptable to changing circumstances. The programs highlighted are but some examples of what is being done to eliminate health disparities. We need to build on these successes and further our activities. Toward this end, the NCMHD will sustain and expand its primary strategies. Research capacity building will continue to extend beyond academia to involve community and faith-based organizations, individuals, and businesses at the local and grassroots level. Training and the diversification of the health, scientific, and technological workforce will remain key areas of focus in developing innovative projects. Prevention, treatment, cultural competency, and healthcare delivery for urban and rural communities will continue to be approached

aggressively.

Through our vision of the future embodied in the NIH Health Disparities Strategic Plan, the NCMHD renews its commitment to build a solid and diverse national biomedical research enterprise of individuals and institutions dedicated to eliminating health disparities. With our NIH Institute and Center collaborations and our partnerships with scientific institutions and community-based organizations across the Nation, the NCMHD will advance scientific discovery to ensure the health of all Americans. All citizens should have an equal opportunity to live long, healthy and productive lives.

BIOGRAPHY

John Ruffin, Ph.D.
Director

National Center on Minority Health and Health Disparities

Dr. John Ruffin is the Director of the National Center on Minority Health and Health Disparities. He is a well-respected leader and visionary in the field of health disparities. He 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. His success has been due in large part to his ability to motivate others and gain the support of key individuals and organizations, as well as to his expertise in strategic planning, administration, and the development of numerous collaborative partnerships. For over 15 years, he has led the transformation of the NIH minority health and health disparities research agenda from a programmatic concept to an institutional reality.

He has served as the Associate Director for Minority Programs, Office of Minority Programs; and the Associate Director for Research on Minority Health, Office of Research on Minority Health. As the NIH federal official for minority health disparities research, through multi-faceted collaborations, he has planned and brought to fruition the largest biomedical research program in the nation to promote minority health and other health disparities research and training. He has spearheaded the development of the first comprehensive Health Disparities Strategic Plan at NIH. His efforts have impacted local, regional, national and even international communities and have resulted in a growing portfolio of:

- Research, training, and capacity building programs
- Health professionals and scientists of racial/ethnic minority populations
- Centers of Excellence conducting cutting-edge health disparities research
- Endowment awards to academic institutions, and
- Community-based participatory research initiatives

Dr. Ruffin has been committed to conceptualizing, developing and implementing innovative programs that create new learning opportunities and exposure for minority and health disparity students and faculty, as well as minority-serving institutions. In his quest to eliminate health disparities, the hallmark of his approach is to foster and expand strategic partnerships in alliance with the NIH Institute and Center directors, various Federal and state agencies, community organizations, academic institutions, private sector leaders, and international governments and non-governmental organizations.

Department of Health and Human Services
Office of Budget
Richard J. Turman

Mr. Turman is the Deputy Assistant Secretary for Budget, HHS. He joined federal service as a Presidential Management Intern in 1987 at the Office of Management and Budget, where he worked as a Budget Examiner and later as a Branch Chief. He has worked as a Legislative Assistant in the Senate, as the Director of Federal Relations for an association of research universities, and as the Associate Director for Budget of the National Institutes of Health. He received a Bachelor's Degree from the University of California, Santa Cruz, and a Masters in Public Policy from the University of California, Berkeley