

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NATIONAL INSTITUTES OF HEALTH

Budget Request for FY 2010

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

John Ruffin, Ph.D., Director  
National Center on Minority Health and Health Disparities

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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) of the National Institutes of Health (NIH). The Fiscal Year (FY) 2010 budget of \$208,844,000 includes an increase of \$2,885,000 over the FY 2009 appropriated level of \$205,959,000. Additionally, consistent with the President's commitment to increase funding for cancer research, NCMHD will support research relevant to this disease.

## INTRODUCTION

Scientific and technological discoveries continue to provide new methodologies and medical tools to diagnose, prevent, and treat some of the most debilitating diseases and conditions known to mankind. One of the greatest challenges in science today, which has significant implications in addressing health disparities, is the ability to accelerate the translation of scientific discoveries to effective health interventions for delivery by health care providers, and just as importantly, into health promotion, and disease prevention and management tools that the affected community can understand and utilize. Health disparity populations, defined by race, ethnicity, geography, and socio-economic status, continue to experience inadequate access to health care services, especially during the economic downturn where more people are unemployed, lack health insurance, and are faced with tough choices of survival which often means compromising their health and medical care. The benefits of scientific discovery is not reaching them quickly enough, making it even more difficult to manage chronic diseases and conditions such as heart disease, diabetes, stroke, and cancer. The lack of diversity in the scientific and health care workforce will further complicate the already existing strain on the health care system as racial and ethnic minorities collectively become the majority population in the United States.

The NCMHD leads the national biomedical research endeavor to promote minority health and eliminate health disparities experienced by individuals of racial and

ethnic minority populations, low-income, rural, and other medically underserved communities. The issue of health disparities remains complex and is spiraling into an even more serious economic health burden as the health disparity gap widens in certain geographic regions around the country. Chronic disease management remains an expensive challenge for the Nation. The NCMHD will continue to build on the capacity that it has established with its current programs, and seek new opportunities and employ innovative approaches to study and accelerate intervention strategies to eliminate health disparities. The determinants of health particularly non-biologic factors such as social, behavioral, and environmental influences will be more closely examined to increase the scientific knowledge base on their relation to health disparities in order to develop evidence-based interventions targeting these factors. The NCMHD's unique coordinating role within the NIH and with other Federal government agencies provides the opportunity to improve collaborative research and information dissemination efforts to create synergism in addressing health disparities.

#### INTEGRATING SCIENCE, PRACTICE, AND POLICY

The NCMHD convened the first NIH Science of Eliminating Health Disparities summit on December 16-18, 2008 to highlight the breadth of the NIH investment in minority health and health disparities research as well as the progress that is being made through health disparities research funded by NIH, other federal agencies, and private sector foundations. The summit was organized under the theme of integrating science, practice, and policy. The NCMHD has employed this new paradigm as a first step in redefining the NIH health disparities research agenda to further strengthen its core emphasis on research, research infrastructure, and outreach, as strategies to address health disparities. Science, practice, and policy must be integrated along a continuum that underscores interconnection and partnership in moving science from the laboratory to clinical practice and directly into the community, which may also require policy intervention to facilitate the process. The components of science, practice, and policy are pivotal in enhancing understanding of health disparities, identifying effective interventions resulting from scientific rigor that could become part of evidence-based

practice to produce quality health outcomes, and eventually codified as acceptable standards of care through applicable health policies, regulatory, and health care financing policies.

To initiate its implementation of the science, practice, and policy paradigm, and enhance its focus on building the scientific and health professions workforce for health disparities, the NCMHD established two important initiatives in fiscal year 2009: 1) a program to support investigator-initiated research on minority health and health disparities; and 2) an intramural research program (IRP) that would allow it to conduct health disparities research that explores, utilizes, as well as introduces the NIH research community to novel and non-traditional research strategies that could prove effective in advancing the pace of science to address health disparities.

The NCMHD IRP will build on the research and capacity building success of the NCMHD extramural research programs particularly the congressionally mandated Centers of Excellence program, and the Loan Repayment Program (LRP), as well as the Community-Based Participatory Research Program (CBPR). Research emphasis will examine the non-biologic pathways to health disparities with intense focus on the social determinants of health. More than 2,000 health professionals in 49 states have received assistance with educational loan repayments by committing to conduct research activities related to health disparities. Approximately 70% of these individuals are from a health disparity population, including rural residents and financially-disadvantaged individuals, representing numerous disciplines that transcend the traditional fields of science and medicine to include areas such as law, economics, and policy. The NCMHD IRP will strengthen the health disparities research retention component of the LRP program, through the Disparities Research and Education, Advancing our Mission (DREAM) program, which is the primary training mechanism in the NCMHD IRP for graduates of the LRP program and early stage investigators seeking to pursue a career in health disparities research. Over a period of five years, successful DREAM program participants will spend a dedicated period of time engaged in health disparities research at various sites including the NIH campus, a health disparity community setting, or the

originating research institution. NCMHD loan repayment funding is already yielding several success stories of individuals who have been able to build bridges to a promising career in health disparities that combines clinical practice with research. One stellar example is Dr. Giselle Corbie-Smith, a LRP recipient and physician at the University of North Carolina, Chapel Hill. Using the research foundation she established from LRP funding, she was able to successfully compete for a NCMHD CBPR grant where she now serves as the principal investigator, and a NCMHD Centers of Excellence program where she is co-principal investigator, while maintaining clinical practice at a local community health center in North Carolina. She has also maximized the opportunities afforded her by NCMHD research funding to mentor four other LRP recipients.

## THE COMMUNITY IN NOVEL APPROACHES TO HEALTH DISPARITIES

Modern approaches in science and medicine targeting health disparities are critical in responding to this evolving health crisis which must take advantage of the rapid transformation of technological advances, particularly, health information technology. In addition, health disparity populations can and must play an active partnership role with the scientific and medical community in detecting, understanding, and addressing the health disparities they endure. The principle of community based participatory research has great potential for examining health disparities. It is a fundamental scientific strategy for conducting research in the community, and involving members of the community in all phases of scientific inquiry with researchers. The NCMHD CBPR program supports 40 academic and non-academic entities in approximately 28 states that have adapted this method to engage and empower the community in conceptualizing, designing, and conducting research, as well as analyzing, interpreting, and communicating the research findings through the application of culturally and linguistically appropriate tools. The NCMHD CBPR programs are conducting research interventions that apply strategies that are participatory and personalized with the potential to preempt and predict disease, and other confounding issues associated with the nature of health disparities. Now in its second year of the five-year research intervention phase, many of the NCMHD CBPR programs are already applying Comparative Effectiveness Research (CER) among their

research methodologies to address health disparities. As the intervention phase ensues, the emphasis on these critical research approaches (CER and CBPR), is expected to increase as they become viable evidence-based mechanisms for identifying best practice models, and developing effective diagnostic, prevention, and treatment tools for health disparity populations. For example, the *Behavioral intervention for cancer and cardiovascular disease in African American men and women in West Philadelphia*, is evaluating the effects of integrated versus disease specific counseling on: a) risk exposure behaviors (e.g., diet and physical activity); and b) psychological outcomes (e.g., risk comprehension, self-efficacy, and motivation); and to identify the mechanisms through which integrated risk counseling leads to behavioral change in a randomized trial. At the University of North Texas Health Science Center, the *Behavioral intervention for obesity among Hispanics in US Mexico border area* assesses the efficacy of a culturally tailored, community embedded twelve-week health education intervention. This study is a part of the long term goals of the Beyond SABOR project which is aimed at the prevention or reduction of overweight and obesity; and the prevention, delay of the onset, or improved management of diabetes in a population of urban and rural adult Mexican Americans.

## CONCLUSION

Health disparities remain a daunting challenge that demands urgent, direct, and sustainable interventions. Linking the community to science and medicine, and exploring novel and adaptable research approaches, must remain a high priority. The NCMHD will continue to lead and coordinate the NIH research activities to understand, and eliminate health disparities. It will lead the agency in prioritizing and implementing recommendations of the NIH Science of Eliminating Health Disparities summit, the development and evaluation of the NIH Health Disparities Strategic Plan, and examination of innovative and non-traditional approaches to health disparities. Engagement of the faith-based community remains a priority, and increased emphasis will be placed on more closely examining persistent and emerging health disparity issues such as rural health, men's health, and the recruitment and retention of health disparity populations into clinical trials. Enhanced efforts will be made to collect, analyze,

interpret, translate and disseminate health disparities research data and findings to the affected communities, scientists, health care providers, and across federal agencies.

NCMHD funding from the American Recovery and Reinvestment Act of 2009 (Recovery Act), will help to broaden the partnership base for health disparities research and establish the capacity needed to tackle some of the most critical challenges and issues in health disparities. The Recovery Act is an unparalleled opportunity for the NCMHD to expand its focus on a variety of scientific efforts aimed at improving the health of individuals experiencing disparities in health status, while boosting the economy in communities around the country. Initiatives that will be jumpstarted will cover topics such as prison health, rural health, biological and non-biological determinants of health, telehealth, bioethics, training of the scientific and health workforce, and training of community health workers.

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 Institutes and Centers, various Federal and state agencies, community organizations, academic institutions, private sector leaders, and international governments and non-governmental organizations.

Dr. Ruffin received a B.S. in Biology from Dillard University, a M.S. in Biology from Atlanta University, a Ph.D. in Systematic and Developmental Biology from Kansas State University, and completed post-doctoral studies in biology at Harvard University. His life-long commitment to academic excellence, improving minority health and promoting training and health disparities research, has earned him distinguished national awards. Dr. Ruffin has received an honorary doctor of science degree from Spelman College, Tuskegee University, the University of Massachusetts, Boston, and North Carolina State University. He has been recognized by: the National Medical Association, the Society for the Advancement of Chicanos and Native Americans in Science; the Association of American Indian Physicians, the Hispanic Association of Colleges and Universities; the Society of Black Academic Surgeons; and the National Science Foundation. The John Ruffin Scholarship Program is an honor symbolic of his legacy for academic excellence bestowed by the Duke University Talent Identification Program. He has also received the Martin Luther King Jr., Legacy Award for National Service, Samuel L. Kountz Award for his significant contribution to increasing minority access to organ and tissue transplantation; the NIH Director's Award; the National Hispanic Leadership Award; Beta Beta Beta Biological Honor Society Award; the Department of Health and Human Services' Special Recognition Award; and the U.S. Presidential Merit Award.



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