

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

Fiscal Year 2004 Budget Request

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

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Kerry N. Weems, Acting Assistant Secretary for Budget, Technology and Finance

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 2004, a sum of \$192,724,000, which represents an increase of \$7,010,000 over the comparable fiscal year 2003 appropriation.

Despite improvements in the overall health of the general population, over the past decade, African Americans, Hispanics, American Indians, Alaska Natives, and Asians and Pacific Islanders – the fastest growing communities in this country – and the urban and rural poor, continue to suffer an unequal burden of death, disability, and disease.

With the goal of addressing health disparities through science, the Congress enacted Public Law 106-525, the *Minority Health and Health Disparities Research and Education Act of 2000*, to establish the NCMHD. The mission of the Center is to promote minority health and to lead, coordinate, support, and assess the National Institutes of Health's (NIH) effort to ultimately eliminate health disparities. I am grateful to the Congress for its wisdom in creating the NCMHD so that America can be more responsive to its increasingly diverse and complex health and human services needs. And, I thank you for your ongoing support of the Center. I also want to thank Dr. Elias Zerhouni, Director of the NIH, and the Directors of the NIH Institutes and Centers (ICs) and Offices for all of their cooperation and continued commitment to making the elimination of health disparities a top priority for the NIH.

In January 2003, the NCMHD celebrated its second anniversary. The staff at the NCMHD has been diligent, working hard to make the priorities envisioned for the Center by the Congress a reality. Today, I am happy to report to you the highlights of our accomplishments.

TRANS-NIH STRATEGIC PLAN AND BUDGET

The NCMHD has worked together with the Director of the NIH and the Directors of the other ICs at the NIH, to develop the first comprehensive *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities*. This Plan, which was developed with substantial stakeholder input from the health disparities populations, has three main goals – research, research infrastructure, and community outreach through information dissemination and public health education. This is an evolving document, that will be updated each year, and it includes current NIH activities and future plans to: address the health disparities; build a culturally competent cadre of biomedical and behavioral investigators; and increase the number of minority clinical and basic medical scientists who are essential to the success of our efforts. The Plan will be posted for public comment on the NCMHD website at www.ncmhd.nih.gov.

NIH FISCAL YEAR 2001 ANNUAL REPORT ON HEALTH DISPARITIES RESEARCH

The NCMHD also collaborated with the other ICs to develop the *NIH Fiscal Year 2001 Annual Report on Health Disparities Research*, which highlights the NIH's activities, and describes the progress emanating from the NIH's research strategies, structures, processes, and programs to ultimately reduce and ultimately eliminate health disparities.

NCMHD PROGRAMS

As authorized by the Congress, the NCMHD has established its three core programs, which have been successfully launched with substantial assistance from the other NIH ICs. The **Centers of Excellence in Partnership for Community Outreach, Research on Health Disparities, and Training (Project EXPORT) Program** supports the conduct of research, research training, and community outreach activities in the field of health disparities at Centers of Excellence. **The Research Endowment Program** is designed to build minority health and other health disparities research capacity at Health Resources and Services Administration (HRSA) Section 736 Centers of Excellence. The NCMHD has established two distinct extramural **Loan Repayment Programs** to increase the participation of health professionals in health disparities research and to increase the participation of individuals from disadvantaged backgrounds in clinical research. The Center also administers the **Research Infrastructure in Minority Institutions (RIMI) Program** to provide support for

institutions that enroll a significant number of students from minority health disparity populations to develop and enhance their capacity and competitiveness to conduct biomedical or behavioral research. By expanding the infrastructure of institutions committed to health disparities research and supporting the education and training of racial and ethnic minorities, as well as the medically underserved, these programs will provide sustained effort aimed at eradicating health disparities.

NCMHD CO-FUNDED RESEARCH

The NCMHD also supports research through collaborative agreements with other NIH ICs and HHS agencies, for example the: *Racial and Ethnic Approaches to Community Health Program (REACH 2010)* at the Centers for Disease Prevention and Control (CDC); *Excellence Centers to Eliminate Ethnic/Racial Disparities Program (EXCEED)* at the Agency for Healthcare Research and Quality; *Jackson Heart Study* at the National Heart, Lung and Blood Institute (NHLBI); *Appalachia Cancer Network* and *Native Hawaiian Cancer Awareness Research & Training Network* at the National Cancer Institute (NCI); *National Latino and Asian American Study* at the National Institute of Mental Health, and *Tribal Epidemiology Centers Program* at the Indian Health Service.

Through these and many other co-funded projects the NCMHD works to: pilot new health disparities programs; improve recruitment and retention of racial and ethnic minorities in clinical trials; and provide competitive supplements to expand the focus of

existing research programs.

NIH HEALTH DISPARITIES RESEARCH

Along with the NCMHD, all of the ICs at the NIH actively support health disparities research within their categorical missions. Let me provide a few illustrative examples:

The NHLBI supports the Jackson Heart Study, co-sponsored with the NCMHD, to address the cardiovascular health of African Americans; the Strong Heart Study, directed at cardiovascular disease risk factors and development in American Indians; the Multi-Ethnic Study of Atherosclerosis, which is examining the development and progression of subclinical disease in a multi-ethnic and predominately minority population; the Family Blood Pressure Program, which is identifying major genes associated with high blood pressure in a predominately African American population; studies aimed at identifying genetic and other biological factors that increase susceptibility to hypertension-related injury and damage; and programs examining genetic factors associated with asthma in minority populations.

To lead the NCI's efforts to examine the causes of cancer health disparities, develop effective and sustainable interventions to eliminate them, and actively

facilitate their implementation across the cancer continuum, the NCI established the Center to Reduce Cancer Health Disparities. Among the NCI's other major initiatives are the expansion of public, private, academic, and community-based partners to increase enrollment of minorities in clinical treatment and prevention trials and to investigate the socioeconomic, cultural, health system related, and other causes of disparities in cervical cancer mortality. The NCI also has established interdisciplinary research Centers for Population Health and Health Disparities to better understand the interaction of determinants of cancer and the behavioral and biologic factors that contribute to them, and the Institute has expanded and improved the efficiency and utility of the Surveillance Epidemiology End Results Program on several fronts.

The National Institute of Allergy and Infectious Diseases (NIAID) continues to focus on those research areas that have a major impact on health disparities by supporting: the Innovation Grant Program, which fosters exploratory investigator-initiated HIV vaccine research at the early stages of concept development; the Legacy Donor Registry Project, which supports efforts to increase organ donation in minority populations; Genetic studies in African-American kidney transplant recipients regarding tissue (organ) rejection; Autoimmunity Centers of Excellence, which evaluate immunotherapies for Systemic Lupus Erythematosus (SLE) and Scleroderma; the Inner City Asthma Consortium, which evaluates the safety and efficacy of promising immune-based

therapies to reduce asthma severity and prevent disease onset in minority children in inner city dwellings; and Hepatitis C Cooperative Research Centers, which study factors that contribute to resistance to treatment in African Americans and disease outcome in Alaska Natives and Hispanics.

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) has established its Office of Minority Health Research Coordination to help implement its strategic plan for health disparities. The Institute places high priority on supporting studies of many diseases, including type 2 diabetes, hepatitis C, and kidney disease, which disproportionately impact the health of minority populations. Recently the Diabetes Prevention Program showed that modest improvements in diet and exercise could dramatically decrease the incidence of type 2 diabetes in those at risk, the benefits of which extend to all racial and ethnic groups. American Indian and Alaska Native communities have the highest rates of diabetes in the world. Using the network of Tribal Colleges and Universities, the NIDDK Diabetes-Based Science Education in Tribal Schools Program is developing supplemental curricula for Tribal elementary, middle and high schools to instruct students about lifestyle changes that can dramatically reduce the risk of diabetes. The NIDDK also has initiated the National Kidney Disease Education Program, initially targeting cities with African-American populations showing high incidence of chronic kidney disease.

Since the National Institute of Child Health and Human Development

(NICHD) launched its national “Back to Sleep” campaign in 1994, the Sudden Infant Death Syndrome (SIDS) rate has fallen by more than 50 percent. Even though the death rates from SIDS have declined at about the same rate for White and African-American infants, a disproportionate number of African-American infants are still lost to SIDS. To begin closing this gap, the NICHD enlisted the help of the Alpha Kappa Alpha sorority, the National Coalition of 100 Black Women, and the Women in the NAACP to conduct a series of “summit” meetings in three U.S. cities with high rates of African-American SIDS deaths. These summits will help develop strategies and create an infrastructure for establishing community-based programs to further reduce SIDS among African-American infants. The NICHD also is developing outreach activities and products that encourage American Indian/Native American communities to place babies on their back to sleep.

CONCLUSION

The NCMHD is working together with the other ICs at the NIH to ensure that all Americans have an opportunity to lead long, healthy, and productive lives. I am grateful to the Congress for giving the Center a unique opportunity to bring together the expertise of health professionals, researchers, businesses, communities, academia, public health agencies, and government to eliminate health disparities. It’s going to take all of us working together to build a healthy America.