

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

FY 2008 Budget for the National Institutes of Health:
A New Vision for Medical Research (Part II)

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

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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) for fiscal year (FY) 2008, a sum of \$194,495,000, which represents a decrease of \$895,000 over the comparable fiscal year 2007 appropriation.

At the turn of the 21st century, the issue of health disparities was still a pervasive public health challenge. Racial and ethnic minority and medically underserved populations were suffering disproportionately from disease and death; individuals living in medically underserved communities in rural or urban cities were also experiencing similar disparities in health status and health outcomes; there was a national need for minority scientists in biomedical, clinical, behavioral, and health services research. There were very few racial and ethnic minorities in science, technology or engineering. This raised concern about the future of these fields and their potential to eliminate health disparities given the nation's changing demographics, and the projected significant increase of racial and ethnic minority populations.

This depiction of health in America was a part of the impetus for the creation of a national Center to address minority health and health disparities. Recognizing the gaps and the challenges, and understanding the promise of biomedical research, the Congress wisely established the National Center on Minority Health and Health Disparities (NCMHD) on the premise that through research, training, dissemination of information, and other programs, minority health would be improved, and health disparities would be reduced in the short-term and eliminated in the long-term. The NCMHD has embraced multiple partnerships as the guiding principle for understanding and addressing this national health crisis.

While the overall health of the American population has improved, sadly, health disparities have not declined. Nevertheless, within the past six years the investments of the NCMHD have positively impacted communities throughout this nation and globally.

Our contributions have heightened awareness about the seriousness of health disparities; increased the nation's capacity to conduct health disparities research; recruited, trained and attracted an increasing cadre of individuals from health disparity populations to research careers on minority health and health disparities; and germinated novel and productive partnerships involving the community.

UNDERSTANDING HEALTH DISPARITIES

The Centers of Excellence program has become a leading force for research into various diseases and health conditions in health disparity populations such as HIV/AIDS, mental illness, obesity, diabetes, cardiovascular disease, stroke, infant mortality, and cancer.

Collectively, these Centers have published more than 200 articles on the priority diseases/conditions and issues related to minority health and health disparities among all racial and ethnic minority, medically underserved, and low-income populations.

Leveraging of resources and expertise with other NIH Institutes and Centers and federal agencies, and among our grantees has fortified our capacity to conduct research into the most critical diseases and issues concerning disparities in health. Basic, clinical, social science and behavioral studies are examining the many factors that are believed to contribute to poor health in our communities. Understanding the cause of disparities in health is pivotal in determining and applying appropriate preventive, diagnostic, and treatment modalities.

Access to health care is a major health problem that potentially perpetuates health disparities. Those who have more resources are better positioned to benefit from costly new discoveries in science and medicine. An estimated 45 million Americans have no health insurance, most of them being racial and ethnic minority, rural, and low-income populations. A lack of access can delay timely medical care and increase the effects of disease without proper treatment. A study examining adherence to cervical cancer screening guidelines among publicly housed Hispanic and African-American women, found that only 62% of those sampled had received a screening for cervical cancer within the past year. 29% of the participants noted that no health care provider had ever notified them that they needed a screening test for cervical cancer. In this study, Hispanic and

older women were far less likely to adhere to screening guidelines. The results prove the need for continued and increased efforts to ensure that medically underserved racial and ethnic minority women have access to cancer screening services. Understanding the complex nature of health disparities and the influence of socio-economic, biological, environmental, behavioral, and other factors, remains a research challenge that we must continue to examine through pioneering research.

TRAINING THE WORKFORCE: REMOVING THE BARRIERS

Access to health care is a multi-pronged problem that is complicated by the shortage of health professionals from underserved communities. Racial and ethnic minorities make up only 14 percent of the physicians in America. The NCMHD and its partners have been working to diversify and strengthen the science workforce through training. Two-year loan repayment awards have alleviated the financial burden of pursuing higher education for approximately 1,100 health professionals. These trainees with MD, PhD, DDS, and other doctorate level science degrees, engage in research, health promotion, and outreach activities in numerous disciplines to heighten awareness and deepen our understanding of specific diseases and conditions, and issues in health disparities.

Racial and ethnic minorities represent 64 percent of the current pool of NCMHD loan repayment awardees. An estimated two-thirds of the graduates have secured academic or research positions. The funding provided by loan repayments have helped to advance the careers of awardees and expose them to additional funding sources for their research activities. The program is slowly, but evidently achieving its mission to recruit and retain highly qualified health professionals in the workforce. In 2006, endowment funding supported the training of two Native American students completing the four-year Doctor of Pharmacy program at the University of Montana. This is a significant accomplishment because of the critical need to create permanent tenure track positions for Native Americans. At the University of Wisconsin at Madison, School of Public Health, the infrastructure established with NCMHD funding has helped to secure funds for a Health Disparities Research Scholars Training Program. This five-year training program will

commence in Spring 2007 and it is anticipated that it will increase the number of researchers committed to health disparities. We will continue to enhance our focus on the recruitment and retention of individuals of health disparity populations to develop a culturally competent and well-trained workforce to address the burden of health disparities in our diverse communities.

CREATING THE COMPETITIVE-EDGE

The quality of health among health disparity populations, and the delivery of health care can be improved by training a diverse workforce that is representative of the community being served. However, in order to conduct innovative research, it is essential to have the right capacity such as the facility, faculty, students, and training programs. Notable progress has been made in developing research capacity at more than 40 academic institutions.

Having an endowed chair signals an institution's strength in a specific discipline. It is an incentive for a medical school to recruit and retain the most preeminent faculty in a given field, and adds credibility to its medical education program. Endowed chairs traditionally have been located at the most prestigious medical schools. NCMHD funding has established endowed chairs at three minority-serving institutions, Meharry Medical College, Morehouse School of Medicine, and the University of Hawaii. These endowed chairs are vital to building a critical mass of distinguished scientists in cancer, cardiovascular disease, diabetes, neuroscience, women's health, and Native Hawaiian health. This will place these institutions on the competitive edge to advance their study of minority health and health disparities in these fields. At Meharry, the endowed chair funds have helped to recruit a nationally renowned scientist to lead its Center for Excellence in Health Disparities Research in HIV/AIDS.

Research capacity in terms of physical infrastructure has increased considerably at several institutions after obtaining NCMHD funding. In some instances, facilities for health disparities research did not exist prior to NCMHD Centers of Excellence funding.

Today, Charles R. Drew University has space totaling 8000 square feet, New York University 3,900 and Claflin University 3,403 square feet dedicated to conducting health disparities research. As a result, these institutions have been able to expand their research and training activities. The University of South Carolina-Claflin EXPORT Center recently erected a Molecular Virology Laboratory at Claflin University which houses state-of-the-art equipment for microscopic gene cell isolation and examination, where HIV viral load assays for example, can now be studied. The University of New Mexico houses the only School of Medicine in the state, and endowment funds have helped to establish the Institute of Public Health to address chronic health issues among low income and racial and ethnic minority populations.

THE VALUE OF PARTNERSHIPS

Our success in eliminating health disparities will ultimately depend on our ability to translate the lessons learned from our research endeavors, into usable tools and programs for the community. We have expanded our partnership base, and moved beyond the tradition of limiting partnerships to academic institutions, into domains where we can have the capacity to respond to health disparities in any form. We have continued collaborations NIH-wide, across the Department of Health and Human Services, and with other agencies such as the Department of Justice. Our efforts also have engendered unique partnerships between academia and the community; the community and local, state or federal agencies; research-intensive institutions and minority-serving institutions; and among NCMHD Centers of Excellence within a given state and state health agencies.

In partnership with the National Institute of Environmental Health Services, the private sector, universities and schools, molds and other allergens that may trigger asthma in children are being studied post-Katrina. In conjunction with the DHHS Office of Minority Health we mobilized our Centers of Excellence to respond to emergency health needs in the community and offer research opportunities at NIH for scientists after Hurricane Katrina. Today, the community is benefiting from electronic medical records, and telemedicine programs that are being incorporated into the health care infrastructure.

In Oklahoma we have been able to reach more than 65,000 American Indians through a partnership of the Oklahoma Project EXPORT Center with nine tribes. The power and impact of our partnerships has touched the global community from state to state to places like Asia, Africa, Europe and the Caribbean where our students and faculty engage in research training.

IMAGINE THE FUTURE

We have begun to set the foundation through our research, training, capacity development, and outreach efforts to transform the health of this nation, but we have barely touched the surface. There is far more to be done. In three years, according to the Healthy People 2010 report, health disparities should be eliminated. However, the recent Midcourse Review of the report underscores the fact that not enough has been done overall to demonstrate any significant decline in health disparities.

Imagine a Nation where differences in health status and health outcomes no longer exist among populations. Imagine a nation where all Americans can lead a long and healthy life. Imagine a country where all Americans can access quality health care. Imagine physicians and health care professionals of all racial and ethnic backgrounds, in any specialty, practicing in every community across this country. Imagine cutting-edge biomedical research being led within our communities by members of the community. Imagine the discovery of solutions for critical diseases like diabetes, mental illness, cardiovascular disease, HIV/AIDS or obesity emerging from a community lab.

At the NCMHD we are cognizant that no single entity alone can solve the complex problem of health disparities. The sustainability and success of our health disparities efforts depends on strategic partnerships. We will continue to expand our network to address the diseases and issues that are already familiar to us, and examine new and emerging health disparities challenges in prisons, housing communities, or among our men. We must also be able to respond to health crises as they arise. Novel and multi-faceted strategies must be exercised and increased at the community, national and global

level if we are to succeed in using the power of biomedical research to transform the health of racial and ethnic minority and medically underserved populations and eliminate the scourge of health disparities.

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.