



Testimony
Before the Subcommittee on Health
Committee on Energy and Commerce
United States House of Representatives

**The Role of the NIH/NCMHD in
Eliminating Health Disparities**

Statement of

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Good morning, Chairman Pallone and other distinguished Members of the Subcommittee. My name is John Ruffin. I am Director of the National Center on Minority Health and Health Disparities, one of the 27 Institutes and Centers within the National Institutes of Health, at the Department of Health and Human Services (HHS).

INTRODUCTION

The National Center on Minority Health and Health Disparities (NCMHD) leads the national biomedical research endeavor to promote minority health and eliminate health disparities experienced by racial and ethnic minority, poor, and medically underserved populations in rural and urban communities. Today, 47 million Americans, primarily Hispanics and African Americans, have no health insurance, while 36 million Americans live in poverty¹. Hospital emergency rooms have become the primary care facility for these groups. Heart disease, diabetes, stroke, and cancer are among the diseases and conditions that continue to plague health disparity populations --African American, Hispanic, American Indian, Alaska Native, Asian American, and Pacific Islander communities, despite scientific discoveries and medical advances to predict and preempt disease. The Centers for Disease Control and Prevention, reports that chronic diseases account for more than 75 percent of the annual \$1.4 trillion for medical care costs in the U.S. The existence of health disparities is a complex economic burden that necessitates urgent, direct, and sustainable intervention.

¹ Income, Poverty, and Health Insurance Coverage in the United States: 2006, U.S. Census Bureau

HEALTH DISPARITIES PARADIGM SHIFT

Recent reports project that racial/ethnic minorities will make up almost 50 percent of the U.S. population in the coming years². If the health disparities trend continues along the current path, without aggressive and transformational interventions, we will be faced with a resource-strained health care system where the majority of the population is in poor health, and a workforce that is not representative of the patient population. To preempt this prediction of health disparities, a paradigm shift is needed to keep pace with the changing demographic, and the evolving health disparities environment. New approaches that encompass preemptive, predictive, personalized, and participatory measures can help us to better understand and accelerate the elimination of health disparities.

The newly established Office of Innovation and Program Coordination (OIPC) within the NCMHD Office of the Director will be the focal point at the NCMHD for identifying and developing novel hypotheses, strategies and initiatives to unravel the complexity of health disparities. The OIPC will emphasize transformational, trans-disciplinary, and translational interventions. The OIPC will build on the progress that the NCMHD programs such as the Centers of Excellence, Loan Repayment Program, Research Endowment, and Community-Based Participatory Research Programs have already made.

² U.S. Census Bureau

The extent to which socio-economics, biology, environment, behavior, culture, discrimination, politics, and other emerging factors like access, impact the development or persistence of health disparities remains unclear. Imagine the cost and the outlook of health in America and the global implications, if we do not continue advancing science and medicine to understand these factors, or continue establishing research capacity to nurture a workforce that resembles the population.

The NCMHD and the other NIH Institutes and Centers (ICs) are focusing on all of these determinants and seeing results. From studying gene variations in lupus; identifying a susceptibility gene for Polycystic Ovary Syndrome; establishing an environmental health research partnership among research intensive and minority-serving institutions; identifying effective measures to prevent early childhood caries which present implications for changing health policy and clinical practice; to studying chronic kidney disease. The data on health disparities is emerging.

ADVANCING SCIENTIFIC KNOWLEDGE

The NCMHD, through its emphasis on basic, behavioral, social sciences and clinical research is advancing scientific knowledge on the determinants of health disparities. Gaining enhanced insight into the biological and non-biological pathways of health disparities and the implications for predicting and preempting

negative health outcomes, or participatory involvement in personalizing care, is pivotal to our mission.

NCMHD-funded research at the University of San Diego examined the response of African Americans to different classes of antihypertensive drugs. In one study, the results showed the potential of Angiotensin-converting enzyme (ACE) gene polymorphism to predict the blood pressure response time. Further study may lead to our ability to predict the responsiveness of African Americans with specific genotypes to different classes of antihypertensive drugs, and a decrease in the incidence of end-stage renal disease in African Americans.

A study done at East Tennessee State University, examined the issue of intimate partner violence (IPV) during pregnancy in a rural population involving 104 Caucasian prenatal patients. It found that 81% of the participants reported some type of IPV during the current pregnancy, 28% reported physical IPV, and 20% reported sexual violence. The findings have increased our knowledge about the potential impact of pregnancy IPV on health behaviors.

Researchers at the University of Puerto Rico investigating the relationship between limited English proficiency and quality of primary care among three different groups of Hispanics, have amassed insightful data that will be pertinent in informing culturally appropriate interventions for this population.

Socio-economics is a major determinant of health. A recent study from the University of California Los Angeles and Charles R. Drew University looked at racial/ethnic and economic variation in cost-related medication underuse among insured adults with diabetes. Cost-related medication underuse was highest among African Americans and Hispanics, who were also the least likely to have drug coverage.

Timely translation and transmission of these findings into action or programs with the potential to improve health, is the ultimate measure of the impact of research.

COMMUNITY INTEGRATION

The success in eliminating health disparities will be achieved with community integration into the research enterprise. The community is essential not only in carrying out the translational aspect of research, through health promotion and information dissemination, but for the NCMHD, it is the hallmark of the research process. This is evident with our Community-Based Participatory Research program which embraces the community as an equal partner, and underscores its potential at the forefront of science and medicine in developing and executing predictive, preemptive, and personalized techniques.

At the University of Hawaii, the Partnership for Improving Lifestyle Intervention (PILI) 'Ohana Program, exemplifies the value of the community-academic partnership. It links five community groups with the medical school and state

department of health to focus on obesity health disparities. The community was central in designing a personalized weight loss maintenance intervention that is family plus community-focused with potential to preempt and counter obesity.

BROADENING THE CAPACITY BASE

Having the requisite infrastructure is imperative in meeting today's health disparities challenges and in averting those of the future. We continue to strengthen the biomedical research enterprise through our support of individuals, institutions, and communities, globally. NCMHD has supported a diverse team of 1400 preemptive-focused health disparities ambassadors through its Loan Repayment Program (LRP). Almost 70% of the participants come from a health disparity population. Research activities are varied and include health promotion, prevention, health services, patient-provider communication, and cultural competency. Greater benefit and results can be yielded with more investment of time in following the intervention, and training the next generation of health disparities investigators. Career development for promising investigators will be emphasized through the LRP program. Health disparities capacity-building investments today that promote preemptive measures will yield less strain on the health care system of the future.

INSTITUTIONALIZING HEALTH DISPARITIES

NCMHD has led the way to institutionalize a health disparities agenda at NIH through its tradition of collaboration and the development of an agency-wide

strategic plan. The NIH ICs are undertaking important health disparities research activities. Global health researchers are being trained in low and middle income countries. The Asthma Control Evaluation trial shows potential in reducing asthma symptoms in low-income inner-city children. Genetic analysis of sarcoidosis in African Americans offers promise for preventive and therapeutic interventions. Combination antiplatelet therapy (aspirin and clopidogrel) compared to aspirin alone shows potential for stroke prevention treatment. Collaborations will continue to be strengthened, capacity building emphasized, and research integration approached more directly.

CONCLUSION

The body of research on health disparities emerging from the NCMHD and the other Institutes and Centers is starting to grow. Collecting, analyzing, interpreting, and translating the data and lessons learned is our commitment going forward. Research translation into culturally, socially, linguistically, and generation appropriate tools is a high priority. Research is futile and we will have little or no impact in eliminating health disparities, if our findings cannot be translated into a user-friendly language for the community and health care provider. Health disparities remain a daunting challenge that demands urgent, direct, and sustainable interventions.

Thank you for the opportunity to testify. I will be happy to answer any questions.