

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**NATIONAL INSTITUTES OF HEALTH**

**Fiscal Year 2013 Budget Request**

**Statement for the Record**

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**National Institute on Minority Health and Health Disparities**

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## **INTRODUCTION**

Millions of Americans from racial and ethnic minority, rural and low-income populations, continue to be burdened by disparities in health status and health care, despite recent scientific and medical advances to improve the quality of health in this nation. Evidence-based research has shown that these disparities result from the interaction of multiple chronic influences, such as social, environmental, behavioral, and biological factors. Traditionally, research emphasis has been on examining the biology of health disparities. In recent years, the impact of social factors has become more evident in having a strong causal linkage to health disparities. For example, the role of the social and physical environment, the effect of poor housing circumstances, and the difficulties of accessing transportation to obtain timely needed medical care, all come into play. Therefore, the elimination of health disparities requires a coordinated and integrated approach across multiple disciplines to understand and solve the underlying biological and non-biological evolution of health disparities. The National Institute on Minority Health and Health Disparities (NIMHD) has been at the forefront leading scientific research and building bridges to eliminate health disparities working with public and private sector partners.

## **INNOVATION IN RESEARCH**

NIMHD administers a portfolio of programs aimed at approaching health disparities from many angles, embodied in the principal goals of research, research capacity building, and outreach. Through research, the NIMHD seeks to understand the development and progression of diseases and conditions disproportionately affecting underserved populations, and develop

evidence-based strategies to improve prevention, diagnosis, and treatment methods. The Centers of Excellence (COE) Program continues to be a powerful force for encouraging large-scale, transdisciplinary research. COE researchers have analyzed associations between insulin resistance and other markers of disease in a sample of Mexican American adolescents from a severely disadvantaged community on the Texas-Mexico border. Another group found evidence that supports the hypothesis that the loss of function of a molecule that promotes cell adhesion contributes to the development of the aggressive breast cancer that is commonly found in African American women. NIMHD COE research results have also discovered that moral beliefs and lack of awareness contribute to low rates of cervical cancer screening in young Asian American women.

## **TOWARDS DIVERSITY IN THE WORKFORCE**

Building the capacity of individuals, institutions, and communities to conduct research and undertake training, to strengthen the diversity of the science and medical workforce, are crucial to improving the quality of healthcare of America's underserved populations. The Research Endowment, Research Centers in Minority Institutions (RCMI), and the Building Research Infrastructure and Capacity (BRIC) Programs are the pillar of the NIMHD support for building a national enterprise of academic institutions with the physical and intellectual capability to be leaders in health disparities research. At the University of Texas Brownsville, NIMHD funding has helped to leverage resources for the creation of a new college, the College of Biomedical Sciences and Health Professions, and establish a new degree program in biomedical sciences.

NIMHD continues to recruit an average of 250 new candidates into its Loan Repayment Program annually, adding to the diversity of individuals from health disparity populations in the science and health professions workforce. Many of these scholars are engaged in behavioral, social sciences, prevention, health services, and community-oriented research exploring the various social determinants of health. Some of the innovative research projects include studying text messaging to improve depression treatment adherence in low-income patients, creating web programs to treat substance use in American Indian and Alaska Natives, and examining how perceived discrimination and health system distrust affect behavior and decision-making related to cervical cancer prevention in rural and minority women.

## **ENGAGING COMMUNITIES**

Harnessing the power and insights of diverse communities is another important factor because health disparity populations often encounter cultural or environmental barriers to improved health. Outreach efforts remain at the core of the NIMHD's commitment to engage communities in the research process, and as importantly, to translate research findings into culturally and linguistically appropriate tools and programs to educate and empower affected communities and their health care providers. The Community-Based Participatory Research (CBPR) Initiative supports research that engages communities in the research process as equal partners with scientists. This engagement is valuable in helping communities sustain healthy behaviors over the long-term. For example, one project at Wake Forest University trained members of Latino soccer teams in North Carolina to discuss HIV-prevention behaviors with fellow players. After eighteen months, men in the intervention group were significantly more likely to report consistent condom use and HIV testing than those in a control group. Grantees at

Saint Louis University are increasing fruit and vegetable consumption in local black men by producing community gardens. These plots have provided more than 1,800 pounds of fresh produce to 150 families, and residents showed decreases in hypertension and body mass index.

## **A FUTURE OF SUSTAINABLE COMMITMENT**

NIMHD seeks to ensure that the investment and progress that has been made towards eliminating health disparities is not lost. It will continue to identify opportunities to sustain effective programs and initiatives by forging and strengthening partnerships across all sectors, while accelerating the pace of research, policy, practice, and community interventions to address pervasive barriers and emerging issues impeding the elimination health disparities. It will also be imperative to establish an effective system of coordination for these inter and intra-agency activities. Enhanced understanding of the social determinants of health and how where we live, work, and play influence health outcomes are among the priorities that must be aggressively advanced through innovative approaches. While the issues are many, NIMHD is confident that the infrastructure it has built through almost every corner of this nation is up to the challenge, and it is poised to support and create sustainable interventions that will move the country closer to eliminating health disparities. Ensuring that all Americans have an equal chance at healthy life is not an option. NIMHD remains committed to achieving health equity for underserved communities.

## **JOHN RUFFIN, Ph.D.**

Dr. John Ruffin is the Director of the National Institute on Minority Health and Health Disparities (NIMHD). He is the Federal official responsible for minority health and health disparities research activities of the National Institutes of Health (NIH) which constitutes an annual budget of approximately \$2.8 billion. He is a well-respected leader and visionary in the field of minority health and health disparities, who has devoted his professional career to improving the health status of racial and ethnic minorities and other medically underserved populations. He has an impressive track record of developing and supporting programs to increase the cadre of minority scientists, physicians, and other health professionals, as well as attract a diverse group of researchers to the health disparities field.

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. Over his more than 20 year career at the NIH, he has led the transformation of the NIH minority health and health disparities research agenda from a programmatic concept to an institutional reality. Under his leadership the NIH Office of Minority Programs was established to address the health of minorities around the country before transitioning to the Office of Research on Minority Health, and later the National Center on Minority Health and Health Disparities in 2000, as a result of congressional legislation. In March 2010 the Patient Protection and Affordable Care Act re-designated the NCMHD to the National Institute on Minority Health and Health Disparities.

Dr. Ruffin has developed the largest biomedical research program in the nation to promote minority health and other health disparities research and training, through multi-faceted collaborations. 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. Under his leadership, the NIH convened the first national summit on health disparities “The NIH Science of Eliminating Health Disparities Summit” in December 2008 with more than 4000 individuals from around the world representing various disciplines and sectors. 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 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. He has received an honorary doctor of science degree from Spelman College, Tuskegee University, the University of Massachusetts in Boston, North Carolina State University, Morehouse School of Medicine, Meharry Medical College, Tulane University and Dillard University. He has been recognized by various professional, non-profit, and advocacy organizations including: 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, the Yale University Edward A. Bouchet Leadership Award, and the 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.