

# NIH Spells Out Plans for A \$45 Million Initiative

When Bernadine Healy took over as director of the National Institutes of Health (NIH) a year ago, she promised to increase funding for programs aimed at two groups she said had been relatively neglected by NIH in past years: women and minorities. With strong support from Congress, she quickly launched the Women's Health Initiative, an ambitious 14-year, \$619 million program that received \$25 million in its first year to focus on the health problems of middle-aged and older women. Now Healy is asking for \$45 million to kick off an even more ambitious Minority Health Initiative.

As Healy outlined it to a House appropriations subcommittee last month, the proposed effort will have two goals: improving health in minority communities and attracting minorities into careers in medicine and research (see table). Both are desperately needed: High mortality rates among African Americans, compared to the majority population, result in an estimated 60,000 "excess

deaths" a year. And, according to the latest statistics from the National Science Foundation, there are only about 11,500 African-American, Hispanic, Asian, and Native-American researchers working in the life sciences, compared with 104,300 whites.

Like the women's initiative, planning for a minority program was under way before Healy came on board. But she has given each a high profile and—if the reaction of several key members of the appropriations committee is any guide—she will have little trouble getting the funding she needs. Indeed, committee member Representative Louis Stokes (D-OH) has frequently chided NIH for not doing enough to support minority health.

The detail man on this program is John Ruffin, who has been associate director of NIH for minority programs since that position was created in August 1990. Last spring, Ruffin convened an advisory fact-finding team to help NIH put together a package of

minority health programs. The team's report, released last month, rattles off a list of problems that support Stokes' sense of urgency: The incidence of infant mortality, hypertension, and some infectious diseases—including AIDS—is high among African Americans; noninsulin-dependent diabetes mellitus strikes older Hispanics at twice the rate it does whites.

To attack such daunting health problems, \$45 million may seem a paltry sum, but it's a big increase from the \$8.3 million NIH will spend on similar programs in the current fiscal year. And Ruffin points out that the new initiative is in addition to other longstanding NIH efforts designed to attract minorities into biomedical research, such as a program in which principal investigators can supplement their grants by as much as \$50,000 to include minority scientists in their research. Last year NIH spent nearly \$21 million on this supplements program.

**Extra impact.** Ruffin argues that attracting minorities into health careers will be a key element in attacking minority health problems. He cites the example of lupus erythematosus. "That's a disease that mainly affects women, but 80% are minority women. Now it's very difficult for me to believe that a young black woman who is trained in that particular area would not be sensitive to doing research in that area as well," he says.

The initiative has already attracted strong backing from minority health activists. Benjamin Carson, a pediatric neurosurgeon at Johns Hopkins University who served on the fact-finding team, argues, for example, that because the effort is consolidated in a single office, it should be far more effective than earlier "piecemeal" minority health programs run by individual institutes. Carson is particularly enthusiastic about programs like the 2-Year/4-Year Bridge Program, a part of the minority initiative, which will attract minorities into research at an early age. That way, he says, they will develop the love of science that will make them willing to put up with the sacrifices a research career can demand. "It's not so hard for people who come from a wealthy family," Carson says drily. Jane L. Delgado, president of the National Coalition of Hispanic Health and Human Service Organizations and another member of the fact-finding team, is also encouraged by the way Ruffin has sought community involvement for the minority health initiative.

With panelists like these, NIH will be on notice that it has to offer minorities something for the money. "They don't care about a \$45 million initiative," Ruffin says. "They're saying, 'In 5 years we're going to ask a question, and the question is, Are we any better off, has that health gap closed as a result of our effort?'" This might be called NIH's \$45 million question.

—Joseph Palca

MINORITY HEALTH INITIATIVE			
Health Initiatives	Description	Budget (\$ Millions)	
		'92 (est.)	'93 (proposed)
Infant Mortality	Behavioral intervention trial, perinatal research on causative factors, such as nutrition and low birth weight	0.5	5.0
Adolescent Health	Research on behavioral interventions aimed at ages 10-24: emphasis on violence and sexual behavior	2.0	5.0
Young Adults	Encourage minority participation in health screening and adherence to medical regimens	0.5	5.0
Older Adults	Research on factors affecting severity and progression of chronic diseases, and relieving impairment from disease	0.6	2.0
Minority Male at Risk	NIH's contribution to a program started by the Secretary of Health and Human Services to modify behaviors that adversely affect health	—	8.0
<b>Training Initiatives</b>			
Regional Training and Research Centers	Modeled on NSF education centers: a consortium of academic institutions will provide research training	—	5.0
M.S./Ph.D. Program in Biological Sciences	Would provide support for students receiving M.S. degrees to move to institutions that grant Ph.D.s.	1.2	5.0
2-Year/4-Year Bridge Program	Provides incentives and support for students attending junior colleges to continue on to baccalaureate degrees	0.8	5.0
Pre-College Intervention Program	Cooperative program with NSF. Will support middle and high school life science programs	2.5	5.0
Evaluation of NIH Minority Training	Data collection from each NIH institute on level of support and effectiveness of recruiting minorities to research	—	—
<b>TOTAL</b>		<b>8.3</b>	<b>45.0</b>