A Call to Action

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While the diversity of the American population is one of the nation's greatest assets, the profound disparity in health status across racial and ethnic populations is one of its greatest challenges. The country has entered the 21st century with such scientific and technological bounty that we should and must be able to assure good health and long life to all citizens.

While the promise of health and longevity is a reality for millions of Americans, it is not for others. There are many examples: the number of African American men and particularly women with AIDS has increased substantially; Hispanic women are the least likely to use preventive services such as the Pap test, mammography, and clinical breast examination; the prevalence rate of diabetes among American Indians and Alaska Natives is more than twice that for the total U.S. population. The Pima Indians of Arizona have the highest known prevalence of diabetes in the world. Diabetes is also extremely common in Hispanic and African American communities.

The National Institutes of Health (NIH) had programs that address these and other issues, but it grew increasingly obvious that a new call to action was needed. Hence, in November 2000, legislation established a new NIH center, the National Center for Minority Health and Health Disparities (NCMHD), to promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and ultimately eliminate health disparities. The Center will increase the visibility of these problems and have a role in determining why there are high rates of certain diseases in minority populations and why the gap is, in many cases, increasing.

With respect to health disparities and minority health, NCMHD will partner with all NIH institutes and centers to support programs in basic and clinical research, research training, and dissemination of health information. It will build on already existing programs, including these five:

• Jackson Heart Study: A prospective study of environmental and genetic factors causing the disproportionate incidence of cardiovascular diseases in African American men and women.

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- Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial: A large randomized study designed to learn if certain screening tests will reduce the number of deaths from these cancers significantly affecting minorities.
- Cooperative Study of Sickle Cell Disease: Designed to further understand the cellular and molecular mechanisms that might contribute to effective therapy.
- Appalachia Leadership Initiative on Cancer: An
 effort to promote health and prevent cancer in
 this medically underserved 13-state region of eastern U.S. Four different projects gather profiles
 of the population and information concerning
 the types of cancers and cancer risks present.
 The ability to create networks of community coalitions for control of cancers is also assessed. The
 study encompasses nearly 80% of the Appalachian region.
- African-American Study of Kidney Disease and Hypertension Study: This study has revealed that calcium channel blockers, one of the two medicines of choice for high blood pressure, paradoxically increase protein in urine in African Americans. An increase in urinary protein is linked to advancing kidney disease. The study has also shown that angiotensin-converting enzyme inhibitors, the preferred drugs for treatment of kidney disease associated with diabetes, seem to have a protective effect on the excretion of protein in the urine.

The elimination of health disparities will require crosscutting efforts, involving various components of the U.S. government and the private sector. NIH is committed to fulfilling its role in this battle. We at NIH have the responsibility to place special emphasis on those diseases and conditions that are major contributors to health disparities, with the goal of making

measurable progress against them. We have the responsibility to make certain that the new knowledge we generate in our laboratories and clinics benefits all U.S. citizens in all communities. We also have the responsibility to train the next generation of scientists and health care professionals to ensure that the country will have the culturally and ethnically diverse workforce in research and medicine that is essential to eliminating health disparities and providing appropriate health care to all people and all communities.

For more than a year, NIH has been developing a comprehensive plan called the Strategic Plan to Reduce and Ultimately Eliminate Health Disparities. This plan, for the first time, will coordinate the research resources of the NIH institutes and centers. The plan will set forth the NIH objectives toward reducing and eliminating health disparities over the next five years. It focuses on three major areas: research; research infrastructure (including training of young scientists and physicians); and public information, outreach, and education. In addition to the overall plan, each individual institute and center has developed its own plan of action. The NIH plan will include specific objectives of each of the institutes and centers.

These plans have been developed through an open process, which includes postings on the NIH website and presentations to large numbers of groups, including three NIH committees—the Advisory Committee on Research on Minority Health, the Advisory Committee to the Director, and the Director's Council of Public Representatives.

The task of eliminating health disparities in the United States, and in the world, is far from over. Indeed, it has just begun. As long as health disparities exist and continue to grow in the U.S. and throughout the world, whatever we have done in the past or are doing now will not be enough. This is a further call to action by the community of scientists and health care providers in this nation and in the world.