



Research and Prevention: Closing the Chronic Disease Gap in Minority Populations

Legislative Requests

- **\$32.7 billion for the National Institutes of Health (NIH):**
Funding for the NIH is a critical national priority. An appropriation of \$32.7 billion in FY 2013 represents the minimum investment necessary to avoid further loss of promising research, while, at the same time, allowing the NIH's budget to keep pace with biomedical inflation.
- **\$292 million for the National Institute on Minority Health and Health Disparities (NIMHD):**
NIMHD's mission is to lead scientific research to improve minority health and eliminate health disparities. Funding the NIMHD at \$292 million in FY 2013 would represent an increase of \$15 million over FY 2012. Funding for the NIMHD supports minority health and health disparities research grants, as well a robust research infrastructure to promote training and workforce development initiatives as a way to increase the pool of disease health disparities researchers.
- **\$7.8 billion for the Centers for Disease Control and Prevention (CDC):**
The CDC is helping states address serious disparities in many diseases, including colorectal, breast and cervical cancer, cardiovascular disease, and diabetes. The CDC should be funded at \$7.8 billion without reducing the CDC's budget authority. The Prevention and Public Health Fund is a critical component to help refocus our health care system on disease prevention through innovative and integrated methods at the federal, state and local levels. The Prevention and Public Health fund should supplement, not supplant, base funding of public health agencies and programs.

CDC programs that help to fulfill the goal of reducing health disparities include:

- Colorectal Cancer Control Program (CRCCP) – The CRCCP currently provides funding to 25 states and four tribal organizations. The majority of CRCCP funds are used for education and outreach strategies, although funds may also be used for no-cost screening services. Even though colorectal cancer screening rates are increasing, disparities continue to exist for colorectal cancer screening among those without health insurance, those with lower household incomes, and those with less than a high school education. To reduce screening disparities, the CRCCP should be funded at \$70 million in FY 2013.
- National Breast and Cervical Cancer Early Detection Program – The Program provides free breast and cervical screening tests to low income and uninsured women, and access to Medicaid treatment for those diagnosed with cancer. Flat and declining funding leads to fewer women being served. The Program should be funded at \$275 million in FY 2013.

- National Comprehensive Cancer Control (CCC) Programs – The CCC programs are critical in helping states fight cancer at the community level. Additional funding is needed to: support the development of a National Cancer Plan, increase efforts related to survivorship, and expand health disparities initiatives to better address specific risk factors in certain communities. The CCC should remain a stand-alone program and be funded at \$50 million in FY 2013 to ensure states are able to fight cancer at the local level.
 - WISEWOMAN Program –The WISEWOMAN program is administered through CDC's Division for Heart Disease and Stroke Prevention (DHDSPP) and provides low-income, under-insured or uninsured women with chronic disease risk factor screening, lifestyle intervention, and referral services in an effort to prevent cardiovascular disease. The priority age group is women aged 40–64 years. CDC funds 21 WISEWOMAN programs, which operate on the local level in states and tribal organizations. WISEWOMAN programs provide standard preventive services including blood pressure and cholesterol testing. WISEWOMAN programs also offer testing for diabetes. Women are not just tested and referred, but can also take advantage of lifestyle programs that target poor nutrition and physical inactivity, such as healthy cooking classes, walking clubs, or lifestyle counseling. Women who smoke are encouraged to quit and are referred to proactive quit lines or quit-smoking classes. The interventions vary from program to program, but all are designed to promote lasting, healthy lifestyle changes.
 - Division of Viral Hepatitis (DVH) – The DVH provides critical epidemiological research and surveillance on viral hepatitis. The DVH also assists states and local health departments with immunization programs to prevent hepatitis A and B infection, and counseling and testing of hepatitis C (HCV). Viral hepatitis is the leading cause of liver cancer and viral hepatitis is the leading non-AIDS cause of death for individuals living with HIV. Racial and ethnic minorities are disproportionately impacted by viral hepatitis with HCV twice as prevalent among African Americans as whites. African Americans are also less likely to be tested for HCV and are less likely to be referred for subspecialty care and treatment. Asian Americans comprise half of the hepatitis B infection rates among the population and have the highest rate of liver cancer among all ethnic groups. The DVP should be funded at \$34.7 million for FY 2013.
- **\$408 million for the Agency for Healthcare Research and Quality (AHRQ):**
AHRQ funds the research and programs designed to improve health care quality, enhance consumer choice, advance patient safety, improve efficiency, reduce medical errors, and broaden access to essential services. As mandated by Congress, AHRQ annually produces the National Health Disparities Report (NHDR), the purpose of which is to identify the differences or gaps where some populations receive poor or worse care than others and to track how these gaps are changing over time. AHRQ is also required to annually issue the National Healthcare Quality Report (NHQR), which includes performance measures to monitor the nation's progress toward improved health care quality.
- **Cosponsor H.R. 2954, the Health Equity and Accountability Act of 2011:**
H.R. 2954 would provide the tools necessary to ensure effective, prioritized action is taken against health care disparities. Specifically, this legislation improves and guides federal efforts in the following vital areas: data collection and reporting; culturally and linguistically appropriate health care; health workforce diversity; improvement of health outcomes for women, children and families; mental health; high impact minority diseases (including, cardiovascular disease, hepatitis B, HIV/AIDS, diabetes, and cancer); health information technology; and addressing social determinants of health.