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TESTIMONY
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HOUSE APPROPRIATIONS SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN
SERVICES, EDUCATION AND RELATED AGENCIES

Chairman Kingston, Ranking Member DeLauro, and members of the Subcommittee, my name is Dr. John E. Maupin, Jr., and I have the distinct privilege of serving as President of Morehouse School of Medicine (MSM) in Atlanta, Georgia. In addition, I am the chairman of the board of directors of the Association of Minority Health Professions Schools (AMHPS). My testimony will highlight the sources of funding which allow Morehouse School of Medicine to serve underrepresented communities and address health disparities, workforce shortages, chronic diseases impacting vulnerable populations. The agencies and programs which I will discuss include:

- FUNDING FOR TITLE VII HEALTH PROFESSIONS TRAINING PROGRAMS, INCLUDING:
 - \$24.602 MILLION FOR THE MINORITY CENTERS OF EXCELLENCE FOR FISCAL YEAR 2014.
 - \$22.133 MILLION FOR THE HEALTH CAREERS OPPORTUNITY PROGRAM FOR FISCAL YEAR 2014.
 - \$33.345 MILLION FOR THE AREA HEALTH EDUCATION CENTERS FOR FISCAL YEAR 2014
- \$32 BILLION FOR THE NATIONAL INSTITUTES OF HEALTH
 - \$291.778 MILLION FOR THE NIH'S NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES.
- \$65 MILLION FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES' OFFICE OF MINORITY HEALTH.
- \$65 MILLION FOR THE DEPARTMENT OF EDUCATION'S STRENGTHENING HISTORICALLY BLACK GRADUATE INSTITUTIONS PROGRAM.

I previously served as president of Meharry Medical College, executive vice-president at Morehouse School of Medicine, director of a community health center in Atlanta, and deputy director of health in Baltimore, Maryland. In all of these roles, I have seen firsthand the importance of minority health professions institutions and the challenges they face, especially in respect to their funding.

I want to take a moment to highlight the Historically Black Medical School's (HBMS) unique place in our society. An independent, historically black, primary health mission-centered institution like the Morehouse School of Medicine (MSM), is distinct in a world where health professionals tend to focus on more lucrative subspecialties. MSM ranks first among U.S. medical schools in terms of social mission, or the production of primary care physicians, minority doctors, and doctors practicing in underserved areas. While this conclusion might seem elementary, it is important to note that MSM was able to achieve this distinction with a graduating class of only 64. Since 1984, MSM has graduated more than 1,200 students and more than 71 percent have chosen to honor the institution's mission of serving where they are needed most: providing primary care to our underserved communities, both rural and urban.

Though the recent economic downturn has financially challenged all academic institutions, MSM and other HBMS are distinctly disadvantaged when compared to most of their peer institutions; given the societal mission, governmental and nongovernmental support finance the core curriculum and infrastructure of our institutions. Financially, MSM lacks many of the revenue streams one may find at non-minority peer institutions, including a wealthy donor base. Because MSM does so much public good, I've taken to calling us a "private institution with a public mission." For this reason and others, it is critical that federal resources, along with the private, continue to invest in MSM and the future health professionals we train.

Mr. Chairman, our mission at MSM is "to improve the health and well-being of individuals and communities; increase the diversity of the health professional and scientific workforce; and address primary health care needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia and the nation." Given this, I must point out that our nation's health professions workforce does not accurately reflect the racial composition of our population. For example, while blacks represent approximately 15% of the U.S. population, only 2-3% of the nation's health professions workforce is black. Mr. Chairman, I would like to share with you how your subcommittee can help us continue to carry out our mission, our efforts to help provide quality health professionals and close our nation's health disparity gap.

There is a well-established link between health disparities and a lack of access to competent healthcare in medically underserved areas. As a result, it is imperative that the federal government continues its commitment to minority health profession institutions and minority health professional training programs in order to produce the next generation of healthcare providers committed to addressing this unmet need.

An October, 2006 study by the Health Resources and Services Administration (HRSA) entitled "The Rationale for Diversity in the Health Professions: A Review of the Evidence" found that

minority health professionals serve minority and other medically underserved populations at higher rates than non-minority professionals. The report also showed that: minority populations tend to receive better care from practitioners who represent their own race or ethnicity, and non-English speaking patients experience better care, greater comprehension, and greater likelihood of keeping follow-up appointments when they see a practitioner who speaks their language.

Studies have also demonstrated that when minorities are trained in minority health profession institutions, they are significantly more likely to: 1) serve in rural and urban medically underserved areas, 2) provide care for minority patient populations and 3) treat low-income patients.

As you are aware, Title VII Health Professions Training programs are focused on improving the quality, geographic distribution and diversity of the healthcare workforce in order to continue eliminating disparities in our nation's healthcare system. These programs provide training for students to practice in underserved areas, cultivate interactions with faculty role models who serve in underserved areas, and provide placement and recruitment services to encourage students to work in these areas. Health professionals who spend part of their training providing care for the underserved, are up to 10 times more likely to practice in underserved areas after graduation or program completion.

Given the historic mission of institutions like MSM, to provide academic opportunities for minority and financially disadvantaged students and healthcare to minority and financially disadvantaged patients, minority health professions institutions operate on narrow margins. The slow reinvestment in the Title VII Health Professions Training programs amounts to a loss of core funding at these institutions and has been financially devastating.

Mr. Chairman, I feel like I can speak authoritatively on this issue because I received my dental degree from Meharry Medical College, a historically black medical and dental school in Nashville, Tennessee. I have seen first-hand what Title VII funds have done to minority-serving institutions like Morehouse and Meharry. I compare my days as a student to the experiences of students in HBMSs currently benefiting from the federal investment of HRSA funding. I know without Title VII, the impact of our institutions and the health professionals we trained, would not be. Our curriculum may not have evolved as well and our faculty recruitment would be devastated. Mr. Chairman, given the funding situation of these programs, which I see as more of an investment in the health needs of a state like Georgia, we are currently at a cross roads. This subcommittee has the power to decide if our institutions will go forward and thrive, or if we will continue to try to just survive. We want to work with you to eliminate health disparities and produce world class professionals, but we need your assistance.

Here are my recommendations for this subcommittee to make an investment, on which there will be a return:

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Minority Centers of Excellence—COEs focus on improving student recruitment and performance, improving curricula in cultural competence, facilitating research on minority health issues and training students to provide health services to minority individuals. COEs were first

established in recognition of the contribution made by four historically black health professions institutions to the training of minorities in the health professions. Congress later went on to authorize the establishment of additional categories. ***For Fiscal Year (FY) 2014, I recommend a funding level of \$24.602 million for COEs.*** With this level of investment, the grant authorizing agency, the Health Resources and Services Administration (HRSA), will be able to hold competition. These cycles, where the best proposal is funded, are an opportunity for MSM and similar institutions to garner the funded needed to support its mission.

Health Careers Opportunity Program—HCOPs provide grants for minority and non-minority health profession institutions to support pipeline, preparatory and recruiting activities that encourage minority and economically disadvantaged students to pursue careers in the health professions. Lately, HCOPs have come under increased scrutiny for their efforts to reach to elementary, middle, and high schools to cultivate future health professionals. While it is true that HCOPs partner with high schools, and even elementary schools in order to identify and nurture promising students who demonstrate that they have the talent and potential to become a health professional, there are programs like the one MSM recently hosted which focused on undergraduates or the program which Meharry hosted based in their post-bachelorette program. Over the last three decades, HCOPs have trained approximately 30,000 health professionals including 20,000 doctors, 5,000 dentists and 3,000 public health workers. ***For FY14, I recommend a restoring of funding to \$22.133 million for HCOPs.*** While I believe that there is a need to cultivate minority and underrepresented students as young as school-aged, I understand federal investment must be backed by data of efficacy. Therefore, I am open to discussing this program with authorizers to offer suggestions on its improvement.

Area Health Education Centers—AHECs are designed to encourage the establishment and maintenance of community based training programs in off-campus rural and underserved areas. At MSM, the AHEC funding focuses on exposing medical students and health professions students to primary care and practice in rural and underserved communities, with a special emphasis on primary care and interprofessional/interdisciplinary training for our health professions students. ***For FY14, I recommend \$33.345 million for AHEC.***

NATIONAL INSTITUTES OF HEALTH (NIH)

National Institute on Minority Health and Health Disparities—The National Institute on Minority Health and Health Disparities (NIMHD) is charged with addressing the longstanding health status gap between minority and nonminority populations. The NIMHD helps health professional institutions to narrow the health status gap by improving research capabilities through the continued development of faculty, labs, and other learning resources. The NIMHD also supports biomedical research focused on eliminating health disparities and develops a comprehensive plan for research on minority health at the NIH. Furthermore, the NIMHD provides financial support to health professions institutions that have a history and mission of serving minority and medically underserved communities through the Minority Centers of Excellence program. At MSM, the Research Endowment program has been transformed our institution because it aligns with the mission of promoting minority health and health disparities research, while at the same time the building capacity component has stabilized us financially. ***For FY13, I recommend \$291.778 million for NIMHD and additional full-time equivalent***

(FTE) positions. Though NIMHD has been elevated to an institute, it remains the institute with the fewest number of FTEs. Consequently, NIMHD is tasked with doing more with fewer employees to carry it out.

DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE SECRETARY

Office of Minority Health—OMH was created in 1986 and is one of the most significant outcomes of the landmark 1985 *Secretary's Task Force Report on Black and Minority Health*. The Office is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. Additionally, one of the most vital roles of OMH has been its strategic grant making authority, including its cooperative agreements with MSM and other HBMS. These cooperative agreements are based on the specific needs of the communities we serve. The requirements, which are published in the Federal Register, are the agency's connection with institutions that most mirror its purpose. There are those in the Administration that do not agree with the theory that OMH should grant funding, that the agency should be solely focused on strategies. Without these cooperative agreements, OMH loses much of its most effective outreach to the communities that need it the most. The OMH has the potential to play a critical role in addressing health disparities, and with the proper funding and continued emphasis on the cooperative agreements, this role can be enhanced. *For FY14, I recommend a funding level of \$65 million for the OMH.*

DEPARTMENT OF EDUCATION

Strengthening Historically Black Graduate Institutions—The Department of Education's Strengthening Historically Black Graduate Institutions program (Title III, Part B, Section 326) is extremely important to MSM and other minority serving health professions institutions. The funding from this program is used to enhance educational capabilities, establish and strengthen program development, initiate endowment campaigns, and support numerous other institutional development activities. While this program provides significant funding, based off a competition, institutions must match fifty cents to every dollar. *In FY14, an appropriation of \$65 million is suggested to continue the vital support that this program provides to historically black graduate institutions.*

Mr. Chairman, please allow me to express my appreciation to you and the members of this subcommittee. With your continued help and support, Morehouse School of Medicine along with other minority health professions institutions will help this country to overcome health and healthcare disparities. These investments are not only important for the health of our nation, but the elimination of health disparities will relieve our country of unnecessary health and economic burdens. Congress must be careful not to eliminate, paralyze or stifle the institutions and programs that have been **proven to work**. If this subcommittee will give us the tools, we will continue to work towards the goal of eliminating that disparity as we have since our founding day. Thank you, Mr. Chairman. I welcome the opportunity to answer questions for you now or in the subcommittee's record.