

**WRITTEN TESTIMONY OF WANDA D. LIPSCOMB, Ph.D.
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**PRESENTED TO THE
HOUSE APPROPRIATIONS SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN
SERVICES, EDUCATION AND RELATED AGENCIES**

SUMMARY OF FISCAL YEAR 2016 RECOMMENDATIONS:

**1) \$300 MILLION FOR THE TITLE VII HEALTH PROFESSIONS TRAINING
PROGRAMS, INCLUDING:**

- **\$25 MILLION FOR THE MINORITY CENTERS OF EXCELLENCE.**
- **\$14 MILLION FOR THE HEALTH CAREERS OPPORTUNITY
PROGRAM**

Mr. Chairman and members of the subcommittee, thank you for the opportunity to present my views before you today. My name is Dr. Wanda Lipscomb and I am here as the President of the National Council for Diversity in the Health Professions (NCDHP). I am also the Project Director of the Center of Excellence for Diversity in Medical Education at Michigan State University. NCDHP, established in 2006, is a consortium of our nation's current and former institutions with Minority Centers of Excellence (COE) and Health Careers Opportunity Program (HCOP) funded programs supported by the Health Resources and Services Administration (HRSA) under Title VII. The mission of the NCDHP is to increase and strengthen health professions workforce diversity. These institutions are committed to providing training in the health professions for those from disadvantaged and minority backgrounds.

Mr. Chairman, you have encouraged your colleagues and the citizens of this country to take a look at our nation and evaluate our needs over the next ten years. The Title VII Health Profession Training programs address a critical national need. Persistent and severe staffing shortages exist in a number of the health professions, and chronic shortages exist for all of the health professions in our nation's most medically underserved communities. The Association of American Medical Colleges (AAMC) called for a 30% increase in medical school enrollment to address the critical workforce shortage expected by 2020 when the demands of health services will increase with the upcoming retirement of the baby boomers (AAMC, 2009). Furthermore, our nation's health professions workforce does not mirror the racial composition of our population. While African Americans, Hispanic Americans, and Native Americans constituted more than 30% of the U.S. population in 2008 (Nivet, et al, 2008), these groups accounted for only 8.7% of physicians, 6.9% of dentists, and 9.9% of pharmacists (Sullivan & Mittman, 2010). Coupled with the rising representation of minorities among school-aged children, increasing diversity in the health professions is a very important goal.

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. There is considerable data that shows that African American, Hispanic American, and Native American physicians are far more likely to practice in underserved communities and provide service irrespective of patients’ incomes (Komaromy, et al, 1996). 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 minorities and 3) treat low-income patients.

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 continue its commitment to minority health profession institutions and minority health professional training programs to continue to produce healthcare professionals committed to addressing this unmet need.

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.

Institutions that cultivate minority health professionals, like the NCDHP members, have been impacted by the cuts to the Title VII Health Profession Training programs in fiscal year 2006 (FY06), FY07, and FY08. This is particularly true for the minority health professions institutions. Given their historic mission 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 cuts to the Title VII Health Professions Training programs amount to a loss of core funding at these institutions and have been financially devastating.

The current shortage of minority faculty to serve as mentors for minority health profession students is another institutional challenge that impacts the health professions workforce.

Underrepresented minority faculty only accounted for 7.4% of the U.S. medical school faculty and 8.6% of dental school faculty in 2007-2008. There is a significant need to diversify faculty in health professions schools in order to ultimately increase the representation of minorities in the health professions, to improve the climate in the learning environment, to increase cultural competence education, to expand health disparity research, and ultimately to improve health care services for the disadvantaged.

The NCDHP has been pleased to see efforts to revitalize both COE and HCOP in recent fiscal years, but it is important to fully fund the programs at least at the FY 2004 level so that more diversity is achieved in our health professions. With the passage of health care reform, the Congress showed the importance of the many of the Title VII programs, including the Minority Centers of Excellence (COE) and Health Careers Opportunity Program (HCOP), by reauthorizing these two important programs.

Minority Centers of Excellence: COEs focus on improving student recruitment and performance, increasing faculty diversity, 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 contributions made by four historically black health professions institutions to the training of minorities in the health professions (School of Medicine at Meharry Medical College; School of Dentistry at Meharry Medical College, College of Pharmacy at Xavier University; and School of Veterinary Medicine at Tuskegee University). Congress later went on to authorize the establishment of “Hispanic”, “Native American” and “Other” COEs. ***For FY16, the NCDHP supports the recommended funding level of \$25 million for COEs.***

Health Careers Opportunity Program (HCOP): 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. Many HCOPs partner with high schools, school districts, community colleges, and colleges to identify and nurture promising students who demonstrate that they have the talent and potential to become a health professional.

Collectively, the absence of HCOPs will substantially erode the number of disadvantaged and minority students who enter the health professions. Over the last three decades, HCOPs and HCOP institutions have trained approximately over 20,000 health professionals including physicians, dentists and public health workers. In a study conducted by the NCDHP in 2013, nineteen (19) HCOPs reported for the FY09-FY11 period that their respective HCOP programs have served a total of 67,771 disadvantaged students in the pathway to health professions including 12,581 primary school level students, 35,495 secondary level students, 14,157 undergraduate students, 1828 post-baccalaureate students and 3710 health professions students.

Of the disadvantaged students served by the Respondents, 5486 have become health professionals, most notably 2580 physicians, 963 dentists, 313 veterinarians, 234 physical therapists, 196 physician assistants and 613 other health professionals. ***For FY16, the NCDHP supports the recommended funding level of \$14 million for HCOPs.***

Mr. Chairman, please allow me to express my appreciation to you and the members of this subcommittee. With your continued help and support, NCDHP member institutions and the Title VII Health Professions Training programs can help this country to overcome health and healthcare disparities. Congress must be careful not to eliminate, paralyze or stifle the institutions and programs that have been **proven to work**. NCDHP seeks to close the ever widening health disparity gap. If this subcommittee will give us the tools, we will continue to work towards the goal of eliminating that disparity everyday.

Thank you, Mr. Chairman.