

Testimony of Kathleen B. Kennedy, Pharm.D.
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On behalf of the
ASSOCIATION OF MINORITY HEALTH PROFESSIONS SCHOOLS

Presented to the House Appropriations Subcommittee on Labor, Health and Human
Services, Education and Related Agencies

RE: FY2022 Funding Recommendations for Health and Education Programs

May 19, 2021

Summary of FY 2022 recommendations:

Health Resources and Services Administration:

- \$1.51 billion for the Health Resources and Services Administration (HRSA) Title VII health professions and Title VIII nursing workforce development programs.
 - \$47.42 million for HRSA’s Minority Centers of Excellence
 - \$47.95 million for HRSA’s Health Careers Opportunity Program.
 - \$2 million for HRSA’s Minority Faculty Loan Repayment Program.
 - \$67 million for HRSA’s Scholarships for Disadvantaged Students (SDS).
 - \$67 million for HRSA’s Area Health Education Center (AHEC) Program

Centers for Disease Control and Prevention

- \$74 million for the Racial and Ethnic Approaches to Community Health (REACH) Program

National Institutes of Health

- \$46.1 billion for the National Institutes of Health
 - 1 billion for the National Institute on Minority Health and Health Disparities (NIMHD).
 - \$300 million for the Research Centers at Minority Institutions (RCMI)
 - \$200 million in new, annual research funding dedicated specifically targeted at enabling historically black health professions schools to support research that reverses health status disparities among minority Americans.
 - \$100 million for NIH’s Extramural Research Facilities program
 - \$100 million to reinvigorate the NIMHD’s Research Endowment Program (REP)

Office of the Secretary

- \$72 million for the Office of Minority Health at the Department of Health and Human Services.
- \$5 billion in new funding designated for Historically Black Health Professions Institutions for the improvement and development of health care infrastructure.

Department of Education

- \$100 million for the Strengthening Historically Black Graduate Institutions (HBGI) Program.

Chairwoman DeLauro, Ranking Member Cole, and distinguished members of the subcommittee, thank you for the opportunity to present testimony and thank you for your leadership in addressing challenges facing the health workforce, health disparities, and medically underserved communities. I am Dr. Kathleen Kennedy, Malcolm Ellington Professor of Health Disparities Research and Dean, College of Pharmacy Xavier University of Louisiana and the Chair of the Association of Minority Health Professions Schools (AMHPS), which was established in 1976 to promote a national minority health agenda by addressing the needs of the health workforce and improving health status in medically-underserved communities. Speaking to you today against the backdrop of the continued COVID-19 pandemic with hope on the horizon, we have learned valuable lessons over the past year and a half, but we know that there is more work to be done. The pandemic has pulled back the curtain on what many of AMHPS institutions know and work towards everyday: the pitfalls and shortcomings of minority health. Given the recent deluge of media coverage surrounding this disheartening topic, the country is primed and ready to act in a meaningful way. Our funding recommendations are robust and we realize ambitious, however there have rightfully been discussion concerning the devastating effect of the pandemic on people of color and the need to for any future pandemic. To be as clear we can be, there must be more robust investment on minority health and disparities. To achieve

this we know that it will require the steadfast leadership of health equity champions. We stand ready to work with you and your colleagues to facilitate these efforts.

AMHPS is comprised of the twelve historically black medical, dental, pharmacy, and veterinary schools in the United States. The members are two schools of dentistry at Howard University and Meharry Medical College; four schools of medicine, at Charles R. Drew University, Howard University, Meharry Medical College, and Morehouse School of Medicine; five schools of pharmacy, at Florida A&M University, Howard University, Texas Southern University, Hampton University, and Xavier University; and one school of veterinary medicine, at Tuskegee University. Today, the association assists its member institutions in the expansion and enhancement of educational opportunities in the health professions for minorities and disadvantaged students and disadvantaged people. AMHPS continuously adheres to its founding call and honors its threefold mission to improve the health status of blacks and other minorities; improve the representation of blacks and other minorities in the health professions; strengthen our institutions and programs and to strengthen other programs throughout the nation, which in turn will improve the role of minorities in the provision of health care.

Health disparities across racial and ethnic groups in the U. S. have been well documented over the last several decades and have remained remarkably persistent in spite of the changes in many facets of the society over that period. Moreover, the benefits of increasing diversity in the health professions to reduce such disparities have been studied at length, are based on empirical data, and are well understood by the medical community. Examples of these benefits include:

- Minority physicians are more likely to practice in medically underserved areas and care for patients regardless of their ability to pay.
- Minority physicians are more likely to choose primary care practices.

- Evidence suggests that improving cross-cultural communication between doctors and patients and providing patients with access to a diverse group of doctors improve adherence, satisfaction and health outcomes.
- There is evidence that the intellectual, cultural sensitivity, competency, and civic development of students is enhanced by learning in a diverse educational environment.
- A diverse health workforce encourages a greater number of minorities to enroll in clinical trials designed to alleviate health disparities.

There is little left to discover or dispute with respect to the benefits of achieving greater racial and ethnic diversity of the nation's health professionals – the attention has once again shifted to identifying the most effective and sustainable methods to do so. While there are many national campaigns underway to increase diversity in all medical and health professions schools particularly during this period of enrollment growth, it is imperative that we further recognize and leverage the public value of Historically Black Health Professions Schools.

The daunting news that Blacks Americans in the US are disproportionately suffering and dying from the novel coronavirus (COVID-19) unfortunately was not a tremendous surprise to those of us who regularly monitor and understand health status disparities in this nation. There are well-known health status challenges faced daily by Black Americans and minority health care providers, it also represents a surrogate for the glaring lack of health infrastructure in medically under-served communities. At AMHPS institutions, we have long been and remain committed to addressing these very same disparities in whatever way that we can, with an eye first and foremost towards the communities with the greatest need across our country.

Ironically, as a result of their mission focus the financial models of historically black health professions schools are uniquely disadvantaged compared to most of their peer institutions.

Unlike subspecialty-oriented, research-intensive institutions -- with higher margin clinical services, an integrated hospital system, substantial research enterprises, sizeable endowments, and a critical mass of wealthy donors – these institutions are faced with an unprecedented set of adverse factors that challenge their financial viability. Consequently, they are disproportionately dependent on the various federal programs that support their core purpose.

Specifically, these programs include: the Title VII Health Professions Training Programs administered by the Health Resources and Services Administration (HRSA) of the Department of Health and Human Services (HHS); the Research Centers at Minority Institutions (RCMI), the Extramural Research Facilities; the Research Endowment; and Centers of Excellence programs administered the National Institutes of Health's National Institute on Minority Health and Health Disparities; and the Historically Black Graduate Institution (HBGI) program administered by the Office of Postsecondary Education of the U.S. Department of Education (DOE).

Madam Chair, unfortunately, over the past several years funding for diversity-focused programs has deteriorated in varying degrees. Absent a monumental overall investment the financial position and academic viability of historically black health professions schools will deteriorate rapidly. The front loaded investment in health professions training programs, graduate programs in biomedical sciences and public, and safety net providers is more cost effective than absorbing uncompensated care originating from minority and underserved communities. Now is the time for targeted investments in historically black health professions schools to ensure a steady pipeline of minority healthcare providers, biomedical scientists, and other health practitioners prepared to support and advance the delivery of high quality, culturally appropriate, evidence based health care. Thank you all again for the opportunity to appear and speak before you all today and I am happy to respond to any questions.