

Testimony of Sandra Harris-Hooker, Ph.D.
Senior Vice President for Research Administration and Professor of Pathology
Morehouse School of Medicine

On behalf of the
MOREHOUSE SCHOOL OF MEDICINE (MSM)

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

RE: FY2023 Funding Recommendations for Health and Education Programs

May 24, 2022

Summary of FY 2023 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

- \$49 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
 - \$50 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.

Community Project Funding/Congressional Directed Spending Request (HRSA)

- \$950,000 request to continue the development of a Research and Academic Building on MSM's main campus (~\$10 million total cost)

Chairwoman DeLauro, Ranking Member Cole, and distinguished members of the subcommittee, thank you for the opportunity to submit testimony and thank you for your leadership in addressing challenges facing the health workforce, health disparities, and medically underserved communities. I am Dr. Sandra Harris-Hooker, Professor, Vice President and Executive Vice Dean of Academic Administration & Research at Morehouse School of Medicine (MSM).

Morehouse School of Medicine was founded to address the disparities in health status and health care among vulnerable populations. Central to our mission is increasing the diversity and cultural competence of the health professional scientific workforce, addressing the primary health care, mental health and public health needs of underserved populations, as well as engaging in innovative research and developing patient-centered programs aimed at advancing health equity in Georgia and across the nation. This is a mission that we, and our Historically Black Colleges and Universities (HBCU) medical school colleagues, take seriously.

We are proud to be a one of the four institutions that comprise our nation's HBCU medical schools. While each of our esteemed institutions brings something slightly different to the table, we all share one common goal: helping Americans achieve their optimal level of health. HBCU medical schools are distinguishable from our other institutional colleagues because health equity is at the core of everything we do. From the research opportunities that we engage in, to our prioritization of clinical continuity for underserved communities, to our commitment to providing access to trusted medical services for those who need it most, we have always existed to protect the most vulnerable amongst us.

We have learned valuable lessons over the past two years, and continue to respond the best we can to the pandemic, but we know that there is more work to be done. The country has now seen what MSM and other Historically Black Graduate Institutions (HBGIs) and HBCUs know and work towards everyday: the pitfalls and shortcomings of minority health. Our funding recommendations are robust and necessary given the discussion concerning the devastating effect of the pandemic on people of color and the need to address this effect 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.

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 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 MSM and other HBGI 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).

The Research Centers at Minority Institutions (RCMI) program is administered by the National Institute on Minority Health and Health Disparities (NIMHD). Historically the RCMI program has provided the resources needed for minority institutions to build a research infrastructure comparable to non-minority institutions. As the subcommittee has increased funding for the National Institute on Minority Health and Health Disparities, funding for the RCMI program has not grown at the same rate. Furthermore, RCMI program funding opportunities have become more focused on research project grants and less on capacity building. We urge that the RCMI program be provided with a specific level of funding that is consistent with the growth in the NIMHD budget, and that the subcommittee re-emphasizes the historic infrastructure-building focus of the program

President Biden recently signed the *John Lewis NIMHD Research Endowment Revitalization Act* to revitalize this important initiative, and it is our expectation that NIMHD will act swiftly to reinvigorate the research endowment program so minority-serving institutions can participate in this competitive opportunity to build their research endowments in a manner consistent with the statutory goal of assisting them in achieving a research endowment that is comparable to the endowments of other schools in their health professions discipline. The NIMHD Research Endowment Program (REP) allows academic institutions to build research infrastructure and recruit, train, and maintain a diverse faculty and student body. Robust funding would allow active and former NIMHD Centers of Excellence to continue their historic focus on research to close the gap between the burden of illness and premature mortality experienced more commonly by communities of color, as well as other medically underserved populations. It would also help improve access to grants to fund research projects, as well as hire staff and provide scholarships for students who come from underserved communities. To ensure successful implementation, we are asking for the Committee to allocate robust funding to NIMHD for this program.

In addition to the recommendations referenced above, MSM has submitted a community project funding/congressionally directed spending request for continuing to develop a new academic and research facility that will provide critical support in the Institution's mission to improve and diversify the healthcare workforce. The recent growth in the size and diversity of the student body has not only made it necessary to train more healthcare professionals committed to underserved communities, but it also requires expanded space and resources on campus. More classrooms, lecture spaces, learning communities, research laboratories, and common spaces for knowledge sharing are all needed to meet the needs of a growing student body.

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 share the priorities of the Morehouse School of Medicine.