



**United States Senate
Committee on Health, Education, Labor and Pensions (HELP)
Field Hearing**

**Roundtable: “How Can We Improve Health Workforce
Diversity and Address Shortages? A Conversation with Historically Black College
and University Leaders and Students”**

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**Statement for the Record by
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Chairman, Ranking Member, and distinguished members of the Senate HELP Committee, thank you for inviting Meharry Medical College to be a part of this committee field hearing to discuss the vital role Historically Black Colleges and Universities (HBCUs) play in addressing the healthcare workforce shortages in the United States. My name is Dr. Jeannette South-Paul, Executive Vice President and Provost of Meharry Medical College, and I am honored to be here today as a representative of our institution along with my fellow HBCU medical school colleagues.

As you may recall my colleague, Dr. James E. K. Hildreth, President of Meharry Medical College, testified before this committee in February 2023, highlighting the critical role HBCUs play in addressing the healthcare workforce shortage and the need for additional resources and support to enhance our ability to train the next generation of healthcare professionals. Today, I am here to provide an update on our progress and to present specific policy recommendations for your consideration as you develop future legislation aimed at addressing this pressing issue.

The healthcare workforce shortage in the United States is a multifaceted problem with significant implications for our nation's health and well-being. The shortage is particularly acute in rural and medically underserved communities, where access to quality healthcare is often limited. HBCU medical schools are uniquely positioned to address this shortage, given our long-standing commitment to training healthcare professionals from diverse backgrounds who are dedicated to serving in these underserved areas.

Our recent and lingering pandemic, declining life expectancy for the first time in our lifetimes, burgeoning mental health crisis, and healthcare workforce that has struggled to stay well and engaged in the middle of these crises present a call to action for our leaders in government, policy makers, health care and educational institutions, and industry leaders to prioritize our most medically vulnerable. The physician workforce continues to lag behind the US population in terms of racial and ethnic diversity with only 10.8% of active physicians identified as an underrepresented minority (URM) and just 6.8% of academic faculty identified as URM, while URM make up 33% of the US population. These numbers are most acute among primary care (family physicians, pediatricians, general internists, and obstetrician/gynecologists) and psychiatrists and other mental health clinicians. High quality primary care is a critical foundation for preserving the health of our nation and cannot be achieved without investment in those institutions most likely to train primary care physicians and clinicians (Jetty A, Hyppolite J, et al. Underrepresented Minority Family Physicians More Likely to Care for Vulnerable Populations. *J Am Board Fam Med* 2022;35:223–224.; Milbank Fund February 2023 Report. *The Health of US Primary Care: A Baseline Scorecard Tracking Support for High-Quality Primary Care*. *The Health of US Primary Care: A Baseline Scorecard Tracking Support for High-Quality Primary Car (aafp.org)*).

The data are equally disturbing with respect to the representation of dentists with numerous communities having no one serving their oral health needs. Studies have demonstrated that physicians and dentists identifying as URM are more likely to practice in medically underserved communities (both urban and rural) and provide care to people experiencing profound health and healthcare disparities.

At Meharry Medical College, we are working diligently to address the healthcare workforce pipeline shortage through a variety of innovative programs and initiatives. These efforts include:

- Enhancing our medical and dental education programs to ensure that our students are well-prepared to serve in urban and rural medically underserved communities upon graduation.
- Expanding our research enterprise to focus on health disparities and minority health issues, which are critical components of our mission as an HBCU medical school.
- Strengthening our partnerships with local healthcare systems and other academic institutions to provide our students with a wide range of clinical training opportunities and resources.
- Developing and implementing pipeline programs to recruit and support students from underrepresented backgrounds who are interested in pursuing careers in healthcare.

As we continue to refine and expand our programs, we believe that targeted policy interventions can further enhance our ability to address the healthcare workforce shortage and improve health outcomes in underserved communities. To this end, we propose the following policy recommendations for your consideration:

- I. **Significant and meaningful investments in infrastructure.** As part of our comprehensive approach to addressing the healthcare workforce shortage and improving health outcomes in medically underserved communities, we must consider the significant need for enhanced infrastructure at our institutions. As Dr. Hildreth testified in February, a dedicated allocation of \$5 billion for improving research and development infrastructure for academic health science centers at Historically Black Graduate Institutions (HBGIs) and other minority-serving institutions would represent a monumental commitment to bolstering the capabilities of these institutions to conduct cutting-edge research, develop innovative solutions to pressing health issues, and train the next generation of healthcare leaders. These funds would be used to modernize laboratories, improve technology, and enhance other critical facilities. By doing so, we could foster an environment that not only supports current research endeavors but also fuels future innovation. This improved infrastructure would undeniably have a direct impact on the quality of education and training we provide and allow us to expand programs that we know help grow and diversify the healthcare workforce. For example:

Funding for Translational Research Programs. Translational research is essential for bridging the gap between scientific discoveries and their practical application in healthcare settings. Research that targets conditions that disproportionately affect low and middle income and minority communities and can take those discoveries from the bench to the bedside to the community as rapidly as possible is critical. We recommend increasing funding for these translational research programs, with a focus on supporting minority serving institutions and their faculty. This investment will enable us to advance our understanding of the causes and consequences of health disparities and to develop targeted interventions that improve health outcomes for minority populations.

Increase and accelerate investments in HRSA Title VII workforce diversity programs. Pipeline programs play a crucial role in attracting and retaining students from diverse backgrounds who are interested in pursuing careers in healthcare. We recommend increasing funding and support for pipeline programs, such as summer enrichment programs, mentorship initiatives, and scholarship opportunities, which target underrepresented students and expose them to healthcare careers at an early age. Programs such as Meharry's #GOALS (Go Out and Love Science) events, in collaboration with the Ascension Foundation, exemplify our dedication to fostering interest and competency in the medical sciences among young learners. These community-focused initiatives provide hands-on, engaging educational experiences that inspire the next generation of healthcare professionals and underscore the importance of scientific exploration in improving health outcomes. The Medical School Early Acceptance Program (MSEAP), a collaboration between Middle Tennessee State University's College of Basic and Applied Sciences and Meharry Medical College, is another example of an innovative initiative aimed at increasing the number of primary care physicians serving medically underserved populations in rural Tennessee. Students selected for the program receive tuition aid from the State of Tennessee in exchange for a commitment—after completing three years of undergraduate premedical curriculum they transition into medical school study with the intent, upon graduation, of serving residencies in rural and underserved areas. Physicians tend to stay in the communities where they spend their residencies, marking a significant milestone in growing access to quality care in rural communities. Only by challenging young minds through such pipeline programs and supporting those who teach and serve in these programs and the institutions and communities that sponsor them can we propel these young people through middle and high school to even dream of and then pursue careers in medicine, dentistry, and other critical health professions.

Allowing and Expanding Funding for Academic Institutions to Sponsor Federally Qualified Health Centers (FQHCs): FQHCs play a vital role in providing access to quality, interdisciplinary healthcare for underserved populations. By allowing academic institutions, such as HBCU medical schools,

to sponsor FQHCs, we can create valuable interprofessional health workforces training opportunities for students and trainees in physical, oral, and behavioral health while simultaneously expanding access to care in underserved communities. We recommend updating federal regulations to enable HBCU medical schools to sponsor and operate FQHCs, thereby facilitating the integration of clinical training, research, and service in these critical healthcare settings.

Enhance Opportunities for Loan Forgiveness Programs as Incentive to Work in Rural and Underrepresented Communities, Specifically Non-Contiguous States:

The burden of educational debt is a significant barrier for many students pursuing careers in healthcare, particularly those from low, middle income, and historically underrepresented backgrounds. We recommend expanding opportunities for loan forgiveness programs, such as the National Health Service Corps, for students who commit to serving in rural and underrepresented communities. By providing financial incentives for service in these areas, we can help attract and retain a diverse healthcare workforce that is committed to improving health outcomes in underserved communities.

Prioritize programs that build the pipeline of healthcare workers in in demand disciplines such as primary care, behavioral health, maternity care and women's health (Obstetrics and Gynecology (OBGYN) and Family Medicine) and General Practice and Pediatric Dentistry. The need for maternity care services, which are essential for the health of women and newborns, is incredibly urgent, particularly in medically underserved communities where access to comprehensive women's health services is often limited. This shortage in urban and rural underserved areas can lead to increased health risks and complications for women and newborns - evident in the particularly disturbing high rate of maternal morbidity and mortality among women of African descent in the United States. Black women in the US are more than three times more likely to die in pregnancy, childbirth, and the postpartum year than White women—a gap that persists regardless of income or education (Petersen EE, Davis NL, Goodman D, Cox S, et al. Vital signs: pregnancy-related deaths, United States, 2011–2015, and strategies for prevention, 13 states, 2013–2017. MMWR Morb Mortal Wkly Rep. 2019;68(18):423–9).

The importance of specialized programs, such as Pediatric Dentistry, cannot be overstated, especially when we consider the significant oral health disparities that exist in our nation. Children in underserved communities often lack access to quality dental care, leading to preventable dental conditions that can adversely impact their overall health and wellbeing. Moreover, it is essential to highlight the critical need to invest in mental and behavioral health practitioners and research. The current workforce in this field is insufficient to meet the growing demand, particularly in underserved communities where the impact of mental health disparities is most profound. By investing in education, training, and research in the mental and behavioral health field, we can cultivate a robust and diverse

workforce capable of addressing these disparities. It is not just about numbers, physicians educated in minority-serving institutions can offer sensitivity and culturally competent care that understands and respects the unique experiences of individuals in these communities.

- II. **Additional Funding for Graduate Medical Education (GME) Programs with an emphasis on minority-serving institutions:** GME programs, such as residencies and fellowships, are crucial for preparing healthcare professionals to serve in urban and rural underserved communities. That is why Meharry Medical College applauds the bipartisan Resident Physician Shortage Reduction Act of 2023 (H.R. 2389) introduced in the House of Representatives which adds 14,000 new Medicare-supported GME positions. We support Medicare's GME policy being amended and expanded to give special consideration to hospitals that train a large share of graduates from historically Black medical colleges and minority serving institutions. This additional funding will enable us to expand our GME offerings, providing our students with a wider range of training opportunities and experiences in medically underserved areas.

Expand the number of VA GME slots allocated with an emphasis on minority serving institutions. The expansion of the Veterans Affairs Graduate Medical Education (VA GME) program is another critical piece in our efforts to address health disparities and healthcare workforce shortages. The VA system offers an unparalleled training ground for physicians, behavioral health professionals and other associated health graduates, providing them with the opportunity to serve our nation's veterans while gaining valuable experience in a wide array of specialties. By expanding this program, we can increase the number of well-trained healthcare professionals, particularly in specialties where shortages are most acute, ultimately reducing health disparities and improving access to quality care for all, including our deserving veterans.

- III. **Prioritize addressing disparities in oral health.** Addressing oral health disparities is a critical aspect of overall public health that unfortunately is often overlooked. These disparities disproportionately affect underserved communities and can lead to significant health complications if not properly addressed. Minority-serving institutions, including HBCU dental schools, are uniquely positioned to tackle these disparities due to their historical and ongoing commitment to serving these populations. It is well established that a person's health care improves and their trust in the medical community grows when they are seen by a provider of their own race. Currently, only 4 percent of our nation's dental workforce is Black. That means of the 202,000 dentists in the U.S., only 8,000 are Black. That is barely one Black dentist for every major city in the United States. And 27 percent of those dentists were educated at Meharry. Through dedicated oral health programs, including dental residency and pediatric dentistry programs, these institutions can expand and diversify the oral healthcare workforce, equipping it to better serve communities with high oral health needs. By investing in oral health programs at minority-serving

institutions, we not only improve access to care but also help to reduce oral health disparities, leading to healthier communities overall.

Expand General Practice Residency (GPR) Programs. GPR programs provide valuable training for dental graduates, particularly in the areas of comprehensive and emergency dental care. We recommend increasing funding for GPR programs and encouraging the establishment of new GPR programs at HBCU dental schools. This support will enable our institutions to better prepare dental graduates to serve in urban and rural underserved communities, where access to dental care is often limited.

In closing, it is evident that we stand at a crucial juncture in our nation's healthcare landscape. We face significant challenges in training and retaining a diverse healthcare workforce that has a direct and negative impact on health disparities and inequities if unaddressed. Yet, in the face of these challenges, minority-serving institutions, and particularly Historically Black Colleges and Universities continue to train clinicians dedicated to the most vulnerable but can only effectively forge ahead in this critical work with continued federal support through transformed policy and increased funding as described.

Our institutions have a rich history and proven track record of cultivating a diverse, culturally competent, and community-responsive healthcare workforce. We are uniquely positioned to address these issues head-on, given our deep understanding of the communities we serve and our commitment to their health and well-being. However, we cannot accomplish this monumental task alone.

We call upon Congress to acknowledge and support our mission and the significant role we play in the nation's healthcare system. Through increased funding for expanding our knowledge of those conditions that most impact the health of minority, urban and rural populations through translational research, expanded training through pipeline programs, undergraduate and graduate medical education, and infrastructure development, along with policy initiatives that promote loan forgiveness and sponsorship opportunities, we can continue to expand and diversify the healthcare workforce.

We are willing and eager to continue this work, but we need the focus, dedication, and support of Congress to continue to address and lead on these issues. The journey is long, and the work is significant, but together, we can ensure a future where quality healthcare is accessible and equitable for all, regardless of race, ethnicity, or geographic location. Thank you for your time and consideration, and we look forward to your support as we continue this vital work.