THE ROLE OF HISTORICALLY BLACK COLLEGES AND UNIVERSITIES IN ADDRESSING DISPARITIES IN HEALTH STATUS AND HEALTH CARE IN THE UNITED STATES

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I AM PLEASED TO HAVE THIS OPPORTUNITY TO ADDRESS THE ROLE OF HISTORICALLY-BLACK HIGHER EDUCATIONAL INSTITUTIONS IN EFFORTS TO REDUCE HEALTH DISPARITIES IN OUR NATION.

I AM ALSO HONORED TO SHARE THE PODIUM WITH MR. CLAUDE ALLEN, THE DEPUTY SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES AND DR. ELIAS ZERHOUNI, THE NEW DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH.

OUR NATION'S HEALTH CARE SYSTEM

THE UNITED STATES HAS THE MOST ADVANCED, MOST SOPHISTICATED HEALTH CARE SYSTEM IN THE WORLD, AS MEASURED BY:

1 NUMBER OF NOBEL PRIZES IN PHYSIOLOGY AND MEDICINE AWARDED TO AMERICAN SCIENTISTS IN THE 20TH CENTURY (ALMOST HALF, ALTHOUGH THE U.S. HAS ONLY 6 PERCENT OF THE WORLD'S POPULATION).

2. MORE THAN 40 PERCENT OF ALL NEW BLOCKBUSTER PHARMACEUTICALS HAVE COME FROM U.S. PHARMACEUTICAL COMPANIES.

3. WE HAVE THE MOST HIGHLY TRAINED HEALTH PERSONNEL, THE BEST HEALTH PROFESSIONS SYSTEM.

4. OUR TECHNOLOGY IS THE MOST ADVANCED -- MEDICAL DEVICES, CLINICAL TREATMENT PROTOCOLS, DIAGNOSTIC PROCEDURES.

5. WE INVEST MORE DOLLARS IN BIOMEDICAL RESEARCH (MORE THAN $21.0 BILLION BY NIH IN THE CURRENT FISCAL YEAR; $28.0 BILLION MORE INVESTED IN CLINICAL AND APPLIED RESEARCH BY INDUSTRY), WITH THE RESULT THAT VIRTUALLY EVERY WEEK WE READ ABOUT SOME NEW SYSTEM OF BIOLOGY WHICH HAS BEEN DECIPHERED -- THE GENETIC CODE, THE DISCOVERY AND USE OF STEM CELLS, GROWING NERVE CELLS IN THE LABORATORY, ETC.

6. WE HAVE MANY STRONG PRIVATE NATIONAL ORGANIZATIONS IN OUR NATIONAL HEALTH ENTERPRISE FOR EDUCATION AND ADVOCACY.

IN SPITE OF THESE AND MANY OTHER FEATURES OF OUR SYSTEM, AMERICA IS NOT THE HEALTHIEST NATION ON EARTH. OTHER NATIONS ARE AHEAD OF US IN LIFE EXPECTANCY, INFANT MORTALITY, AND OTHER INDICES OF HEALTH STATUS.

THE CAUSES OF THIS PARADOX ARE COMPLEX. THEY INCLUDE THE FACT THAT (1) NOT EVERYONE HAS EASY ACCESS TO NEEDED HEALTH SERVICES BECAUSE OF ECONOMICS, (2) GEOGRAPHICAL MAL-DISTRIBUTION OF HEALTH PROFESSIONALS AND HEALTH SERVICES, (3) CULTURAL BARRIERS, (4) DIFFERENCES IN EDUCATION AND, (5) VESTIGES OF DISCRIMINATION OR BIAS IN THE PROVISION OF HEALTH SERVICES AND RESOURCES FOR OUR MINORITY CITIZENS AND THE POOR. FOR DECADES WE HAVE FACED GLARING GAPS IN HEALTH STATUS BETWEEN WHITES AND BLACKS IN THE UNITED STATES. POVERTY PLAYS A SIGNIFICANT PART IN THIS, BUT IT IS NOT THE TOTAL ANSWER.

BLACK AMERICANS BORN TODAY, IN 2001, HAVE A LIFE EXPECTANCY WHICH IS SIGNIFICANTLY SHORTER THAN WHITE AMERICANS. FOR WHITE FEMALES, LIFE EXPECTANCY IS ALMOST 80 YEARS COMPARED TO 74.0 YEARS FOR BLACK FEMALES -- A 6.0 YEAR DIFFERENCE. FOR WHITE MALES, AVERAGE LIFE EXPECTANCY IS 74.0 YEARS, WHEREAS FOR BLACK MALES IT IS 67 YEARS -- A 7.0 YEAR DIFFERENCE. THESE ARE STRIKING DIFFERENCES IN LIFE EXPECTANCY AMONG CITIZENS BORN TODAY IN THE MOST AFFLUENT, TECHNOLOGICALLY ADVANCED COUNTRY IN THE WORLD.

OUR SOCIETY MUST RENEW AND RE-INVIGORATE ITS COMMITMENT TO PROVIDE CARE TO THOSE WHO ARE NOT WELL SERVED BY OUR HEALTH CARE

SYSTEM THOSE WHO HAVE BEEN LEFT BEHIND, IN SPITE OF OUR ADVANCED TECHNOLOGY, OUR NATION'S ANNUAL INVESTMENT IN BIOMEDICAL RESEARCH, AND OUR SOPHISTICATED HEALTH PROFESSIONS TRAINING PROGRAMS.

IN JANUARY2000, A LITTLE MORE THAN TWO AND ONE HALF YEARS AGO, I WAS PLEASED TO PARTICIPATE IN THE RELEASE OF HEALTHY PEOPLE 2010 WITH U.S. PUBLIC HEALTH SERVICE SURGEON GENERAL, DAVID SATCHER. FORMER SURGEON GENERAL JULIUS RICHMOND, WHO RELEASED THE FIRST SET OF NATIONAL HEALTH GOALS IN 1979, HEALTHY PEOPLE, AND THEN HHS SECRETARY DONNA SHALALA WERE ALSO PRESENT.

HAVING SERVED AS U.S. SECRETARY OF HEALTH AND HUMAN SERVICES FROM 1989-1993, I HAD RELEASED HEALTHY PEOPLE 2000 IN 1990, WHICH HAD SOME 298 HEALTH GOALS FOR THE NATION, WHICH WE HOPED TO REACH BY THE YEAR 2000. OUR NATION DID MAKE SIGNIFICANT PROGRESS DURING THE DECADE OF THE 90'S, INCLUDING SUCH GAINS AS DECREASING TOBACCO USE, LOWERING INFANT MORTALITY, INCREASING CHILDHOOD IMMUNIZATIONS, DECREASING DEATH RATES FROM HEART DISEASE, CANCER AND STROKE. IN OTHER AREAS, SUCH AS OBESITY IN CHILDREN AND IN ADULTS, WE ACTUALLY LOST GROUND. HOWEVER, OVERALL THE HEALTHY PEOPLE 2000 MOVEMENT WAS A SUCCESS.

OUR NEW NATIONAL HEALTH GOALS, ARTICULATED IN HEALTHY PEOPLE 2010, INCLUDE 467 OBJECTIVES IN 28 FOCUSED AREAS AND IS NOW ON CD-ROM AND THE INTERNET (http://www.health.gov/healthypeople/).

THE CENTRAL GOALS OF HEALTHY PEOPLE 2010 ARE TO:

1. INCREASE THE QUALITY AND YEARS OF HEALTHY LIFE.

2. ELIMINATE HEALTH DISPARITIES AMONG OUR DIVERSE POPULATIONS.

UPON REVIEW OF THE 10 LEADING CAUSES OF DEATH, DISEASE AND DISABILITY TODAY AMONG U.S. CITIZENS, IT IS CLEAR THAT HEALTH BEHAVIOR PLAYS A SIGNIFICANT ROLE INTERACTING WITH OUR BIOLOGY AND OUR ENVIRONMENT. AMONG THEM IS DIABETES, WHICH RANKS AMONG THE TOP TEN CAUSES OF DEATH AND DISABILITY AMONG AMERICANS TODAY.

INDIVIDUALLY AND AS A COMMUNITY, THE DECISIONS WE MAKE WILL SHAPE OUR LIVES, EXPAND (OR LIMIT) OUR FREEDOMS, AND INFLUENCE THE LIVES OF OTHERS. WORKING TOGETHER, A COMMUNITY, A STATE OR A NATION CAN CREATE A CULTURE OF POSITIVE VALUES AND HEALTHY BEHAVIORS. WITH VISION AND COMMITMENT AND THE SUPPORT OF THE NATION'S HBCU'S, WE CAN CONTINUE TO

IMPROVE THE HEALTH OF OUR CITIZENS, THEIR LIVING CONDITIONS AND THE QUALITY OF LIFE IN OUR COUNTRY.

IMPROVEMENTS IN LIFE EXPECTANCY BETWEEN 1970 AND 1990, HAVE BEEN CALCULATED BY SIX GROUPS OF ECONOMISTS, WORKING INDEPENDENTLY, TO HAVE CONTRIBUTED $57.0 TRILLION TO OUR NATION'S ECONOMY (I.E., ALMOST $3.0 TRILLION ANNUALLY.) THIS IS THE RESULT OF THE PREVENTION OF ILLNESS AND INJURY AS WELL AS IMPROVEMENTS IN HEALTH CARE. (EXCEPTIONAL RETURNS: THE ECONOMIC VALUE OF AMERICA'S INVESTMENT IN MEDICAL RESEARCH, 1999, HUGH SONNENSCHEIN, ET AL). THE GAP IN HEALTH STATUS BETWEEN BLACKS AND WHITES IN THE UNITED STATES RESULTS IN MORE THAN 73,000 EXCESS DEATHS ANNUALLY IN THE AFRICAN AMERICAN COMMUNITY. EFFORTS TO CLOSE THIS GAP IN HEALTH STATUS WOULD REDUCE THESE EXCESS DEATHS AND RESULT IN SIGNIFICANT ECONOMIC RETURNS (FROM LOWER HEALTH CARE COSTS, INCREASED WAGES, MORE LOCAL, STATE, AND FEDERAL TAX REVENUES, LESS DEMAND FOR SUPPORT SERVICES). THEREFORE, FROM A HUMANITARIAN PERSPECTIVE AND FROM AN ECONOMIC VANTAGEPOINT, EFFORTS TO ADDRESS THE DISPARITIES IN HEALTH STATUS AND ACCESS TO HEALTH CARE SHOULD YIELD SIGNIFICANT RESULTS.

HEALTH EQUALS EMPOWERMENT

WHY IS THIS IMPORTANT? WHAT DOES IT MEAN TO OUR COMMUNITIES?

GOOD HEALTH BRINGS GREATER INDEPENDENCE, MORE CHOICES, AND INCREASED PRODUCTIVITY. GOOD HEALTH HELPS EACH AMERICAN TO LIVE LONGER, LIVE BETTER, AND TO MAINTAIN HIS/HER DIGNITY. GOOD HEALTH BEGINS WITH A STRONG, COMPREHENSIVE, AND CREDIBLE PREVENTION EFFORT. GOOD HEALTH ALSO STRENGTHENS OUR COMMUNITIES AND OUR STATES, BRINGING PEOPLE TOGETHER. A HEALTHY COMMUNITY WILL EXPERIENCE LESS CRIME, LESS VIOLENCE, LESS POVERTY, AND LESS TEEN PREGNANCY. A HEALTHY COMMUNITY WILL HAVE MORE HIGH SCHOOL GRADUATES, HIGHER SCHOLASTIC TEST SCORES, GREATER STUDENT ACHIEVEMENT IN ATHLETICS AND IN THE ARTS. A HEALTHY STATE WILL HAVE MORE COHESIVE FAMILIES AND MORE ECONOMIC SECURITY FOR THOSE FAMILIES. IN SHORT, I MAINTAIN THAT A HEALTHY NATION IS A NECESSARY GOAL IN ADDRESSING THE PLETHORA OF COMPLEX PROBLEMS FACING OUR SOCIETY TODAY. I BELIEVE THAT THIS IS THE SINGLE MOST IMPORTANT OPPORTUNITY FOR ENLARGING ECONOMIC AND SOCIAL WELL-BEING IN OUR COUNTRY IN THIS MILLENNIUM.

CULTURE OF CHARACTER

FAR-REACHING AND CREDIBLE PREVENTION PROGRAMS ARE THE FIRST STEP TOWARD POSITIVELY-TRANSFORMING OUR COMMUNITIES. OUR CULTURE MUST REINFORCE THE VALUE OF HUMAN LIFE AND THE PARAMOUNT IMPORTANCE OF FREE CHOICE. AS SECRETARY OF HHS, I OFTEN SPOKE OF THE NEED FOR A CULTURE OF

CHARACTER, A CULTURE THAT WORKS FOR A STRONGER SENSE OF PERSONAL RESPONSIBILITY AND COMMUNITY SERVICE. PREVENTION PRACTICES WILL ALLOW US TO MAXIMIZE OUR NATION'S HEALTH CARE RESOURCES FOR THOSE WHO DO BECOME ILL WITH DISEASES AND DISORDERS THAT WE CANNOT CURRENTLY PREVENT. MOST IMPORTANTLY, A CULTURE OF CHARACTER EMPOWERS OUR CITIZENS. IT UNDERLINES THE BASIC NOTION THAT EACH PERSON IS IMPORTANT.

A CALLOUS CULTURE CAN BE CHANGED IF WE HELP OUR CITIZENS AVOID PREVENTABLE ILLNESS, AND IF WE MAKE OUR HEALTH CARE SYSTEM MORE ACCESSIBLE AND MORE USER-FRIENDLY. IN A CULTURE OF CHARACTER, WE SEARCH FOR WAYS TO HELP OTHERS TO EMPOWER THEMSELVES. WE MUST DO NOTHING LESS THEN RESTRUCTURE OUR HEALTH STRATEGY TO EMPHASIZE HEALTHY BEHAVIORS, BEHAVIORS THAT KEEP PEOPLE OUT OF HOSPITALS AND CLINICS.

THERE IS A GROWING BODY OF EVIDENCE THAT SHOWS PREVENTION EFFORTS ARE GENERALLY COST EFFECTIVE FOR A WIDE VARIETY OF ACTIONS, INCLUDING, PAP SMEARS, IMMUNIZATIONS, EARLY PRENATAL CARE IN THE FIRST TRIMESTER, TREATMENT FOR DRUG AND ALCOHOL DEPENDENCE, TOBACCO CESSATION, AND MANY OTHER HEALTH CHALLENGES. HEALTHY BEHAVIORS ARE

LESS EXPENSIVE THAN UNHEALTHY LIFESTYLES. BY PROMOTING HEALTH, INDIVIDUALS REMAIN PRODUCTIVE AND INDEPENDENT LONGER.

POSSIBLY AS MUCH AS 70% OF ILLNESS AND INJURY AND THEIR ASSOCIATED COSTS ARE PREVENTABLE. AMONG SOME 2.0 MILLION DEATHS ANNUALLY, THE THREE LEADING CAUSES ARE LARGELY PREVENTABLE:

- TOBACCO (430,000)
- DIET AND ACTIVITY PATTERNS (300,000)
- ALCOHOL MISUSE (100,000)

TODAY, IN AMERICA, WE HAVE THE HIGHEST INCIDENCE OF EXCESS WEIGHT AND OBESITY THAT WE HAVE EVER HAD. THIS CONTRIBUTES TO THE RISING INCIDENCE OF TYPE II DIABETES IN OUR COUNTRY, WITH ITS ASSOCIATED RISKS OF HEART ATTACK, STROKE AND OTHER CARDIOVASCULAR DISEASES.
ALL OF US NEED TO WORK TOGETHER MORE EFFECTIVELY TO ADDRESS THESE ISSUES. THIS INCLUDES HEALTH PROFESSIONALS, PATIENTS, HEALTH FACILITIES, HBCU'S, PAYORS, BUSINESS, AND COMMUNITY LEADERS. WE MUST ALL COME TOGETHER TO FIND BETTER STRATEGIES FOR PREVENTION, EARLY DETECTION AND TREATMENT OF DIABETES, OBESITY, AND RELATED PROBLEMS AMONG OUR CITIZENS. SUCH EFFORTS WILL HAVE BOTH HUMANITARIAN AND ECONOMIC

RETURNS TO OUR NATION. FOR, IN MANY INSTANCES, COSTS OF EMPLOYEE HEALTH CARE CAN CONSUME HALF OR MORE OF A COMPANY'S PROFITS.

HEALTH DISPARITIES

WE NEED MORE RESEARCH TO BETTER UNDERSTAND THE UNDERLYING REASONS FOR THE PERSISTENCE OF HEALTH DISPARITIES IN OUR NATION.

IN JANUARY, 1999, BEFORE THE SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES OF THE U.S. SENATE APPROPRIATIONS COMMITTEE, I PROPOSED THAT GREATER ATTENTION AND RESEARCH RESOURCES SHOULD BE GIVEN TO THE ISSUE OF HEALTH DISPARITIES AMONG THE NATION'S MINORITY POPULATIONS AND THE POOR. THIS PROPOSAL INCLUDED ELEVATION OF THE NIH OFFICE OF RESEARCH IN MINORITY POPULATIONS TO A CENTER FOR RESEARCH IN MINORITY HEALTH AND HEALTH DISPARITIES.

IN FEBRUARY 1999, LEGISLATION WAS INTRODUCED BY CONGRESSMAN JESSE JACKSON, JR., (D) AND CHARLIE NORWOOD (R.) AND BY SENATORS EDWARD KENNEDY (D) AND WILLIAM FRIST (R.). THIS LEGISLATION WAS PASSED IN NOVEMBER 2000, BY THE CONGRESS TO ESTABLISH SUCH A CENTER AT NIH. PRESIDENT CLINTON SIGNED THE BILL INTO LAW IN DECEMBER 2000.

THE PURPOSE OF THE CENTER IS TO DEVELOP AND TO MONITOR A NIH-WIDE STRATEGIC PLAN TO INCREASE RESOURCES FOR RESEARCH PROGRAMS FOCUSED ON HEALTH DISPARITIES AND MINORITY HEALTH STATUS. THIS IS AN ENCOURAGING DEVELOPMENT, BUT THE CENTER IS STILL YOUNG AND IS DEVELOPING ITS PROGRAMS AND PERSONNEL. OTHER AGENCIES IN THE U.S. PUBLIC HEALTH SERVICE (CDC, HRSA, AHCQR, ETC.), OTHER FEDERAL AND STATE AGENCIES AND PRIVATE HEALTH RESEARCH ORGANIZATIONS ARE DEVELOPING THEIR OWN EFFORTS TO UNDERSTAND THE REASONS FOR DISPARITIES IN HEALTH STATUS AND ACCESS TO HEALTH CARE IN OUR COUNTRY. THESE SHOULD BE COUPLED WITH THE DEVELOPMENT OF PROGRAMS TO ELIMINATE THESE GAPS IN THE HEALTH STATUS OF OUR MINORITY CITIZENS AND THE POOR.

THE BENEFITS TO OUR NATION WILL BE MANIFOLD -- IMPROVED HEALTH, GREATER ECONOMIC PRODUCTIVITY, A SIGNIFICANT INCREASE IN OUR STANDARD OF LIVING, A BETTER-INFORMED CITIZENRY -- IN ADDITION TO ALL OF THE HUMANITARIAN REASONS FOR SUCH AN EFFORT.

<u>IMPROVEMENTS IN HEALTH OF AMERICANS IN THE 20TH CENTURY</u>.

DURING THE 20TH CENTURY, ASTONISHING CHANGES OCCURRED IN HOW HEALTH CARE IS ORGANIZED, DELIVERED, AND PAID FOR. AVERAGE LIFE EXPECTANCY INCREASED FROM 47 YEARS IN 1900, TO 78 YEARS IN 2000. MAJOR LIFE-

SAVING DISCOVERIES AND NEW THERAPIES WERE INTRODUCED, SUCH AS CHILDHOOD IMMUNIZATIONS FOR POLIO, DIPHTHERIA, WHOOPING COUGH, TETANUS, MEASLES; SULFA DRUGS WERE DEVELOPED IN THE 20'S AND 30'S, PENICILLIN WAS INTRODUCED IN 1941, AND A CASCADE OF MANY OTHER ANTIBIOTICS FOLLOWED WHICH CONTINUES EVEN TODAY. WE LEARNED HOW TO OPERATE ON THE LIVING, BEATING HEART, HOW TO SUCCESSFULLY TRANSPLANT ORGANS, CELLS AND TISSUES. CARDIAC PACEMAKERS WERE DEVELOPED, ARTIFICIAL JOINTS, VASCULAR STENTS, HEART-LUNG MACHINES, ETC. EXCEED 1,000 PAGES.

LOOKING FORWARD

THE PACE OF HEALTH CARE CHANGE WILL CONTINUE TO ACCELERATE IN THE 21ST CENTURY. TECHNOLOGICAL DEVELOPMENTS, TREATMENT BREAKTHROUGHS, NEW PREVENTION PROGRAMS, HEALTH SYSTEM REORGANIZATION, AND NEW LEGISLATION ARE TRANSFORMING OUR HEALTH SYSTEM. THESE CHANGES ARE INTENDED TO PROVIDE SOLUTIONS TO TODAY'S CHALLENGES FACED BY HEALTHCARE PROVIDERS AND CONSUMERS.

THE RAPID EVOLUTION OF TECHNOLOGY IN HEALTH CARE IS STARTLING. THERE ARE SPECIFIC TECHNOLOGIES THAT WILL ENHANCE COMMUNICATION BETWEEN PROVIDERS AND PAYERS AND FREE UP STAFF TIME TO FOCUS ON QUALITY OF CARE ISSUES. PHYSICIANS ARE NOW HAVING VIDEOCONFERENCES WITH

PATIENTS, ALLOWING THEM TO MEASURE AND REPORT VITAL DATA SUCH AS INSULIN LEVELS, ON-LINE DIAGNOSTIC RADIOLOGIC AND PATHOLOGIC EVALUATIONS. THESE DEVELOPMENTS MARRY WELL WITH THE DESIRE OF CONSUMERS TO BECOME MORE INVOLVED AND RESPONSIBLE FOR THEIR OWN HEALTH CARE AND HEALTH MAINTENANCE. INTERNET HEALTH RESOURCES ARE ENABLING THIS AUTONOMY IN DECISION-MAKING, PUTTING THE PATIENT AT THE CENTER OF DECISIONS ABOUT THEIR HEALTH CARE AS A PARTICIPANT, RATHER THAN BEING AN UNINFORMED, PASSIVE OBSERVER ON THE SIDELINES.

WHAT HAS BEEN, AND WHAT IS TODAY, THE ROLE OF HISTORICALLY BLACK COLLEGES AND UNIVERSITIES IN THE EFFORT TO ELIMINATE DISPARITIES IN HEALTH STATUS AND IN ACCESS TO HEALTH CARE?

THE CONTRIBUTIONS OF HBCU'S HAS BEEN ESSENTIAL OVER THE PAST 150 YEARS IN OUR COUNTRY (SINCE THEIR INCEPTION) AND REMAINS SO, PARTICULARLY WITH TODAY'S ON-GOING CHALLENGES AND THREATS TO NATIONAL POLICIES OF INCLUSION, RATHER THAN EXCLUSION.

HBCU'S THROUGHOUT MOST OF THE 20TH CENTURY PROVIDED THE TRAINING MAJOR EDUCATIONAL OPPORTUNITIES FOR AFRICAN AMERICAN BOYS AND GIRLS TO BECOME PHYSICIANS, DENTISTS, NURSES, VETERINARIANS, PHARMACISTS, AND

RESEARCH SCIENTISTS. FOR EXAMPLE, IT WAS NOT UNTIL 1948, THAT THE FIRST SOUTHERN MEDICAL SCHOOL (U OR ARKANSAS) ADMITTED ITS FIRST BLACK STUDENT (A MERE 54 YEARS AGO). DESEGREGATION OF THE ONE-THIRD OF U.S. MEDICAL SCHOOLS IN THE SOUTHERN UNITED STATES TOOK AN ADDITIONAL 18 YEARS. IN 1966, THE LAST TWO SOUTHERN MEDICAL SCHOOLS (DUKE AND VANDERBILT) ADMITTED THEIR FIRST BLACK STUDENTS, ONLY ONE GENERATION AGO.

IN ADDITION TO PREPARING COLLEGE STUDENTS FOR CAREERS IN THE HEALTH PROFESSIONS, HBCU'S CONTRIBUTE TO THE NATION'S BIOMEDICAL RESEARCH ENTERPRISE WITH SUPPORT FROM NIH, NSF, NASA AND OTHER RESEARCH AGENCIES.

HBCU'S ALSO PLAY A VITAL ROLE IN EDUCATING THE PUBLIC IN STRATEGIES FOR HEALTH PROMOTION AND DISEASE PREVENTION, SUCH AS DIET, EXERCISE, AVOIDING TOBACCO AND DRUGS. EFFECTIVE HEALTH EDUCATION PROGRAMS ARE ONES WHICH INCORPORATE THE CULTURE, THE HISTORY, THE PERSPECTIVES, AND THE SENSITIVITIES OF THE COMMUNITY. THE PROMOTION OF GOOD HEALTH HABITS IS AN IMPORTANT COMPONENT OF SUCH EFFORTS.

HBCU'S ALSO PROVIDE A FORUM FOR EDUCATION AND DEBATE IN THEIR COMMUNITIES, HELPING BUILD A COMMON UNDERSTANDING AND CONSENSUS FOR COMMUNITY ACTION IN SUCH AREAS AS ENVIRONMENTAL HEALTH, EXPANDING HEALTH INSURANCE, AND OTHER ISSUES.

HBCU HEALTH PROFESSIONS SCHOOLS STAND AS SENTINELS AMOUNT THE NATION'S ACADEMIC INSTITUTIONS, REPRESENTING AND PROMOTING THE PERSPECTIVES, THE REALITIES, THE NEEDS, THE INTERESTS, THE ASPIRATIONS, AND THE CONCERNS OF THAT THIRTY-PERCENT OF OUR CITIZENS WHO ARE MEMBERS OF MINORITY POPULATIONS. IN SO DOING, HBCU'S FACILITATE THE ORIENTATION, THE UNDERSTANDING AND THE SUPPORT OF THE NATION'S MAJORITY HEALTH PROFESSIONS SCHOOLS AND THE NATION'S MAJORITY HEALTH PROFESSIONALS.

FINALLY, HBCU HEALTH PROFESSIONS SCHOOLS SERVE AS MODELS FOR MAJORITY INSTITUTIONS, SHOWING WHAT WORKS, AND WHY, IN IDENTIFYING, RECRUITING, EDUCATING AND GRADUATING SUCCESSFUL MINORITY HEALTH PROFESSIONALS TO SERVE ALL OF OUR CITIZENS, BUT ESPECIALLY THOSE PERSONS FROM SOCIO-ECONOMICALLY DISADVANTAGED BACKGROUNDS. WE ARE DOING THIS AT MSM, MEHARRY, HOWARD, TUSKEGEE, DREW, HAMPTON, FLORIDA A&M, TEXAS
SOUTHERN, XAVIER, AND ELSEWHERE. AND, WE, OUR SHOWING OUR COLLEAGUES

AT MAJORITY INSTITUTIONS HOW TO DO IT SUCCESSFULLY.

AS PREVIOUSLY NOTED, I HAVE BEEN A STRONG AND VOCAL ADVOCATE FOR ADDRESSING THE PROBLEM OF HEALTH DISPARITIES IN AMERICA AND AROUND THE WORLD. DIFFERENT RACIAL AND ETHNIC GROUPS HAVE DIFFERENT HEALTH CARE NEEDS, BASED ON THEIR EDUCATION, CULTURE, HEALTH STATUS AND HEALTH BEHAVIORS. MANY TIMES THESE NEEDS ARE NOT MET, AS REFLECTED BY DATA ON DISEASE PREVALENCE AND ACCESS TO CARE.

THE CONTRIBUTIONS OF HBCU'S TO IMPROVING THE HEALTH OF OUR CITIZENS AND ELIMINATING HEALTH DISPARITIES ARE CRITICAL. HBCU'S NEED, AND HAVE EARNED THE RIGHT TO COMPETE EQUITABLY FOR, CONTINUED AND EXPANDED SUPPORT OF THEIR EFFORTS – FROM GOVERNMENTAL AGENCIES AND PROGRAMS, AND FROM PRIVATE FOUNDATIONS, CORPORATIONS AND INDIVIDUALS.

THE BENEFITS FROM SUCH ACTIVITIES BY HBCU'S – BENEFITS TO THE HEALTH OF OUR CITIZENS AND TO THE ECONOMIC HEALTH OF THE NATION – ARE ENORMOUS. THEREFORE, I SAY THANK YOU TO THE NATION'S HBCU'S. THANK YOU FOR YOUR CONTINUING CONTRIBUTIONS TO THE HEALTH OF OUR NATION, ESPECIALLY ITS MINORITIES AND THE SOCIO-ECONOMICALLY DISADVANTAGED

THANK YOU FOR DOING SO MUCH WITH SO LITTLE AND IN SPITE OF MANY

OBSTACLES, OVER THE YEARS.

THANK YOU FOR WHAT YOU ARE DOING TO HELP ELIMINATE THE GAPS IN HEALTH STATUS AND IN ACCESS TO HEALTH CARE FOR ONE-THIRD OF OUR CITIZENS. WITHOUT YOUR CONTRIBUTIONS, OUR NATION WOULD BE A VASTLY DIFFERENT, LESS ACCOMPLISHED, AND LESS AFFLUENT SOCIETY.

WE ALL THANK YOU AND WE SALUTE YOU.

FINIS