

## **Jamil Joyner, Senate HELP Committee Roundtable Testimony**

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HBCUs serve as vital cultural and economic pillars of not only the communities they reside in but the African American community at large. Studies continue to show the prowess of HBCUs in educating a significant percentage of Black professionals, disproportionate to their representation among the total # of colleges and universities and to their proportion of Black students enrolled. As a proud double HBCU alum, I can attest to the impact and importance these institutions have on the development of leaders equipped to go out into the Black community and work towards positive change and equity.

While the answer to improving Black health outcomes is multifaceted, we know that one answer is to increase the number of black healthcare providers educated. Not only do Black patients have better health outcomes when cared for by Black providers, Black providers are more likely to go into primary care specialties and to practice in underserved areas of need. I believe that HBCUs are the key to increasing the number of Black healthcare providers do their unique capability and commitment to educating these providers as well as the relative feasibility of increasing their capacity to educate more providers. In 2018-2019 the AAMC published that roughly 1,250 Black or African American identifying students graduated with a U.S MD from roughly 150 accredited Medical Schools. That same year Morehouse School of Medicine, Meharry Medical College, and Howard University College of Medicine graduated roughly 250 Black MDs. 3 Schools, accounting for ~2% of all medical schools, producing ~20% of all Black graduates. These facts clearly show the potency of resources directed towards HBCU Medical Schools and their production of Black physicians.

Every year thousands of capable applicants to Medical, hundreds of which are Black, are denied admission because of limited capacity. While a universal increase in the number of Medical School matriculants is needed, we know that at HBCUs these increases would 1) translate most directly into an increase in Black physician produced and 2) require a relatively small allocation of funds compared to the resulting increase. A 50% increase in the graduating classes of the 3 aforementioned institutions represents a potential 10% increase in the yearly production of Black Physicians, while only carrying a price tag in the lows 8 figures.

Improving Black health outcomes begins with increasing the Black representation within healthcare, and the most effective way to do that is to support the growth of HBCU Medical Schools through direct capital funding for physical infrastructure expansion and increased operating expenditures.