



**Dr. Valerie Montgomery Rice Investiture Address:**

September 11, 2014

Martin Luther King, Jr. Chapel

Morehouse College

Atlanta, Georgia

I am humbled by the trust and confidence of the Morehouse School of Medicine Board of Trustees for this honor.

Thank you.

I appreciate the opportunity today to stand under the shade of a tree that I did not plant. This honored and sacred ground was nurtured and cultivated by many who came before me. Those like former Morehouse School of Medicine presidents Louis W. Sullivan, James A. Goodman, James Gavin III, David Satcher and John Maupin who nourished this medical meadowland.

I am grateful for their contributions to the School of Medicine and their legacy of fervent leadership.

To my teachers, Ms. Neubold, Faircloth, Ella Mae Cater and Mr. Charles Cook, just to name a few who brought science alive in the classroom and taught me to love the role it could play in my life and the lives of others.

It was their early introduction to the wonder of science and discovery that engaged and intrigued me as a student.

To my mother whose sage advice to me as a young physician was to value my patients and to make sure that my counsel always considers what is in their best interests, first.

To my family and friends who are here today, I want to thank you for your encouragement, wisdom and unwavering support. In particular, my three sisters, Marsha, Sandra, and Priscilla and their families; my sister-in-law, Brenda and her family; my supportive husband, Melvin Jr., and my two wonderful children, Jayne and Melvin III; and yes happy birthday, Melvin III, thank you for sharing your birthday today with me.

I would like to take a moment and ask them all to please stand.

To my sorors of Delta Sigma Theta Sorority Incorporated, my Link Sisters, and my dear friends who have supported me through tears, love and laughter, I say thank you for adding to the richness of my life.

Thank you to the platform guests who have impacted my life in so many ways, shepherding me toward this day.

I want to extend a special thank you to Dr. Robert Franklin for presiding over this investiture ceremony. Robert and Cheryl Franklin have been friends of Melvin and me since our early days at Harvard Medical School. We have shared so many memories together: the births of our children; the christening of Jayne at Danforth Chapel; and many vacations that we now get to take with each other,.....childless. I can't think of any other person whom I would want to open this occasion at this historic place, and at this time, other than Robert Franklin.

Thank you to the legislators, federal, state and local officials who are present. To my other AUC presidents, thank you for welcoming me.

To the faculty and staff at Morehouse School of Medicine who are the backbone of MSM and who tirelessly prepare and inspire our most important asset: our students. Would our faculty and staff please stand, and MSM students would you also please stand? And finally to our alumni who extend our reputation of excellence well beyond our physical boundaries to the broader community. Will all alumni of MSM please stand?

I am also reminded as many of you are of the significance of September 11th in our country's history and ask that we remember those whose sacrifice affords us the right to bask in the privilege of freedom.

Today we are gathered in the Chapel that bears the name of a man who emphatically understood the moral obligation of equality in America. Martin Luther King Jr. once said,

**“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”**

What we now know after many years of study and documentation is that injustice in health care extends well beyond *access* to health care. The injustice is evident in *how* health care is delivered, *whom* it is delivered to, and *where* it is delivered.

If we are to act upon what we have learned and what we know, we must act differently. We must move our discussion from simply cataloging health disparities to one that builds upon our new knowledge and leads to health equity.

Health equity is not defined by giving everyone the same level of service or access but by giving a person or a community the level of service and access to resources that allows a person or community to reach an optimum level of health.

The elimination of health disparities is one of the pillars on which Morehouse School of Medicine was built.

Today our charge is to become a leader in closing the health gap....

**BUT HOW?**

That is our charge.

That is our 21<sup>st</sup> Century mission.

We will become the recognized leader in the creation of health equity by focusing on four key areas.

*First, how we educate our learners*

Over the past 39 years, we have graduated more than 2,000 physicians, public health professionals and biomedical scientists many have chosen to practice primary care medicine or they have advocated on behalf of those in underserved communities.

That is the reason the Josiah Macy Jr. Foundation ranked MSM the number ONE medical school in the country in fulfilling its social mission.

America will face a physician shortage of more than 90,000 doctors in 10 years.

By 2020 this country will face a serious shortage of both primary care and other medical specialists to care for an aging and growing population.

This year we enrolled our largest class of 78 students, and we will focus on expanding to 100 medical students with a 20% increase in our biomedical and public health students by 2017. Continuing to increase the number of mission-conscious health care professionals

will require enhanced recruiting efforts and innovative medical education programs. It will include training compassionate professionals who are committed to the holistic treatment of patients and not just their medical condition.

Our recruiting efforts must include cognitive diversity in the selection of those who are admitted here. Scott E. Page is a social scientist who has written extensively on the power of diversity in creating stronger teams. There is empirical evidence that the greater the diversity the more productive the team. Since 70 percent of our physicians come from underserved communities and choose to practice in underserved communities, it is critical that we channel their life experience and diversity to maintain innovative academic programs that will broaden their experience and exposure to new ideas.

We must create opportunities to enhance their experience by including training at the Veterans Administration Hospital and at private hospital systems like Atlanta Medical Center and global health experiences like those with our partner, the Fogarty Foundation.

This strategy of identifying the most cognitively diverse learners is not limited to our recruitment of medical students.

It extends also to our biomedical scientists and our public health students. For we know that our success in creating health equity is highly dependent on evidence-based science that begins with research discoveries that incubate in lab, but only become real to the public when they are extended through the advocacy of public health leaders.

*Second, we must continue to engage and educate the community*

One of our core community values is the *community has the right* to participate as an equal partner at every level of decision-making, including needs assessment, planning, implementation, enforcement and evaluation.

A person's access to quality health services has a profound effect on every aspect of her or his life, yet nearly 1 in 4 Americans do not have a primary care provider and people without medical insurance are more likely to skip routine medical care that increases their risk for more serious health conditions.

We can thank the Obama Administration for the Affordable Care Act that has improved access to quality care and makes health care coverage possible for many Americans in order to reduce disparities in health care.

The president has proposed \$14.6 billion for health care training in his 2015 budget plan. It includes more than \$5 billion over 10 years to train 13,000 doctors to serve in underserved areas. His budget also proposed nearly \$4 billion over six years for medical students to receive scholarships and loan repayment assistance in return for serving in communities with high medical needs.

In addition, President Obama is expected to seek more than \$5 billion in increased payments to providers who serve Medicaid patients. Increasing access to routine health services and health insurance are vital steps in improving the health of all Americans and specifically minority communities.

We understand that health status and health behaviors are determined by personal, institutional, environmental, and policy influences. Educational and community-based programs over the next decade will continue to contribute to improving health outcomes in the United States.

We at Morehouse School of Medicine recognized years ago that education and community-based programs must reach out to people outside of traditional health care facilities. That is why we have trained over 75 community-based physicians to participate in clinical research, and why we have one of the first mobile research vans that actually goes *into* the community.

Our community engagement must be broad, comprehensive and substantive like the Community Voices under our Satcher Health Leadership Institute that addresses Prison Health and Reentry Support Programs, Obesity and Diabetes Prevention Programs, Mental and Behavioral Health Programs, and the Community Health Worker Health Disparities Initiative.

We are seeking to expand public-private partnerships that create win-win scenarios to improve patient outcomes, like our eHealthy Strides Initiative. With investments and collaborations with Microsoft and the NIH, we launched a disease management system called eHealthy Strides, or EHS. EHS empowers patients to take an active role in managing their diabetes with support from real-time health care providers. EHS is one of a suite of patented, health technologies that use real-time actionable data from individualized health risk assessments to develop a preventive, personalized and a participatory treatment plan for the patient.



Our community engagement efforts allowed EHS to be tested in approximately 300 diabetic patients, including members of Big Bethel AME Church and in primary care practices of the MSM Community Physicians Network. The City of Atlanta human resources benefits program is providing incentives for employees with diabetes to use eHealthy Strides to achieve health and wellness goals.

It was also approved by the Centers for Medicare and Medicaid Services for use in the Morehouse Choice ACO patient engagement, and we are currently developing plans to raise funds through a technology start-up to scale the technology for online access.

Community strategies designed in collaboration *with the community* are our best chance at creating win-win health care strategies that benefit us all.

*Third, we must integrate and partner with systems committed to health equity*

It would be impossible for Morehouse School of Medicine to fulfill its social mission without its deep roots in partnerships. In order to amplify our aspirations we must have partners who are as passionate as we are and who recognize that investments in people, processes, and technology are required for our mutual success.

These partnerships may include health systems, companies, families, advocates, other health care professionals, educators, social workers, volunteer organizations and, yes, the State of Georgia.

We don't have to look far to find partners who share our collective vision.

Partners like Emory University School of Medicine stepped in during the early days of the Morehouse School of Medicine's transition to a four-year medical school.

The bonds formed by that early partnership are even stronger now as we partner in research through our ATCSI grant and with my alma mater Georgia Tech.

We also work side by side with Emory at what I believe is the best teaching hospital in the world, Grady Memorial Hospital.

For it was at Grady Memorial Hospital, as an Emory resident that I spent my formative years honing my skills in Obstetrics and Gynecology. It was through the lives of those courageous patients that I learned the real meaning of humility.

It was there that I began to understand why my 7th grade teacher, Ms. Betty Davis, made me say the word "humble" over and over again as I practiced my valedictorian speech, until I said it with humility.

The character of a person is tested when they find themselves vulnerable to a system or a person who can determine a particular outcome in their life. The humility in which a physician engages with patients can either rob them of their dignity or elevate their spirit of hope.

We also value our relationships with federal agencies like our friends and colleagues at the Centers for Disease Control and Prevention, the National Institutes of Health, and the Atlanta VA Medical Center.

Our class expansion is predicated on continuing to identify students who are committed to primary care and those critical core specialties that impact the daily lives of the most vulnerable. However, they must be prepared, and we believe the best way to prepare a workforce is to invest in children.

My life is a clear example of what happens when you invest in a child. The odds were not in my favor: a single-parent household; a high school educated mother working in a paper factory; and siblings all less than three years apart. But the Georgia public school system was my lifeline. I believe it can be that same lifeline for many other Georgia children who have a curiosity for knowledge.

That's why we want to advance our partnership with Georgia public school systems to assist in advancing STEAM: science, technology, engineering, arts, and math.

We want to partner with companies like Georgia Power and its workforce development programs. Creating the next generation of health care professionals begins with stimulating a passion for learning and a hunger for discovery in young children. Some of these kids will become technicians; some will become nurses; some will become MSM students and some will work at places like the Georgia Kraft paper factory..... because we partnered together and invested together in a shared vision.

For those students who come to MSM for medical school or residency training, we will continue to show the return on our state operating grant investment by the 60 percent of our graduates who practice in Georgia and the more than 65 percent who choose primary care or core need specialties.

Thank you to the Governor and the Georgia legislature for supporting our mission through a state operation grant that allows us to educate and train professionals who are standing and leading in the elimination of health care disparities.

*And last, research*

Great research makes for a great medical institution. Research programs can provide the basis for innovative models for teaching and for community partnerships that are essential to meeting the health challenges of the 21<sup>st</sup> Century.

We all understand that resources are limited and medical schools have to focus their research to closely align with their mission. Well that is good news for us because Morehouse School of Medicine has already seen success in our nationally recognized neuroscience and cardiovascular research programs.

In the last five years, we have concentrated our research in four key areas: *cancer, cardiovascular disease, neurological disease and infectious diseases*.

Why? Because we know these diseases have the highest rates of disparity and by making an impact in those areas, we can begin leveling health equity across the board.

We have to continue to produce groundbreaking research combined with innovative improvements if we are to make that research translational.

Let me give you two examples of the kind of translational research we are doing to fight health disparities. Our National Center for Primary Care research team is working with the Amgen Foundation, and we have identified some communities that have moved from high-disparity

to high-equity outcomes in breast and colorectal cancer. Specifically, we have evaluated breast cancer mortality trends over the past twenty years in all counties across the country with sufficient numbers to create stable rates.

These counties began the 20-year time period with substantial black-white disparities, but convergence of the mortality trend lines show outcomes are now “optimal and equitable.”

The research shows that disparities are not “inevitable,” and that in some high-disparity communities, we can even see a path toward health equity.

Secondly, our National Center for Primary Care published a research paper in 2010 that really supports the way we are now articulating the balanced mission of Morehouse School of Medicine.

We documented that most of America’s success stories in health in the last 50 years did not come just from public health or just medical care or even social determinants, but instead came from *the combined efforts* of research innovation, public health, and medical care – especially primary care but sub-specialty care as well.

The specifics of the research study are:

- Only 9 conditions with mortality rates high enough to appear on “Leading Causes of Deaths in the U.S.” lists over the past 50 years have achieved at least a 50% reduction in mortality from their peak from 1950-2000.

- 7 of the 9 conditions required all three elements of the triangulation model – research innovation, public health / health promotion, and medical care – to achieve that success. The success stories typically consisted of a research innovation – for example the invention of the pap smear--diffused through the dual channels of public health – for example, promoting screenings for cervical cancer – and then medical care – for example primary care delivering most Pap smears and specialty care doing the colpo/biopsy and Rx.
- We noted that most often the dual channels of public health and medical care worked in parallel, but not in partnership, which means there's a need for greater integration.
- A cautionary note – unequal diffusion of new lifesaving treatments often worsens the disparities between more advantaged and less advantaged segments of the population, as in antiretroviral treatment of HIV, unless we pay attention to equity.

And this is why the world needs Morehouse School of Medicine.

Benjamin Franklin said, “Justice will not be served until those who are unaffected are as outraged as those who are.”

It is not unconscionable to question costs and quality of care in this new health care environment. Cost is a reasonable qualifier. But our moral challenge is to be impassioned enough to be outraged by the enormous equity gap between the haves and the have-nots.

At Morehouse School of Medicine, we have always known and believed that addressing health needs is a moral obligation because health is essential to our existence and to our quality of life. There is no moral ambiguity in our responsibility to humanity.

My hope for health care equity in this country will not be accomplished by my vision and my will alone. But this great and historic institution can be the catalyst that activates that vision and will.

Our greatest asset lies in the professionals we train whose care and commitment illuminate our highest calling. Knowledge, Wisdom, Excellence and Service are the tenets that will propel us from good to great.

However, one of the challenges we face in moving from good to great is the financial realities that exist in higher education. The cost of professional and graduate medical education is high, and our students often carry extremely significant debt upon earning their degrees.

Our profound challenge is to raise money and increase our endowment to provide more scholarships for our students.

Granted fundraising is not easy; however, I am confident that in order to raise the standard of excellence in fundraising, we must provide current and potential investors with opportunities to share in our success and our pride—as ardent financial supporters.

Simple things such as consistently sharing the stories of our success and of challenges, and inviting partners to join us.

We have to inform them honestly and transparently about our circumstances and let them know when giving can make the difference between failure and success.

As you know, I have been extremely vocal about this inauguration focusing on raising money for scholarships to support our students thereby decreasing the debt they incur to attend Morehouse School of Medicine. On average, our students come from families with household incomes of \$45,000 when the average medical student in this country comes from a family whose household income is \$175,000.

So we asked hundreds of alumni and friends to join us in raising \$1.5 million dollars for the Presidential Scholarship Initiative. Today, I am proud to announce that you answered the call. You stepped up and we have raised a total of \$2.7 million in gifts and pledges to the Presidential Scholarship Initiative.

*You* made the difference!

Maya Angelou once said, “I would like to be known as an intelligent woman, a courageous woman, a loving woman, a woman who teaches by being.”

You have my abiding and enduring allegiance that I am prepared for this and will steer this ship under my watch with grace.



We are partners in this exciting new venture, and I am honored to be at the helm as we journey together in pursuit of excellence.

THANK YOU