

107TH CONGRESS
2^D SESSION

H. CON. RES. 388

Expressing the sense of the Congress that there should be established a National Minority Health and Health Disparities Month, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 25, 2002

Mrs. CHRISTENSEN (for herself, Mr. WATTS of Oklahoma, and Mr. NORWOOD) submitted the following concurrent resolution; which was referred to the Committee on Energy and Commerce

CONCURRENT RESOLUTION

Expressing the sense of the Congress that there should be established a National Minority Health and Health Disparities Month, and for other purposes.

Whereas in 2000, the Surgeon General of the Public Health Service announced as a goal the elimination by 2010 of health disparities experienced by racial and ethnic minorities in health access and outcome in 6 areas: infant mortality, cancer screening, cardiovascular disease, diabetes, acquired immunodeficiency syndrome and human immunodeficiency virus infection, and immunizations;

Whereas despite notable progress in the overall health of the Nation there are continuing health disparities in the burden of illness and death experienced by African-Americans, Hispanics, Native Americans, Alaska Natives,

Asians, and Pacific Islanders, compared to the United States population as a whole;

Whereas minorities are more likely to die from cancer, cardiovascular disease, stroke, chemical dependency, diabetes, infant mortality, violence, and, in recent years, acquired immunodeficiency syndrome;

Whereas there is a national need for scientists in the fields of biomedical, clinical, behavioral, and health services research to focus on how best to eliminate health disparities;

Whereas individuals such as underrepresented minorities and women in the workforce enable society to address its diverse needs; and

Whereas behavioral and social sciences research has increased awareness and understanding of factors associated with health care utilization and access, patient attitudes toward health services, and risk and protective behaviors that affect health and illness, and these factors have the potential to be modified to help close the health disparities gap among ethnic minority populations: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
2 *concurring)*, That it is the sense of the Congress that—

3 (1) a National Minority Health and Health Dis-
4 parities Month should be established to promote
5 educational efforts on the health problems currently
6 facing minorities and other health disparity popu-
7 lations;

1 (2) the Secretary of Health and Human serv-
2 ices should, as authorized by the Minority Health
3 and Health Disparities Research and Education Act
4 of 2000, present public service announcements on
5 health promotion and disease prevention among mi-
6 norities and other health disparity populations in the
7 United States and educate the public and health
8 care professionals about health disparities;

9 (3) the President should issue a proclamation
10 recognizing the immediate need to reduce health dis-
11 parities in the United States and encouraging all
12 health organizations and Americans to conduct ap-
13 propriate programs and activities to promote health-
14 fulness in minority and other health disparity com-
15 munities;

16 (4) Federal, State, and local governments
17 should work in concert with the private and non-
18 profit sector to emphasize the recruitment and re-
19 tention of qualified individuals from racial, ethnic,
20 and gender groups that are currently underrep-
21 resented in health care professions;

22 (5) the Agency for Healthcare Research and
23 Quality should continue to collect and report data on
24 health care access and utilization on patients by
25 race, ethnicity, socioeconomic status, and where pos-

1 sible, primary language, as authorized by the Minor-
2 ity Health and Health Disparities Research and
3 Education Act of 2000, to monitor the Nation's
4 progress toward the elimination of health care dis-
5 parities; and

6 (6) the information gained from research about
7 factors associated with health care utilization and
8 access, patient attitudes toward health services, and
9 risk and protective behaviors that affect health and
10 illness, should be disseminated to all health care pro-
11 fessionals so that they may better communicate with
12 all patients, regardless of race or ethnicity, without
13 bias or prejudice.

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