

107TH CONGRESS
2^D SESSION

S. CON. RES. 139

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

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 17, 2002

Mr. TORRICELLI submitted the following concurrent resolution; which was referred to the Committee on the Judiciary

CONCURRENT RESOLUTION

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

Whereas in 2000, the Surgeon General announced a goal of eliminating, by 2010, 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 population of the United States 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 than nonminorities suffering from those same illnesses;

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 between minorities and the population of the United States as a whole;

Whereas the diverse health needs of minorities are more effectively addressed when there are minorities in the health care workforce; 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 behaviors that affect health and illness, and these factors have the potential to be modified to help close the health disparities gap that effects minority populations: Now, therefore, be it

1 *Resolved by the Senate (the House of Representatives*
2 *concurring)*, That it is the sense of 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 populations experiencing
7 health disparities;

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 that target
6 minorities and other populations experiencing health
7 disparities in the United States and educate the
8 public and health care professionals about health
9 disparities;

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

17 (4) Federal, State, and local governments
18 should work in concert with the private and non-
19 profit sector to recruit and retain qualified individ-
20 uals from racial, ethnic, and gender groups that are
21 currently underrepresented in health care profes-
22 sions;

23 (5) the Agency for Healthcare Research and
24 Quality should continue to collect and report data on
25 health care access and utilization on patients by

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

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

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