



**Foundation *for*
Opioid Response Efforts**

7/16/20

Racial Disparities in Accessing Evidence-Based OUD Treatment and the Impact of the COVID-19 Pandemic

Foundation for Opioid Response Efforts (FORE)

Howard University College of Medicine

New York University

University of Miami Miller School of Medicine



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE



Introduction



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Karen A. Scott, MD, MPH

President
Foundation for Opioid Response Efforts



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Agenda

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Karen A. Scott, MD, MPH
3. Beyond Magic Bullets: White Race as Social Determinant of the Opioid Crisis
Helena Hansen, MD, PhD
4. IDEA Exchange Syringe Services Program
Hansel Tookes, MD, MPH
5. A Community-Centered Approach to Addressing Opioid Use Disorder in Minority Communities: Lessons from Washington, DC
Morgan Medlock, MD, MDiv, MPH
6. Reflecting Remarks
H. Westley Clark, MD, JD, MPH
7. Question and Answer Session with: Helena Hansen, MD, PhD
Hansel Tookes, MD, MPH
Morgan Medlock, MD, MDiv, MPH
H. Westley Clark, MD, JD, MPH

Webinar Logistics

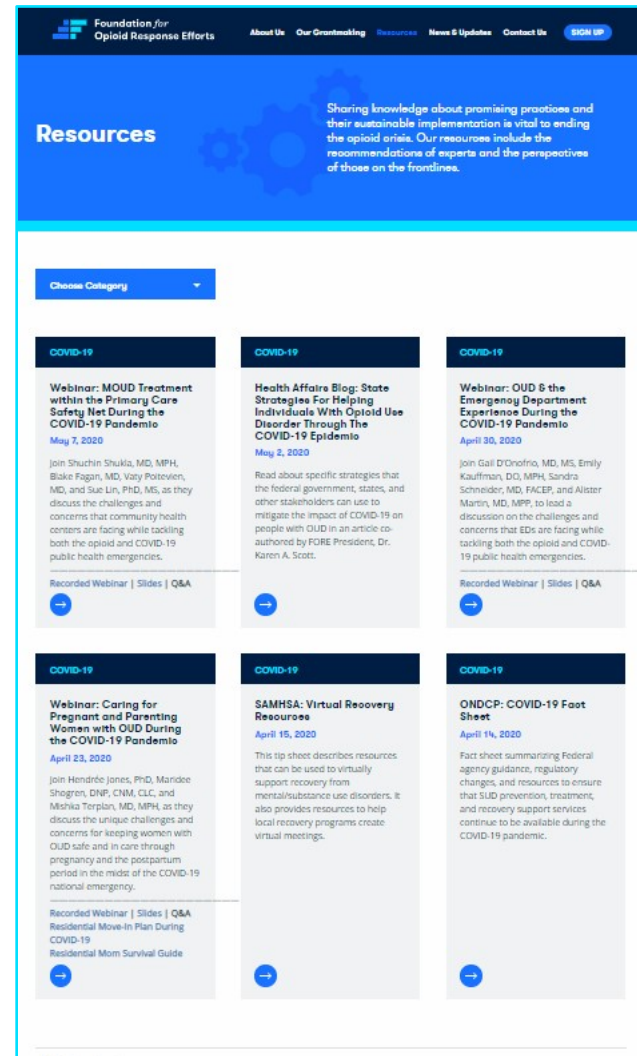
1. Webinar is being recorded and will be on www.ForeFdn.org shortly after the session ends.
2. Presentation slides will be made available for download on our website.
3. Please use the “Q&A” found at the bottom of your Zoom screen.
 - If you have a similar question, please upvote using the thumbs up button on the question.
 - We will read as many questions live as time permits.
4. An FAQ will be provided on our website based on the questions submitted during the Q&A session.
5. Any resources you would like to share with everyone please send to info@ForeFdn.org
6. There will be a brief survey immediately following the webinar. Please provide us with feedback!

FORE's COVID-19 National Emergency Response

- FORE is responding to the pandemic through **convenings, resources, and grantmaking.**
- Webinars:
 - Thursdays @3pm ET
 - **July 30th: OTPs, Telehealth, and COVID-19**
 - Prior sessions recorded
- Sign up for our newsletter

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Webinar Presenters



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Helena Hansen, MD, PhD

Associate Professor

Departments of Anthropology and Psychiatry
New York University



Hansel Tookes, MD, MPH

Assistant Professor of Clinical Medicine

University of Miami Miller School of Medicine
Founder & Medical Director, IDEA Exchange SSP



Morgan Medlock, MD, MDiv, MPH

Chief Medical Officer & Director of Crisis and Emergency Services
District of Columbia Department of Behavioral Health
Assistant Professor, Howard University College of Medicine

Beyond Magic Bullets: White Race as Social Determinant of the Opioid Crisis



07

Helena Hansen, MD, PhD

Associate Professor
Departments of Anthropology and Psychiatry
New York University



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Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century

Anne Case¹ and Angus Deaton¹

Woodrow Wilson School of Public and International Affairs and Department of Economics, Princeton University, Princeton, NJ 08544

Contributed by Angus Deaton, September 17, 2015 (sent for review August 22, 2015; reviewed by David Cutler, Jon Skinner, and David Weir)

This paper documents a marked increase in the all-cause mortality of middle-aged white non-Hispanic men and women in the United States between 1999 and 2013. This change reversed decades of progress in mortality and was unique to the United States; no other rich country saw a similar turnaround. The midlife mortality reversal was confined to white non-Hispanics; black non-Hispanics and Hispanics at midlife, and those aged 65 and above in every racial and ethnic group, continued to see mortality rates fall. This increase for whites was largely accounted for by increasing death rates from drug and alcohol poisonings, suicide, and chronic liver diseases and cirrhosis. Although all education groups saw increases in mortality from suicide and poisonings, and an overall increase in external cause mortality, those with less

the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE). The comparison is similar for other Organisation for Economic Co-operation and Development countries.

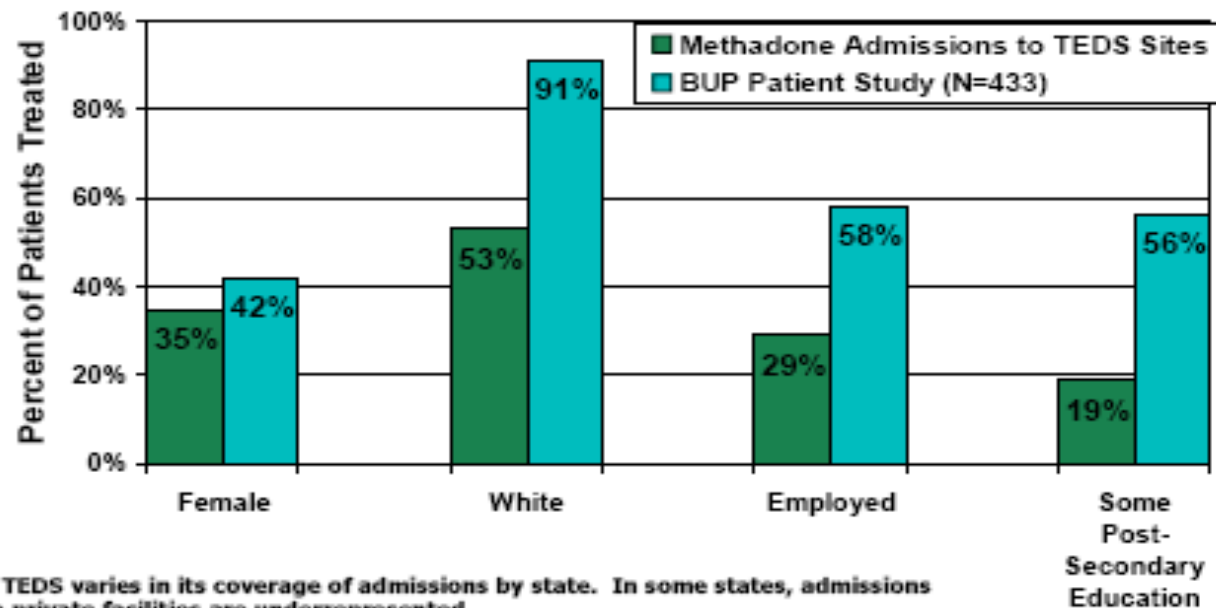
Fig. 1 shows a cessation and reversal of the decline in midlife mortality for US white non-Hispanics after 1998. From 1978 to 1998, the mortality rate for US whites aged 45–54 fell by 2% per year on average, which matched the average rate of decline in the six countries shown, and the average over all other industrialized countries. After 1998, other rich countries' mortality rates continued to decline by 2% a year. In contrast, US white non-Hispanic mortality rose by half a percent a year. No other rich country saw a similar turnaround.



Buprenorphine Patients in US: 91% White, 56% College Educated

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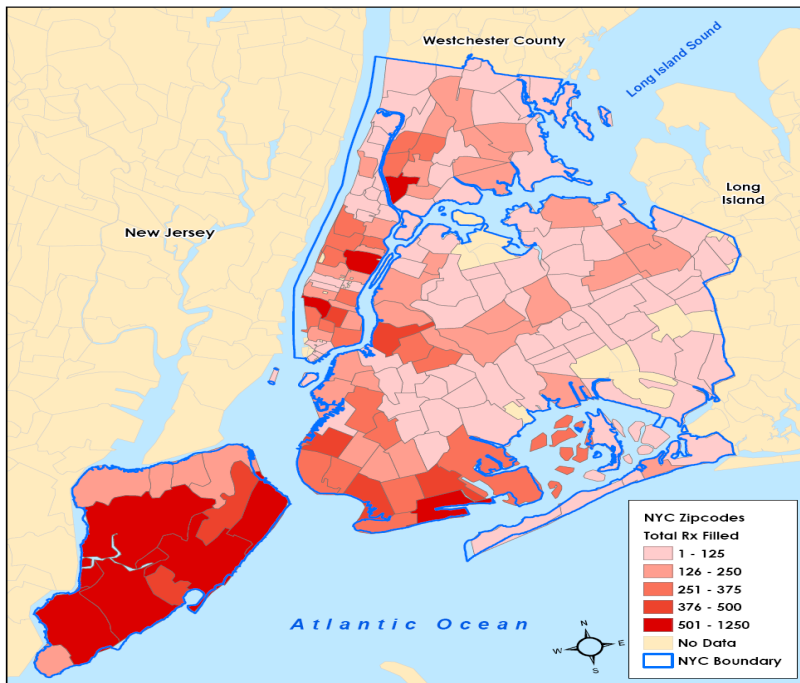
**Methadone Patients* and BUP Patient Study
Sample: Demographic Differences**



SAMHSA/CSAT's Evaluation of the Buprenorphine Waiver Program 2002-2005

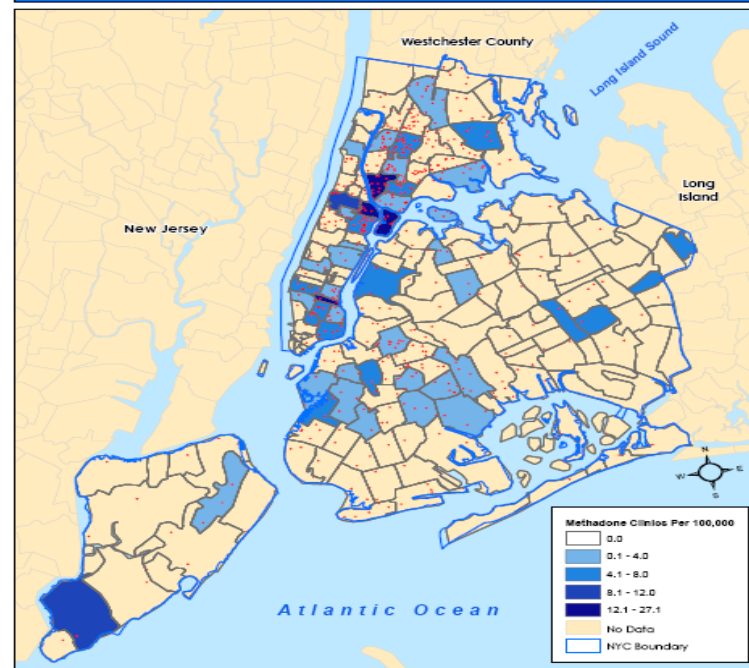
Geography of Buprenorphine is the Inverse of Methadone Distribution

**BUPRENORPHINE PRESCRIPTIONS FILLED
BY ZIP CODE AREAS IN 2007**



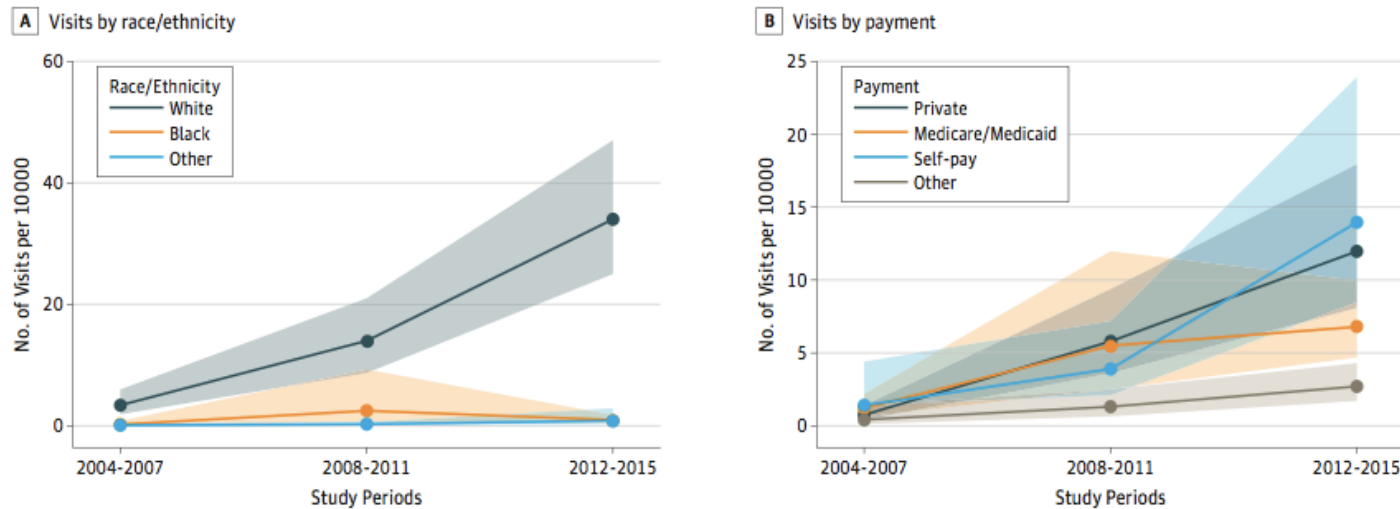
* Map Produced By Jaime Martinez. Sources: Zip Code Data From 2000 US Census and 2006 US Census Estimates. NYC Boundary From 2006 ESRI Data.

**METHADONE CLINICS PER 100,000
PEOPLE IN ZIP CODE AREAS**

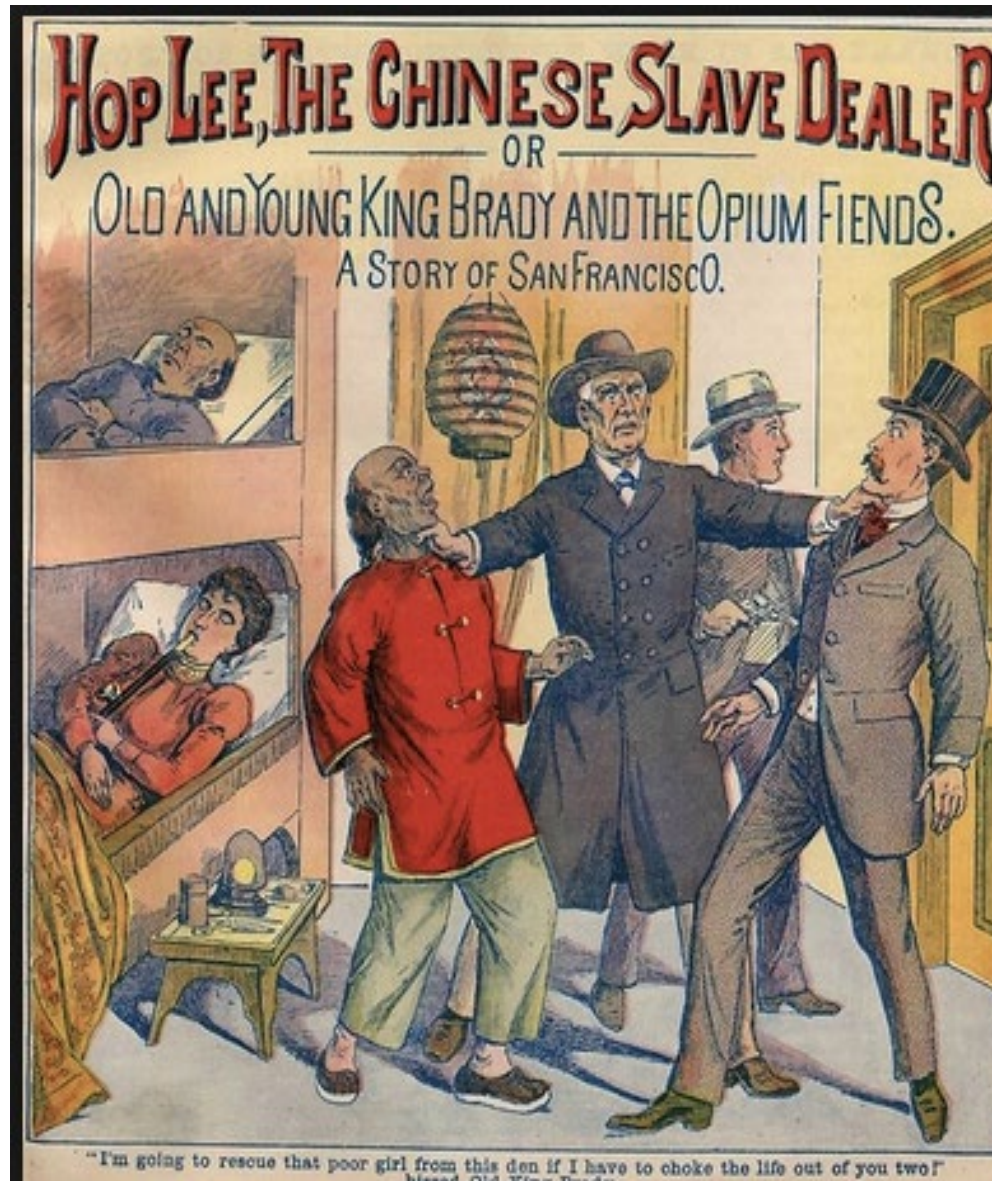


* Map Produced By Jaime Martinez. Sources: Zip Code Data From 2000 US Census and 2006 US Census Estimates. NYC Boundary From 2006 ESRI Data. Based on Number of Methadone Clinics per 100,000 residents in a zip code.

Figure. Buprenorphine Visits by Race/Ethnicity and Payment Type, 2004-2015



Buprenorphine visits (n = 1369) and 95% CIs per 10 000 visits (shaded areas), grouped by year and stratified by race/ethnicity and payment type. Estimates account for complex survey design elements and are nationally representative.



NEGRO COCAINE "FIENDS" ARE A NEW SOUTHERN MENACE

By Edward Happington Williams,
N. Y.

For many years there have been rumors about the increase in drug taking in the South—rumors, but always without proof that the addition to such drugs as morphine and cocaine was becoming a noticeable cause to the extent

Murder and Insanity Increasing Among Lower Class Blacks Because They Have Taken to "Sniffing" Since Deprived of Whisky by Prohibition.

in Georgia, North Carolina, South Carolina, Mississippi, Tennessee, and West Virginia passed laws intended to prohibit the sale and use of whisky and the negro population

These laws do not, and were not intended to, prevent the white man or the well-to-do negro getting his accustomed beverages through legitimate channels. The negro population



now she can cope...

thanks to

Butisol[®]

(SODIUM BUTABARBITAL)

"daytime sedative" for
everyday situational stress

When stress is situational—environmental pressure, worry over illness—the treatment often calls for an anxiety-allaying agent which has a prompt and predictable calming action and is remarkably well tolerated. Butisol Sodium (sodium butabarbital) meets this therapeutic need.

After 30 years of clinical use... still a first choice among many physicians for dependability and economy in mild to moderate anxiety.

Contraindications: Porphyria or sensitivity to barbiturates.

Precautions: Exercise caution in moderate to severe hepatic disease. Elderly or debilitated patients may react with marked excitement or depression.

Adverse Reactions: Drowsiness at daytime sedative dose levels, skin rashes, "hangover" and systemic disturbances are seldom seen.

Warning: May be habit forming.

Usual Adult Dosage: As a daytime sedative, 15 mg. (¼ gr.) to 30 mg. (½ gr.) t.i.d. or q.i.d.

Available for daytime sedation: Tablets, 15 mg. (¼ gr.), 30 mg. (½ gr.); Elixir, 30 mg. per 5 cc. (alcohol 7½%).

U.S. PAT. & REG. OFF. TRADE MARK. SOURCE: Wallace Laboratories, New Brunswick, N.J.



In the menopause...
transition without tears



Milprem promptly relieves emotional distress
with lasting control of physical symptoms

Milprem[®]

Miltown[®] (meprobamate hydrochloride)

Supplied in two strengths for daytime use:

MILPREM-400, each tablet (one tablet contains 400 mg. Miltown (meprobamate) and 0.4 mg. conjugated estrogens (inert)).


MILPREM-200, each tablet (one tablet contains 200 mg. Miltown and 0.4 mg. conjugated estrogens (inert)).

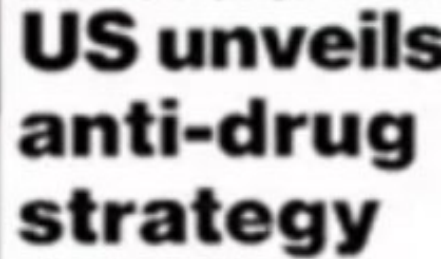
Both tablets in bottles of 60.

Literature and samples on request.

In minutes, Milprem starts to ease anxiety and depression. It relieves insomnia, relaxes tense muscles; alleviates low back pain and tension headache. As the patient continues on Milprem, the replacement of estrogens checks hot flashes and other physical symptoms.

Easy dosage schedule: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.

 WALLACE LABORATORIES, New Brunswick, N.J.



U.S. Food and Drug Administration

FDA Talk Paper

T02-38

Media Inquiries: 301-827-6242

October 8, 2002

Consumer Inquiries: 888-INFO-FDA

**SUBOXONE (BUPRENORPHINE)
APPROVED TO TREAT
OPIATE DEPENDENCE**



MIKE'S STORY

naabt.org

More to Watch:

Weblsode #1

Weblsode #3

The video player features a large background image of a man with a beard looking down. A circular logo in the top left corner contains a map of the United States and the text 'naabt.org'. Below the main title, there is a smaller inset video showing the same man in a red shirt in a room with an American flag. To the right of the main video, a 'More to Watch' section lists 'Weblsode #1' and 'Weblsode #3', each with a small thumbnail image.

Whiteness

- Exclusive Category → Boundary Maintenance
- Unmarked: assumed norm
- Defined by its “Other”: Black/White interdependent
- Costly (to Whites)

Technologies of Whiteness

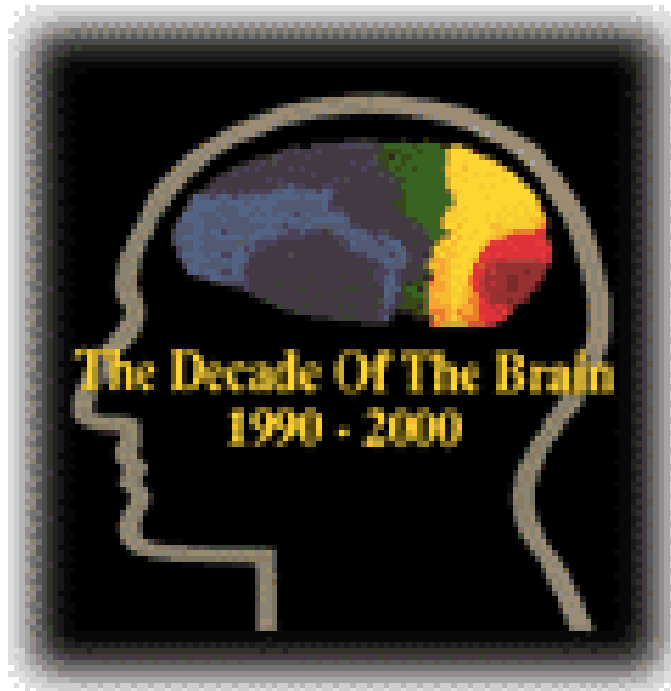
- Addiction Neuroscience
- New Biotechnologies
- Regulatory Structures
- Marketing

Technologies of Whiteness

Addiction Neuroscience



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Decade of the Brain 1990-1999

By the President of the United States of America

A PROCLAMATION

The human brain, a 3-pound mass of interwoven nerve cells that controls our activity. is one of the most magnificent-and mysterious-wonders of creation. The seat of human intelligence. interpreter of senses. and controller of movement. this incredible organ continues to intrigue scientist and layman alike...

Drug Dependence, a Chronic Medical Illness

Implications for Treatment, Insurance, and Outcomes Evaluation

A. Thomas McLellan, PhD

David C. Lewis, MD

Charles P. O'Brien, MD, PhD

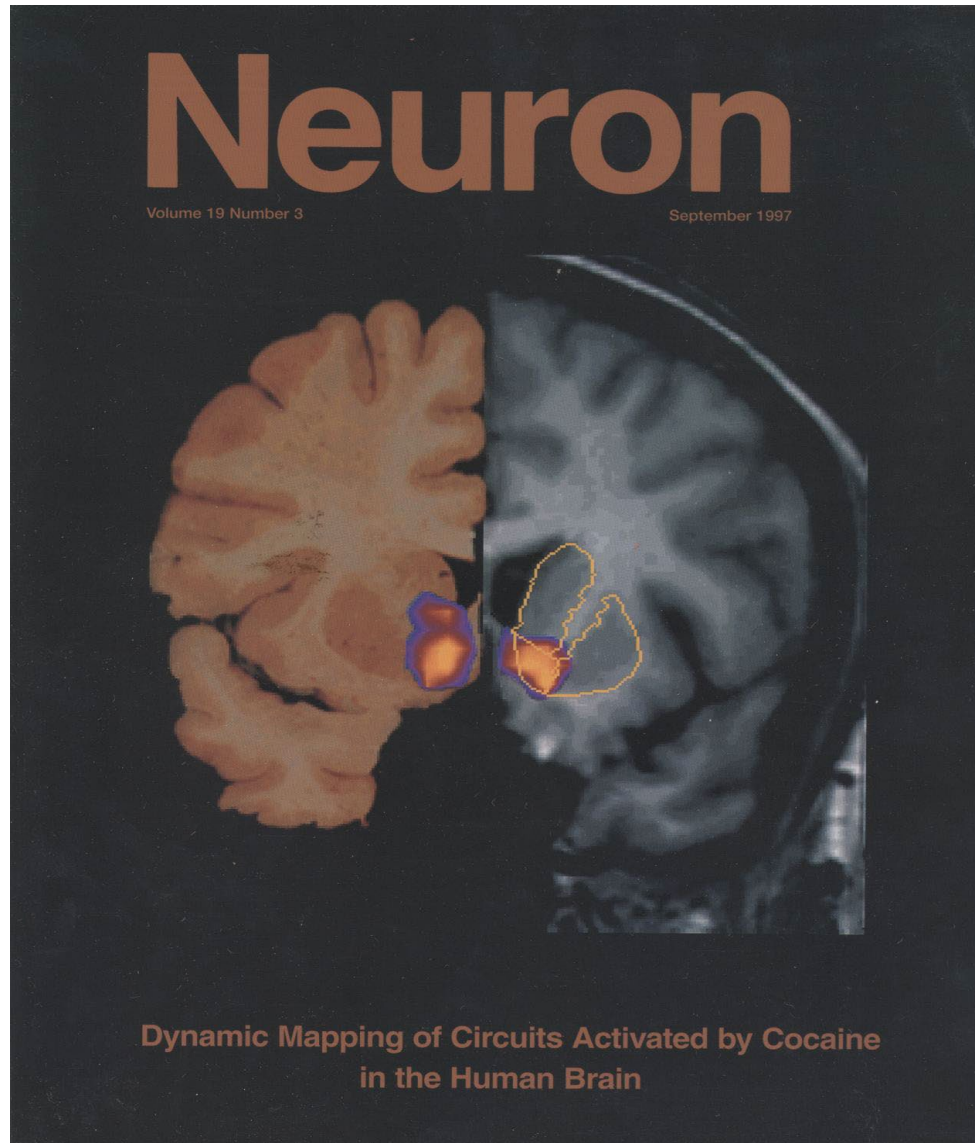
Herbert D. Kleber, MD

MANY EXPENSIVE AND DISTURBING social problems can be traced directly to drug dependence. Recent studies¹⁻⁴ estimated that drug dependence costs the United States approximately \$67 billion annually in crime, lost work productivity, foster care, and other social problems.^{2,4} These expensive effects of drugs on all social systems have been important in shaping the public view that drug dependence is primarily a social problem that requires interdiction and law enforce-

The effects of drug dependence on social systems has helped shape the generally held view that drug dependence is primarily a social problem, not a health problem. In turn, medical approaches to prevention and treatment are lacking. We examined evidence that drug (including alcohol) dependence is a chronic medical illness. A literature review compared the diagnoses, heritability, etiology (genetic and environmental factors), pathophysiology, and response to treatments (adherence and relapse) of drug dependence vs type 2 diabetes mellitus, hypertension, and asthma. Genetic heritability, personal choice, and environmental factors are comparably involved in the etiology and course of all of these disorders. Drug dependence produces significant and lasting changes in brain chemistry and function. Effective medications are available for treating nicotine, alcohol, and opiate dependence but not stimulant or marijuana dependence. Medication adherence and relapse rates are similar across these illnesses. Drug dependence generally has been treated as if it were an acute illness. Review results suggest that long-term care strategies of medication management and continued monitoring produce lasting benefits. Drug dependence should be insured, treated, and evaluated like other chronic illnesses.

JAMA. 2000;284:1689-1695

www.jama.com



Technologies of Whiteness

New Biotechnologies



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OxyCONTIN® II

(OXYCODONE HCl CONTROLLED-RELEASE) TABLETS





Technologies of Whiteness

Regulation



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[Congress](#) / [Bills](#) / H.R. 2634 (106th)

H.R. 2634 (106th): Drug Addiction Treatment Act of 2000

Introduced: **Jul 29, 1999**

106th Congress, 1999–2000

Status: **Died in a previous Congress**

This bill was introduced in a previous session of Congress and was passed by the House on July 19, 2000 but was never passed by the Senate.

Sponsor:



[Tom Bliley](#)

Representative for Virginia's 7th congressional district

Republican

Text:



[Read Text »](#)

Last Updated: Jul 27, 2000

Length: 16 pages



Substance Abuse and Mental Health Services Administration

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[Programs & Campaigns](#) » [Medication-Assisted Treatment](#) » [Training Materials and Resources](#) » Buprenorphine

Medication-Assisted Treatment

Certification of Opioid Treatment Programs

Buprenorphine Waiver Management

Buprenorphine Training for Physicians

Find information about the eight-hour buprenorphine waiver training courses that are required for physicians to prescribe and dispense buprenorphine.

Under the Drug Addiction Treatment Act of 2000 (DATA 2000)

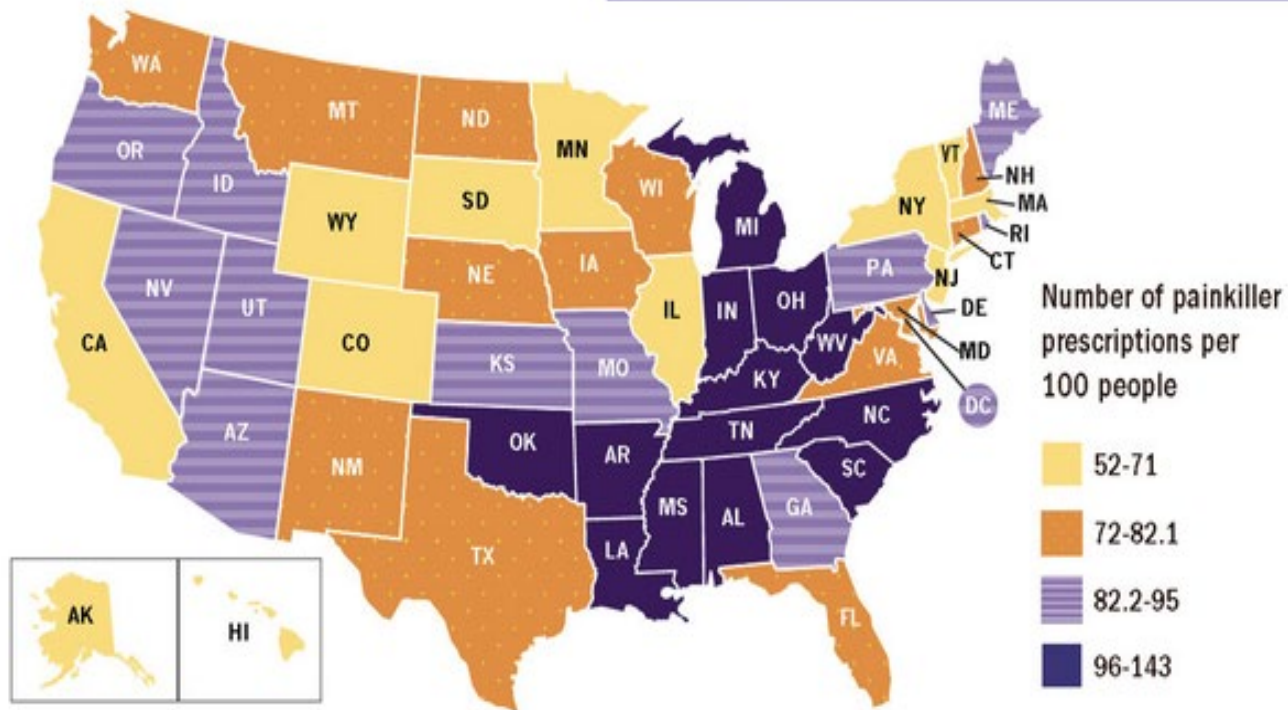
Technologies of Whiteness

Media and Marketing



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Some states have more painkiller prescriptions per person than others.



After being prescribed powerful opiate drugs to manage chronic pain, I gradually descended into full-blown dependency. Here is my story

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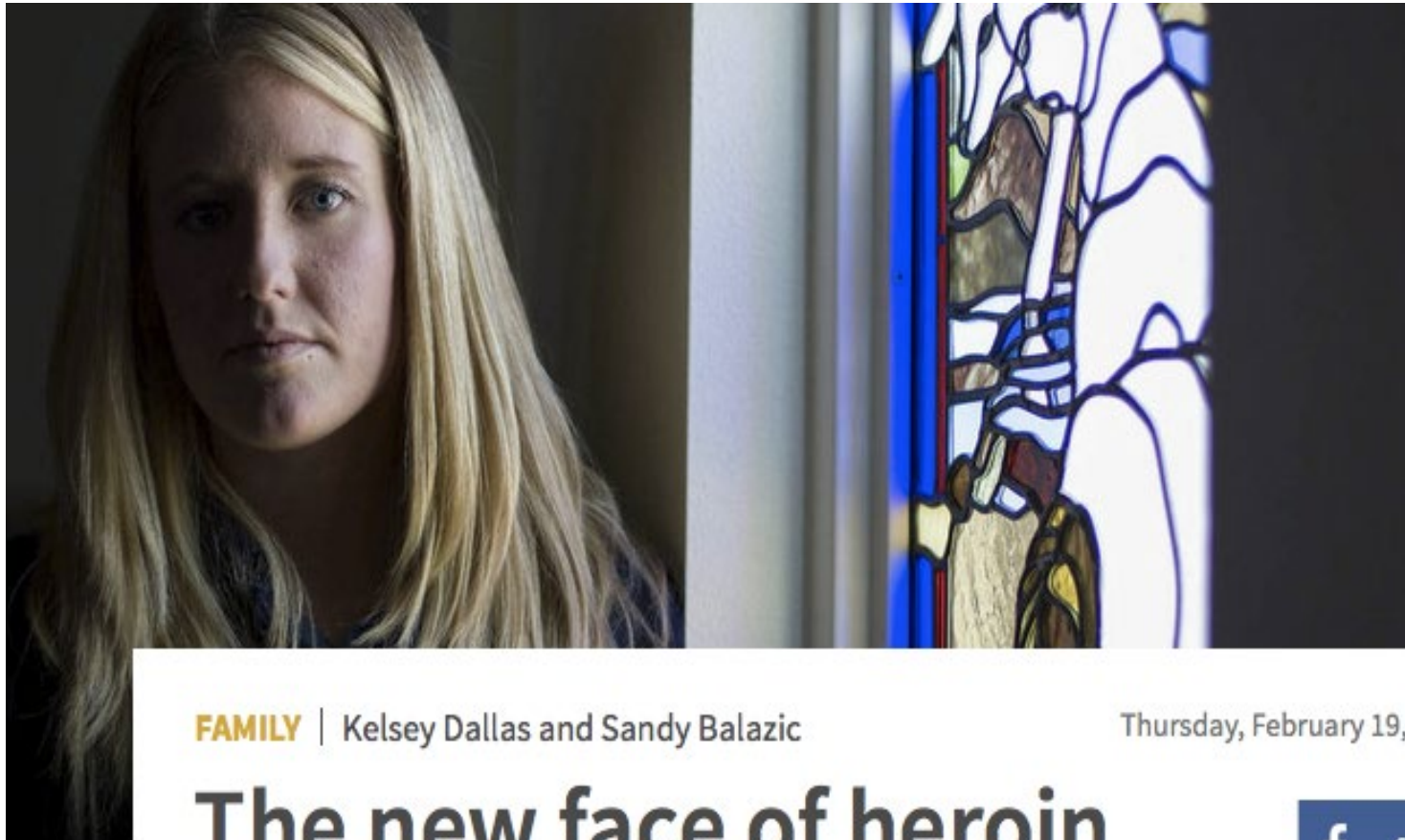


Hooked: A teacher's addiction and the new face of heroin

Linda Carroll
TODAY contributor

Apr. 8, 2014 at 7:47 AM





FAMILY | Kelsey Dallas and Sandy Balazic

Thursday, February 19,

The new face of heroin



naabt.org

Print | Font Size v A ^

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The National Alliance of Advocates for Buprenorphine Treatment

Buprenorphine (Suboxone®, Subutex®) is an opioid medication used to treat opioid addiction in the privacy of a physician's office.¹ Buprenorphine can be dispensed for take-home use, by prescription.¹ This, in addition to the pharmacological and safety profile of buprenorphine, makes it an attractive treatment for patients addicted to opioids.²



About Us

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Info for
Treatment
Providers



Patients: Find a Buprenorphine Physician

Patient/Physician Matching System.

Have a certified buprenorphine prescribing physician contact you:

Get Started



Physicians: Help Patients Now

Patient/Physician Matching System.

Find patients searching for buprenorphine treatment near you:

Get Started

Beyond Magic Bullets

- Racial Capital Drives Biotech and Pharma
- Magic Bullet Ideology reinforces Structural Racism
- Invest in Innovative BioSocial Community-Based Approaches

Acknowledgements

- NIDA K01 Award Program
- RWJ Health Policy Investigator Award Program
- RWJ Health and Society Scholar's Program
- APA/SAMHSA Minority Fellowship
- NYU Anthropology Department
- NYU Psychiatry Department
- NY State Office of Mental Health Nathan Kline Institute

IDEA Exchange Syringe Service Program



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Hansel Tookes, MD, MPH

Assistant Professor of Clinical Medicine

University of Miami

Founder & Medical Director, IDEA Exchange SSP



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Everyone Wants an Antibody Test. Everyone on This Private Island Can Get One.

The tests show whether someone has been exposed to the coronavirus. They're being provided to everyone in an exclusive Florida community that was able to pay for them.



Fisher Island, an exclusive enclave of multimillion-dollar homes, has purchased thousands of Covid-19 test kits for all of its residents and workers. Moris Moreno for The New York Times



By Patricia Mazzei



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New & current patients can be prescribed Suboxone via telephone

To request a free appointment, visit:

tinyurl.com/IDEAtelehealth

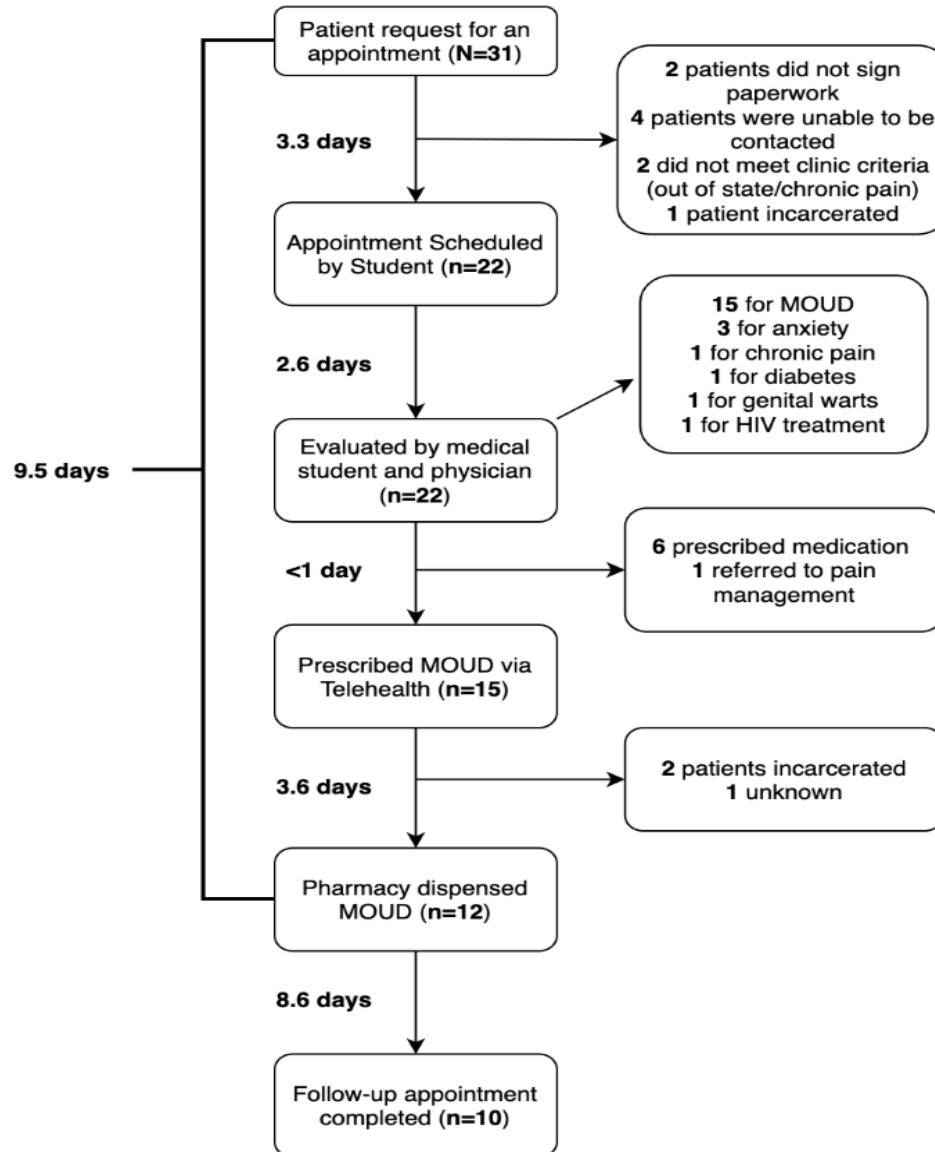
For more information:

Call or Text: **786-505-6780**

Email: **docsideaexchangeclinic@gmail.com**



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IDEA PWID – The Digital Divide

- On-Demand or scheduled appointment
- Team dispatched to field with iPad and hotspot OR participant comes to IDEA for Zoom meeting
- Prescriptions written
- Controlled substances sent electronically
- Medications delivered
- *New Capabilities: labs drawn in the field*

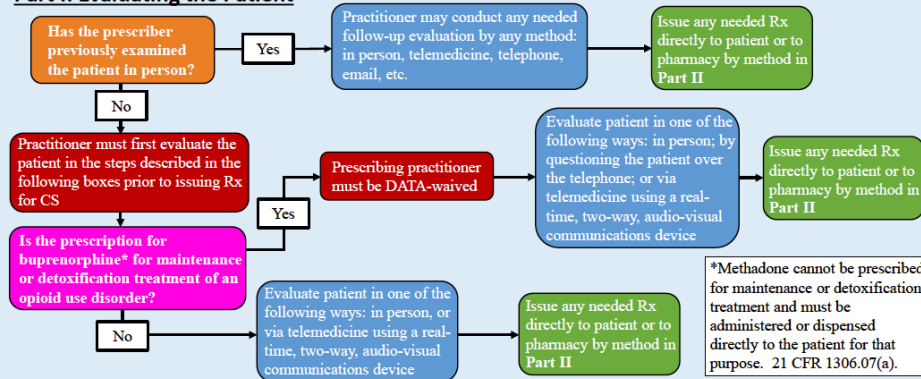
How to Prescribe Controlled Substances to Patients During the COVID-19 Public Health Emergency

In response to the COVID-19 public health emergency declared by the Secretary of Health and Human Services, the Drug Enforcement Administration (DEA) has adopted policies to allow DEA-registered practitioners to prescribe controlled substances without having to interact in-person with their patients. This chart only addresses prescribing controlled substances and does not address administering or direct dispensing of controlled substances, including by narcotic treatment programs (OTPs) or hospitals. These policies are effective beginning March 31, 2020, and will remain in effect for the duration of the public health emergency, unless DEA specifies an earlier date.

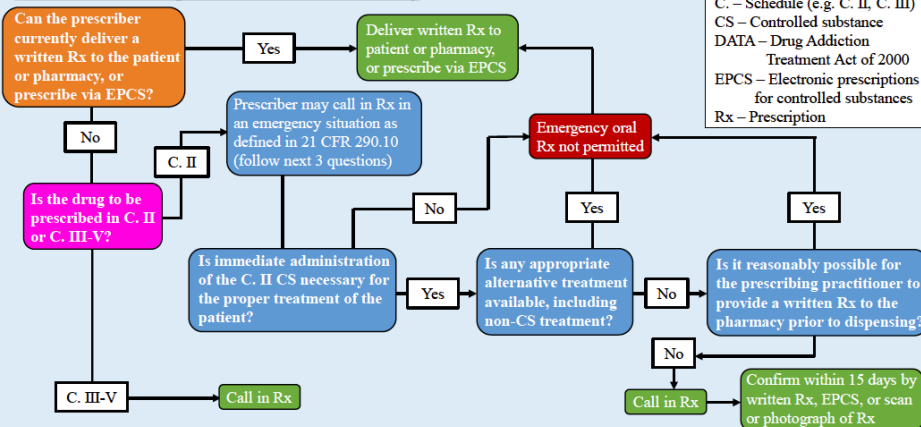
This decision tree merely summarizes the policies for quick reference and does not provide a complete description of all requirements. Full details are on DEA's COVID-19 website (<https://www.deadiversion.usdoj.gov/coronavirus.html>), and codified in relevant law and regulations.

Under federal law, all controlled substance prescriptions must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his/her professional practice. 21 CFR 1306.04(a). In all circumstances when prescribing a controlled substance, including those summarized below, the practitioner must use his/her sound judgment to determine that s/he has sufficient information to conclude that the issuance of the prescription is for a bona fide medical purpose. Practitioners must also comply with applicable state law.

Part I: Evaluating the Patient



Part II: Delivering the Rx to the Pharmacy



Guidance documents, like this document, are not binding and lack the force and effect of law, unless expressly authorized by statute or expressly incorporated into a contract, grant, or cooperative agreement. Consistent with Executive Order 13891 and the Office of Management and Budget implementing memoranda, the Department will not cite, use, or rely on any guidance document that is not accessible through the Department's guidance portal, or similar guidance portals for other Executive Branch departments and agencies, except to establish historical facts. To the extent any guidance document sets out voluntary standards (e.g., recommended practices), compliance with those standards is voluntary, and noncompliance will not result in enforcement action. Guidance documents may be rescinded or modified in the Department's complete discretion, consistent with applicable laws. Drug Enforcement Administration/Diversion Control Division

[https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-023\)\(DEA075\)Decision_Tree_\(Final\)_33120_2007.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-023)(DEA075)Decision_Tree_(Final)_33120_2007.pdf)



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Pharmacy	3/20/2020	Closed	Will the Agency consider relaxing the Suboxone edit to suspend the requirement of members having a urine drug screen (UDS) for continuation of therapy with Suboxone to support social distancing while the recommendation is in place. Opiates for the treatment of chronic pain also require a UDS that are dated within the past 90 days. Will the Agency also consider relaxing this edit.	Though prior authorization for pharmacy services has not been waived, the Agency is aligning with SAMHSA in the waiving of UDS for continuation of therapy.
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Diagnosis	F19.10 Other psychoactive substance abuse, uncomplicated
Psychosocial Counseling	Thrive Clinic
Date of last psychosocial counseling session	05/28/2020
Has patient been compliant with all sessions?	<input checked="" type="radio"/> Yes <input type="radio"/> No
?	Please provide plan for method and dates (next 3) of psychosocial counseling going forward:
?	Method <input type="text"/>
?	Dates 1) <input type="text"/> 2) <input type="text"/> 3) <input type="text"/>
?	Please include most current urine drug screen with this form.
?	Does patient currently abuse alcohol? <input type="radio"/> Yes <input type="radio"/> No
?	Has patient taken opioids in the past 30 days? <input type="radio"/> Yes <input checked="" type="radio"/> No



FORE

The National Academies of
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CONSENSUS STUDY REPORT

**Opportunities to
Improve Opioid
Use Disorder and
Infectious Disease
Services**

INTEGRATING RESPONSES
TO A DUAL EPIDEMIC



MIAMI

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FORE

Acknowledgements



- Tyler Bartholomew
- David Forrest
- Edward Suarez
- Lisa Rosen-Metsch
- Mario Stevenson
- Allan Rodriguez
- David Serota

A Community-Centered Approach to Addressing Opioid Use Disorder in Minority Communities: Lessons from Washington, DC



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Director of Crisis and Emergency Services

District of Columbia Department of Behavioral Health

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Howard University College of Medicine



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Goals for a Community-Centered Approach

- Community-Centered Data Collection
- Community Education and Empowerment
- Community-Centered Intervention
- Sustained Community Partnership

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Racism and Substance Use Disorder Treatment

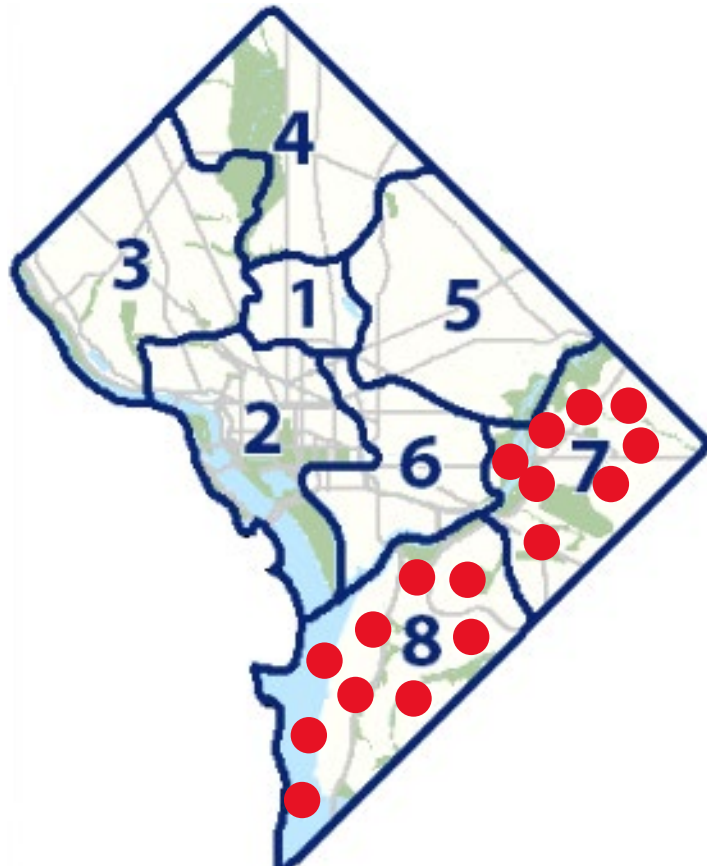
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- Opioid “epidemic” framed as a white problem
 - Treatment vs. incarceration
- Rising black death rate largely ignored in political narratives
- Access to office-based treatments: white, suburban areas
- Restrictive treatments and jail/prison overutilized in poor, black populations

Context: Washington, DC

Wards 7 and 8

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ZONE OF INEQUITY

>90% African American

>80% of food deserts

1/3 live below poverty line

Highest HIV prevalence rates

Mental health resource shortage area

Highest opioid overdose rates

Community-Centered Data Collection

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- **Objective:** Engage individuals with lived experience, neighbors, family members, and leaders, in the interview process.
- **Lesson:** Community members were concerned about more than “treatment.” They were seeking systemic solutions to economic disinvestment (a root cause of SUD).

Community's Vision and Mission

The **vision** of the Washington, DC “Reach, Engage, Retain” project is for Wards 7&8 to be a healthy, thriving community where residents experience freedom from problems with substance use and addiction.

Our **mission** is to increase access to effective recovery and treatment services; reduce stigma; and deal with the root causes of unhealthy drug use.

Community Education and Empowerment

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- **Objective:** Educate community champions and DC residents at-large regarding key aspects of opioid treatment and recovery. Disseminate knowledge about treatment resources.
- **Lesson:** A great deal of stigma regarding OUD treatment was present on the Community Board. We started there with our educational efforts.

Community-Centered Intervention

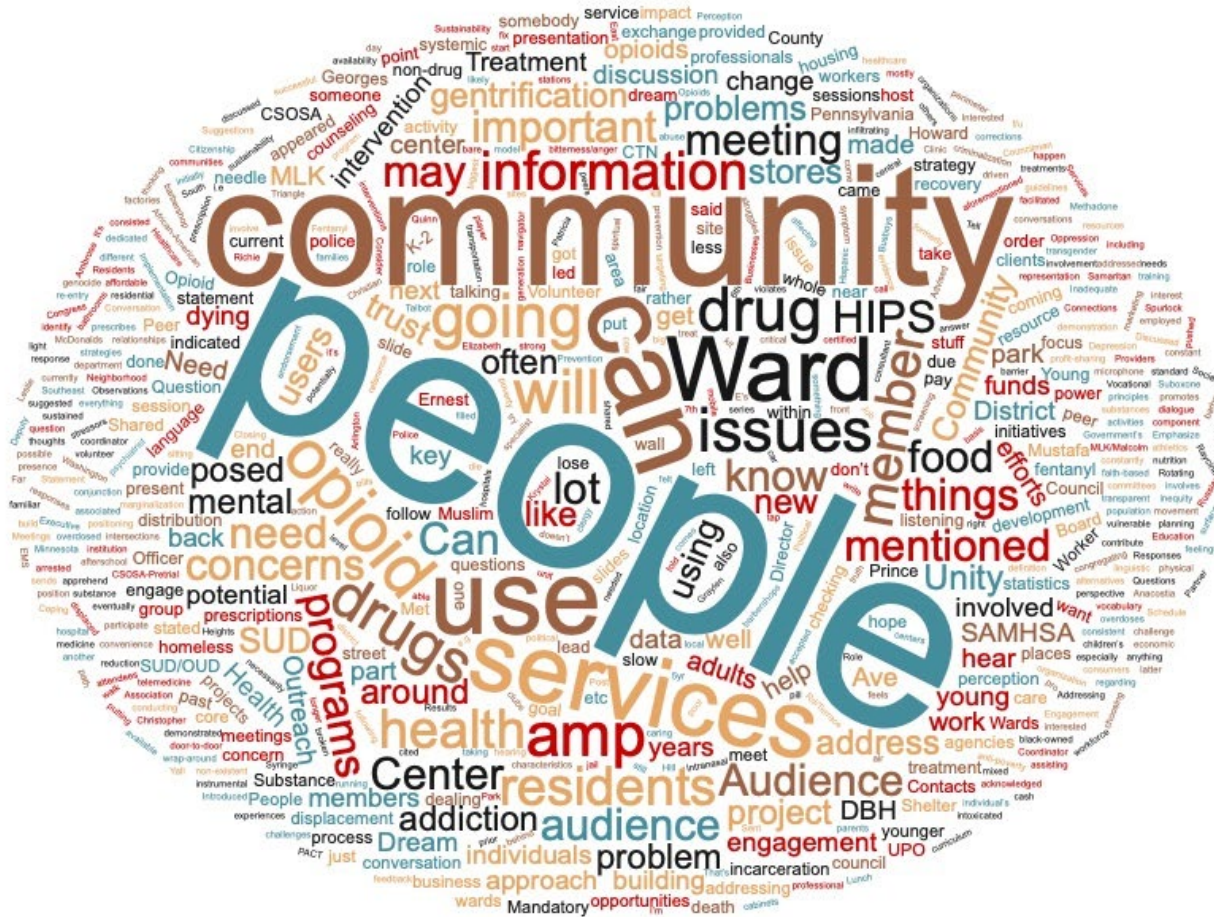
- **Objective:** Communicate findings, seek feedback, and apply revisions to the intervention and evaluation process, guided by community stakeholders.
- **Lesson:** SBIRT Intervention in process at local church and non-profit community center

Sustained Community Partnership

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- **Objective:** Nurture relationships with community advisors and partners that will guide long-term strategy and decision-making within the Department of Psychiatry and the College of Medicine.
- **Lesson:** The community must feel valued beyond the deliverables of the project.

Why are we here?



Reflecting Remarks



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H. Westley Clark, MD, JD, MPH

Dean's Executive Professor of Public Health
Santa Clara University

Former Director
Center for Substance Abuse Treatment (CSAT), SAMHSA
FORE Board Member



Questions?



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New York University



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Assistant Professor of Clinical Medicine

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District of Columbia Department of Behavioral Health

Assistant Professor, Howard University College of Medicine



H. Westley Clark, MD, JD, MPH

Dean's Executive Professor of Public Health, Santa Clara University

Former Director, Center for Substance Abuse Treatment, SAMHSA

FORE Board Member



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Take Care of Yourself!
Thank You For Your Work!

Additional Resources



SAMHSA COVID-19 guidance and resources
<https://www.samhsa.gov/coronavirus>



Centers for Medicare & Medicaid Services guidance, including a compilation of state 1135 waivers
<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>



American Society of Addiction Medicine compilation of guidance and resources, including links to state-level policy actions and waiver requests
<https://www.asam.org/Quality-Science/covid-19-coronavirus>



State Health & Value Strategies resources on state policy options and responses
<https://www.shvs.org/>



Manatt Health resources on federal and state strategies to respond to COVID-19
<https://www.manatt.com/COVID-19> and <https://healthinsights.manatt.com/>



National Academy for State Health Policy resources on state activity <https://nashp.org/>



About the Foundation for Opioid Response Efforts

The Foundation for Opioid Response Efforts (FORE) was founded in 2018 as a private 501(c)(3) national, grant-making foundation focused on addressing the nation's opioid crisis. FORE is committed to funding a diversity of projects contributing solutions to the crisis at national, state, and community levels. FORE's mission is to convene and support partners advancing patient-centered, innovative, evidence-based solutions impacting people experiencing opioid use disorder, their families, and their communities.

For more information on FORE, please visit www.ForeFdn.org.

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About New York University

Thriving beyond borders and across academic disciplines, NYU has emerged as one of the most networked and extensive worldwide platforms for learning, teaching, researching, building knowledge, and inventing new ways to meet humanity's challenges. Its students, faculty and alumni feed off the stimulating power of swirling intellectual and cultural experiences by mastering academic disciplines, expressing themselves in the arts, and excelling in demanding professions.

New York University's mission is to be a top quality international center of scholarship, teaching and research. This involves retaining and attracting outstanding faculty who are leaders in their fields, encouraging them to create programs that draw outstanding students, and providing an intellectually rich environment. NYU seeks to take academic and cultural advantage of its location and to embrace diversity among faculty, staff and students to ensure a wide range of perspectives, including international perspectives, in the educational experience.

For more information, please visit <https://www.nyu.edu/>.





About the University of Miami Miller School of Medicine

The mission of the University of Miami Health System and Leonard M. Miller School of Medicine is to be a state-of-the-art academic medical center that serves the South Florida community and beyond. This will be accomplished by:

- Delivering high-quality, compassionate health care
- Leading life-changing discoveries and transforming patient care through innovative research
- Educating the next generation of medical leaders
- Promoting the health and well-being of our community

For more information, please visit <https://med.miami.edu/>.

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About the Howard University College of Medicine

Howard University College of Medicine provides students of high academic potential with a medical education of exceptional quality and prepares physicians and other health care professionals to serve the underserved. Particular focus is on the education of disadvantaged students for careers in medicine. Emphasis is placed on developing skills and habits of life-long learning and producing world leaders in medicine. Special attention is directed to teaching and research activities that address health care disparities.

The College also seeks to improve the health of Americans and the global community through public health training programs and initiatives. Our mission also includes the discovery of new knowledge through research. Lastly, the College supports the education and training of postgraduate physicians, other health care providers, and graduate students in the biomedical sciences.

For more information, please visit <https://medicine.howard.edu/>.



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